

## FROM THE EDITOR – Dr Jackie Jones RN PhD

### PRACTICE DEVELOPMENT AND THE ROLE OF CLINICAL LEADERS

In contemplating the challenges presented to nurses within a hospital environment I have recently had cause to reflect on how best to effect change and support clinical curiosity through practice development. Many nurses will be familiar with the term practice development others may not. The RCN UK website suggests practice development is ‘a term used to describe activity designed to help you approach your work in ways that provides care that patients feel is right for them, by helping you to:

- offer better choices for patients;
- provide evidence based and patient centred care;
- challenge and reflect on the care you provide;
- recognise and overcome obstacles that limit your ability to deliver best care;
- sustain yourself and your team to continue with learning and positive change;
- demonstrate the impact you have on practice; and
- influence, shape and respond to local policy’ (RCN 2006).

It is an ongoing process of improvement. It is clear that we now have a growing understanding of the organisational complexities that influence, and are often the impetus for, change. We are also aware policy influences can dictate or block the direction change can take. As with many things related to health all are interdependent and dynamic. Practice development can not only have direct impact on care provided but also organisational developments and strategic planning (McCormack 1999), so influence and direction can become circular. Sustaining practice changes then is also a major challenge.

Wilson and McCormack (2006) identify that there are many practice development methodologies one could use but conclude by suggesting that one asks for each situation, ‘What works, for whom does it work and in what circumstances does it work?’ There are many layers of practice development within the context of an evidence based practice framework but how can an organisation participate in ongoing practice development when people, who are the pulse of that organisation, conceptualise themselves, as I recently encountered, as ‘housewives of health’? It seems the nurses meant by this phrase that they were ‘all things to all people’. I believe that, as we all do, nurses constantly need to deconstruct and reconstruct their view of who they are, what they do and what they value. Nurses are, at times, struggling against the flow of change, with economic and now increasingly patient

safety related drivers. However, the Australian Nursing and Midwifery Council (2006) new standard 3.2, directly lays the expectation of change at nurses’ doorstep. Under the domain of critical thinking and analysis a registered nurse ‘uses the best available evidence, nursing expertise and respect for the values and beliefs, of individuals/groups in the provision of nursing care (ANMC 2006). That is, nurses are expected to actively use evidence, for example, to promote change.

A way forward for contemporary practice development is recognition that nurses are ‘leaders of care at the frontline’ (LPC 2006); clinical leaders who are already driving practice development from the ground up. Do we as nurses even recognise clinical leadership at the forefront of care on a daily basis? Who is the nurse who thinks laterally around a problem to find a solution; the nurse who chases and chases a solution until it can happen? Do we give them credit and support? Daily leaders of care are our ‘clinical leaders’ and are best placed to explore and question the space(s) with, in and between which health service delivery meets the consumer in need of that service.

As McCormack et al (1999) argue, practice development is not just ‘about changing a particular intervention but necessitates a focus on changing the culture and context in which care is delivered (p.256)’. Clinical leaders live and shape that reality of care provision. Such leaders also need to influence and drive policy and structural changes that either support or get in the way of leading care practices. Much has been written about leadership in contemporary literature but little has focused on the notion of clinical leaders as those who lead care on a daily basis in non-managerial positions.

Innovation provides fresh energy for practice and fresh practice for patients. It takes greater effort, energy and momentum beyond merely knowing and understanding research to get it into practice. In terms of knowledge transfer, ‘passive dissemination alone is not effective in increasing the uptake of knowledge and influencing clinician behaviour’ (Thompson et al 2006, p.696). Thompson et al argue there are various bridges, however implemented, ‘to improve access to timely, relevant research knowledge in order to facilitate its uptake to change practice and improve decision making’ (p.698). These are opinion leaders, champions, facilitators, knowledge brokers or change agents who undertake an extension of the role of everyday clinical leaders depending on need.

In my view practice development is also innovation in practice knowledge and here at AJAN we aim to make a

difference by contributing to informing and improving practice. The work of AJAN is to promote research evidence and practice development through scholarly critique, development of ideas and evidence based practice. I hope we contribute also to supporting nurse leaders at the coal face to be able to undertake practice development.

The guest editorial with Professor Mary Courtney highlights how journals are being measured for quality within the context of a Research Quality Framework for universities and places in a context of nursing practice. The first two research papers focus on questions of clinical placement. The Henderson study investigated the impact of a collaborative clinical education model on students' perception of the psycho-social learning environment. Unlike other models a ward staff member is paid by the university to be 'off-line' from a clinical workload to supervise students and can positively enhance capacity for student learning during their clinical practicum. The Abbey et al paper situates clinical placement within aged care to identify which elements of the clinical placement experience need to be challenged and/or changed as part of raising student understanding of gerontology as a demanding specialty and residential aged care as a rewarding career.

Chia draws attention to the practice of kangaroo care in neonatal ICU and found that whilst neonatal nurses strongly support this practice, notable constraints were heavy staff workloads, insufficient education, lack of organisational support and the absence of clear protocols, especially for low birth weight infants. Bost and Wallis's research describes a randomised controlled trial to investigate the effectiveness of a 15 minute back massage therapy in reducing physiological and psychological indicators of stress in nurses employed in an acute care hospital. The results of this study suggest that 'massage therapy is a beneficial tool for the health of nurses as it

may reduce psychological stress levels'. Bost and Wallis also argue for more 'large studies [to] be conducted to measure the symptoms of stress rather than the physiological signs of stress in nurses'.

The next two papers focus on models of care. Johnson et al report on hospital in the home (HITH) management following autologous haematological stem cell transplantation for patients with multiple myeloma or lymphoma. Their preliminary experience suggests that with adequate infrastructure support and rigorous patient selection this model of care is both safe and feasible. In light of the increasing need to attract and retain staff Fowler et al report on the development and trial of a nursing model of care and associated framework to investigate the impact of nursing staff mix on patient outcomes and job satisfaction for nurses.

Stewart et al's paper provides an overview of the current Fiji Health Sector Improvement Program, with a particular focus on the preparation of nurse leaders. It describes collaborative strategies being undertaken by the nurse leaders of Fiji to meet the challenge of leading a reform process.

## REFERENCES

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