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Implications for nursing managers from a systematic review of practice development

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Implications for nursing managers from a systematic review of practice development

This paper considers some of the implications for Nursing Managers arising from a recent systematic review of practice development carried out in the UK by McCormack *et al.* (2007a, b). The paper begins by offering some background to practice development (PD). It then summarizes the methodology and method of the systematic review before moving on to discuss, what it is suggested, are the main implications Nursing Managers need to focus on. Finally, 10 points or key messages from the review, relevant for Nursing Managers, are offered. This paper is relevant not only to managers in older people's services but to all services.

Keywords: implications, managers, practice development, realistic synthesis, systematic review

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Introduction

Practice development

The term practice development (PD) has been used to describe a range of (1) approaches and (2) methods and processes in organizing and delivering diverse changes in nursing practice for many years. The term seems to be as flexible as a piece of elastic. Better thought of as a continuum, PD has been said to broadly incorporate two approaches: technical PD and emancipatory PD, although the concept of transformational PD is now emerging. Technical PD consists of a range of activities that tend to focus on the development of one aspect of practice (e.g. continence benchmarking; implementation of an audit and subsequent action plan; changing how handovers of care of carried out). There are also ones whereby the development is typically a short-term 'project' where the emphasis is one getting the outcome in place as soon as possible. Technical PD can be thought of as having similarities with some methods of auditing, benchmarking and some evaluation methods.

For the most part, the UK literature on PD tends to be oriented around emancipatory PD (for example, Manley & McCormack 2003, 2004). Emancipatory PD consists of a broad range of activities that tend to be large scale and underpinned by a set of processes that include working from a shared values and beliefs base, include skilled facilitation of the process, involving stakeholders as well as learning and evaluation. Thus emancipatory PD places equal emphasis on the processes (including learning very much at the centre) as well as the outcomes and tends to be concerned with achieving wide-scale development of practice through the three overarching processes of enlightenment, empowerment and emancipation. In emancipatory PD there is a fundamental assumption that new insights and practical understandings will lead to practical action within a social group (Habermas 1972, Fay 1987) and

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that wider change will take place across the workplace culture.

More recently the PD continuum has been extended to include the idea of transformational PD (McCormack & Titchen 2006). This approach to PD also has its own distinct set of principles and methods. Transformational PD suggests PD is more than a group of people acting from the basis of shared new understandings. As well as discovering new ways of understanding and acting, transformational PD aims to create the conditions whereby the deeply personal and subjective experiences lead to 'depth' transformations within individuals (and thus teams) that are deep and long lasting. In essence, this approach is about achieving person-centredness which has also been described as a form of human flourishing by McCormack and Titchen (2006). Both emancipatory and transformational PD, because of their broad scope, tend to be on going (continuous) and more concerned with embedding a PD and active learning culture within an organization or part of an organization (Dewing 2008).

In summary, each of the three approaches to PD can be said to have a set of approaches and methods/processes that significantly impact on the desired outcomes for practice, the workplace culture and the organization. By appreciating that there are fundamental differences between the approaches and methods, Nurse Managers can appraise the merits of each approach and how each would contribute to achieving strategic aims and how each might contribute to other agendas, for example delivery of Governance, Competence and Knowledge and Skills frameworks. Nurse Managers who support a technical approach to PD cannot expect to achieve the longer-term outcomes that would generally come with emancipatory or transformational PD and those who want to build up emancipatory and transformational PD must be prepared to invest more resources. Thus Nursing Managers need to appreciate the approach and methods to PD they support or 'buy in' will fundamentally influence the sort of processes and outcomes they can expect to see in teams and for patients and service users. Significant for Nursing Managers is that each approach also makes different demands on them as individual stakeholders and persons within the PD process. This point will be returned to later in this paper.

The systematic review

In the past 10 years, a number of studies and papers have sought to clarify what is meant by the term PD and establish the relationships between its component parts (McCormack *et al.* 1999, Unsworth 2000, Garbett & McCormack 2002, Bellman 2003, Manley & McCormack 2003, Shaw *et al.* 2008). Most recently, a systematic review has been carried out to examine all the available and diverse evidence on PD (McCormack *et al.* 2007a, b). The review was shaped by a realist synthesis method devised by Pawson *et al.* (2004). See Table 1 for an outline of this approach. One hundred and sixty-nine papers were eventually selected for review after screening. Of these papers:

- 71 clearly used practice development as a study methodology or studied the experience of practice development;
- 30 were said to be scholarly reviews of practice development literature;
- 6 were concept analyses;
- 29 papers included studies where practice development was implicit to the work;
- 33 were empirical research studies that related to practice development in a general sense but did not specifically focus on PD processes or outcomes.

Based on the outcomes from the literature review above, two further methods were included: a review of the grey practice development literature and telephone interviews with key informants (or stakeholders) known to be involved in PD. Forty-five items of grey literature were reviewed including four books relating to PD although not published as such. A total of 47 interviews were carried out with informants who had diverse roles connected with PD and from a range of countries including UK, Republic of Ireland, Sweden, the Netherlands, New Zealand, Australia, Canada and the USA.

Having set out the background and methdology, the reminder of this paper moves on to highlight key findings from the systematic review that will be of interest to Nurse Managers and alongside this, it will discuss the key implications of for Nursing Managers.

Findings from the review and implications for Nursing Managers

The review suggests that there are certain properties of the people and the context in which PD takes place which can significantly influence the course of PD and the outcomes. The PD literature has already set out the characteristics of an effective workplace culture. In particular, Manley (2004, pp. 51–82) argues an effective workplace culture has the attributes of a transformational culture. Further, the Royal College of Nursing (RCN) standards on effective workplace culture suggest four vital areas need to be addressed for an effective

Table 1
Realist synthesis

This is the name for a relatively new approach to carrying out systematic reviews of an evidence base. Realist synthesis is an approach to reviewing research evidence on complex social interventions and aims to provide an explanatory analysis of how and why they work in particular contexts or settings. It can therefore be useful in situations where more traditional review methodologies are not suited (such as in clinical trails or controlled clinical interventions).

There are six key characteristics underpinning realist synthesis:

- Interventions in complex social contexts in themselves are a theory or theories. For example, interventions and their effects have implicit rationale about how they will affect people and organizations and hence how they will bring about change or not.
- Interventions involves the actions of people so understanding intentions and motivations, what stakeholders know and how they reason, is essential to understanding the intervention.
- Interventions consist of a chain of complex non-linear steps or processes which at each of its stages could work as expected or go wrong is some way. The actions or non-actions of people are also critical to the steps or processes.
- Interventions are embedded in social systems and how they work is shaped by this context and culture.
- Interventions are prone to modification as they are implemented. To attempt to 'freeze' or control interventions and keep them constant so as to measure them would miss the point.
- Interventions are open systems and change through learning as stakeholders come to understand them. Hence the same intervention can have numerous adaptations in different contexts and cultures.

Pawson *et al.* 2004

culture: (1) developing person-centredness, (2) developing individual, team and service effectiveness, (3) developing evidence-based health care including knowledge of utilization, transfer and evidence development and (4) developing an effective workplace culture (Dewing & Titchen 2006). Nurse Managers can take from this that there needs to be a honest assessment of the current knowledge and skills in staff to engage in PD and of the workplace cultures within the organization in which PD will be taking place. This assessment must also include the corporate culture. A skilled practice developer will soon come to a deep level appreciation of the 'lived' culture as opposed to the desired or espoused cultures. Thus, Nursing Managers need to genuinely portray the workplace cultures and have an open mind in accepting feedback on where the culture is at. Managers may also need to accept, that in keeping with PD theory, addressing aspects of workplace context and culture may need to precede direct action on improving patient experience and service improvement. It is this preceding action that in the longer term significantly helps with achieving sustainability. In the short term, this means waiting for evidence of direct and measurable outcomes with patient care.

The attributes, expertise and skills of the facilitator have been a key aspect of many PD publications (Harvey *et al.* 2002, Shaw *et al.* 2007). Although not given much attention, there is some evidence that PD still relies on the presence of a key facilitator to ensure ongoing sustainability of PD within the organization (Manley 2001). Once this facilitator, whether an insider or outsider, leaves an organization then PD activity slows or even ceases (Webster & Dewing 2007). This may be because there are still too few skilled facilitators of emancipatory and transformational PD based in practice. In which case, serious attention needs to be given to this area by Nursing Managers. Organizational commitment to ensuring there are a range of effective and skilled facilitators for PD within the organization is vital for the success of emancipatory PD and for multiple agendas and strategies within the organization. Nursing Managers can help by first, offering coaching for practice developers and those in roles where PD is part of their responsibility, either directly or indirectly, and second by being willing to examine how PD friendly their own ways of working are and then by experimenting with transforming their own practice to ways that will better enable others to achieve the aims of PD in their workplaces. Key to making this happen is an open and honest relationship with staff in which the manager is prepared to receive feedback as well as offer it to others they may manage.

Much PD literature makes reference to PD needing leadership and/or facilitation. Emancipatory and transformational PD tends to focus on facilitation and all staff developing their leading potentials rather than on (those in) positions of leadership. The PD literature is generally consistent that having inspirational and transformational leadership/facilitation is an essential ingredient of successful PD work (Manley 2001, Shaw *et al.* 2007). Developing effective relationships with practice developers is of relevance to Nursing Managers. Depending on the attributes and expertise of the Nursing Managers it may be that they can provide a component of leadership within PD work. However, it is more likely given the multiple and demanding roles of managers, that others will provide this role. Therefore the relationship between the facilitator(s) and Nursing Managers needs to be cohesive and developed using PD

principles. The strategic intentions of the manager and practice developer should be in alignment as PD will contribute to achieving wider organization agendas concerned with governance, competence and knowledge and skills development. Thus, it makes sense to develop collaborative relationships.

In PD there are two main types of facilitation role: the insider and outsider roles. However, the review found that in practice this is a simplistic divide (McCormack *et al.* 2007a). Outsider or external facilitation roles can bring in facilitation, project planning co-ordination and educational/learning expertise that may be missing from the organization, although they generally have no day-to-day input into facilitating changing of practice in the workplace. Internal PD roles tend to be those already in other posts who are learning PD methods and yet are key to facilitating changes in day-to-day practice in the workplace because of their authority and credibility. Understanding the synergy these roles create when both are used is vital and Nursing Mangers need to attend to developing collaborative working relationships with both insider and outsider facilitators.

The systematic review stresses the importance of involving different stakeholders in PD. However, the review is not able to state which stakeholders need to be involved and in what way they need to be involved. What seems critical is that Nurse Managers see themselves as a stakeholder, but are flexible about the ways they might participate in PD work. Yet at the same time, Nurse Managers should expect that their involvement is systematic and planned into the design of PD work. As previously set out, being effective may require Nursing Mangers to be open to transformation for themselves or to at least changing some of the methods they might be using in their day-to-day working processes. For example, managers may need to move from strategies that rely on authorizing, approving directing and vetoing, to ones that utilize negotiation and advocating and coaching. This is particularly relevant as the review indicates there is a need for practice developers to acquire more political knowledge and skills. Further, as the PD literature in general suggests that effective practice developers have access to the different interfaces within the organization, Nursing Managers can support or use their political influence to make this happen. However, some managers may need to be prepared to share this aspect of networking with practice developers, even where it has been something that maybe has been traditionally considered as their domain.

The review indicates that to date, little consideration has been given in the planning of PD work as to how large and small practice developments initiatives are coordinated and even managed within organizations strategy. Nurse Managers have expertise in these areas and they can contribute to this aspect of PD work. As an aim of emancipatory and transformation PD is to embed PD work within or alongside other key strategic work within the organization, this would also mean Nursing Mangers championing PD at various strategic interfaces – in effect getting PD into the boardroom and into Trust core business. In order to do this with credibility, Nursing Managers need to both understand how PD can help meet other agendas and work with the methods and processes used in PD, particularly in emancipatory and transformational PD.

The review suggests that there is evidence PD tends to address issues in six main categories: (1) promoting and facilitating change, (2) evidence translation and communication, (3) responding to external influences and agendas, (4) education and life-long learning, (5) getting research into practice and (6) audit and quality initiatives. The clarity of focus among PD facilitators, managers and project participants to ensure these areas are being addressed is vital. The importance of taking time to establish clarity of values and beliefs, a shared vision for practice, high regard for individuals (ultimately person-centredness), commitment to learning in practice and effective organizational processes that enable the aims of PD to be realized are emphasized. This is neither a linear (once only) process or a case of 'bringing staff on board' to share in the leader or managers vision as is so often set out in leadership programmes or texts, instead it is about an equitable revisited process whereby the leader or manager contributes alongside other stakeholders to the development of a shared vision. In addition, Nursing Mangers need to appreciate that transformational PD makes use of creativity (Coates *et al.* 2006, McCormack & Titchen 2006) and active learning (Dewing 2008). Nurse Mangers may need to expose themselves along with staff, to these approaches and methods to assess their impact and potential.

Ten key points for Nursing Managers

There are 10 key points that can be synthesized from the review that Nurse Managers might want to draw on especially when considering or preparing for PD work within their own organizations.

(1) The review stresses that involvement of managers in PD is crucial to both the successful implementation of PD processes in the short term and for longer-term sustainability. However, the evidence from the review

suggests that presently there continues to be mixed support from managers for PD work. The review attributes this to a lack of understanding of PD in a healthcare world driven by short termism and also to practice cultures that continue to be suspicious of managers and of 'hidden agendas'. PD has an important role to play in the modernization of health and social care services because of its focus on the patient or service user experience, quality, governance and developing knowledge and skills. Managers need to understand PD can contribute to the modernization and development of effective services and organizations. PD also needs to attend more to how managers as a group of stakeholders in PD can best be enabled to collaborate, become actively involved and participate in PD work.

(2) There is mounting evidence, including from this systematic review, of the need for service user involvement (or engagement) in PD work (Dewing *et al.* 2006, McCormack *et al.* 2007b). However, at this time, especially with more vulnerable groups such as older people, it tends to consist mostly of consultation rather than other forms of involvement (Webster & Dewing 2007). Managers can influence to argue for further research, development and learning to be undertaken with practice developers, practitioners and service users in order to develop meaningful involvement in PD. Managers can also critically review and challenge proposals for PD work that do not have different types of involvement by patients and users as central to the methods.

(3) Managers should understand that the current evidence cannot say whether multidisciplinary PD is superior to uni-disciplinary PD. However, it would be consistent with other developments in contemporary healthcare delivery and inter-professional education and learning to promote multi-disciplinary or interdisciplinary PD at some level within PD. Thus a PD initiative could start off uni-disciplinary and gradually attract in other disciplines.

(4) The review found that practice developers in 'formal' PD roles often experience role ambiguity and isolation. In the short term, clarity about job descriptions and specifications is urgently required. However, in the longer term there is a need to move away from a focus on PD roles per se and instead develop transferable principles for the facilitation of PD within and across organizations through other roles such as in nurse specialists and practitioners, modern matrons and consultant nurses (and comparable roles in other professions). Embedding PD expertise within other roles will contribute to sustainability and move away from a dependence on single facilitators.

(5) The review has been specifically helpful in being able to say there is a growing consensus concerning the methods that are effective in bringing about increasing involvement and transformations in the culture and context of practice. The review groups these into four: (1) methods that increase use of and generate knowledge, (2) methods that involve stakeholders, (3) methods that develop increasing participation and shared ownership for the aims or purpose of PD and (4) methods that lead to improved patient experience and care. Although further research is needed to advance the development of these methods in order to inform outcome measurement. (See also point 7.)

(6) There is consensus in the review that effective PD requires the adoption of participatory methodological approaches. However, at this time, the review stresses that no one methodology should be favoured. What is important is that proposed methodologies meet the criteria of collaboration, inclusion and participation (CIP).

(7) PD work does not generally advocate traditional methods of outcome evaluation. The evidence from the review suggests that outcome measurement needs to be consistent with the espoused values of 'participation and collaboration' (McCormack *et al.* 2007b) where data collection and analysis is an integral component of the development itself (Dewing & Traynor 2005, Dewing *et al.* 2006). A wide range of outcomes are evident from published practice developments and there is a need for the replication of these in further studies. In addition, consideration needs to be given to the 'stable' methods of PD through scientific measures as separate activities from theory generating and knowledge development activities. When assessing the trustworthiness of PD proposals, managers can expect to see evidence of PD using all the following methods:

- agreed ethical processes;
- stakeholder analysis and agreed ways of achieving CIP;
- person-centredness;
- values clarification;
- developing a shared vision;
- workplace culture analysis;
- developing shared ownership;
- reflective and active Learning;
- high challenge and high support facilitation that enables transitions to be successfully negotiated;
- feedback;
- knowledge use;
- process and outcome evaluation;

- giving space and 'permission' for exploration of new and creative possibilities and ideas to emerge and to flourish;
- dissemination and inter-active sharing of learning;
- rewarding transformations and success.

(8) The review was unable to locate any models to establish costings for PD work at this time. Managers can influence and support costing models to be developed and for these to be published as part of PD reports and publications.

(9) In general, the review recommends that PD needs to establish improved relationships with Higher Education Institutions (HEIs) for several reasons. First, they can provide a means of reducing isolation for practice developers, second HEIs may be able to extend the potential for systematic and rigorous processes to be adopted in PD and third, they may be able to benefit from practitioners who want to have academic credit for their work-based learning through PD or have a desire to pursue more formal academic learning 'switched on via PD' (see also the following point).

(10) If PD processes and outcomes are to be sustained beyond the life of any particular PD project timeframes, then there is a need to embed practice development activities in learning strategies. There is no evidence in the PD literature of 'traditional education' processes having a direct impact on practice. Reflective learning strategies and work place and work-based learning [such as Structured Reflection, Action Learning and Active Learning (Dewing 2007)] appear to have more to offer the sustainability of PD. Although the review clearly states there is a need for further evaluative research in this area. Thus, managers may need to consider the balance between traditional education provision and more work place and work-based approaches to learning about practice.

Concluding remarks

Practice development can contribute, and even make a significant contribution, to the improvement of patient and service user experiences and to the modernization of health care services through its focus on improving workplace cultures and learning. McCormack and Titchen (2006) recommend key policy and strategy stakeholders need to be targeted in order to develop a strategic way forward for connecting practice development methods with service/systems developments, set within a modernization and risk management agenda. Clearly Nursing Mangers can influence this area at various strategic interfaces in the course of their work. Managers need to appreciate that many staff, maybe even those already in PD posts, may not have the necessary knowledge and expertise to lead up large-scale emancipatory and transformational PD work without further learning and coaching. Managers need to look at where they access the necessary resources in the short term and look at how they can influence local HEIs to help provide the resource in the longer term. In terms of their own needs, managers may need to accept they could benefit both themselves and the PD work by engaging in education and awareness raising in order to improve their understanding of the methodologies and methods of PD. Further, managers may need to reflect on and be prepared to change some of their ways of working to be seen by others to be actively working with PD principles.

References

Bellman L. (2003) *Nurse-led Change and Development in Clinical Practice*. Whurr Publishers, London.

Coates E., Dewing J. & Titchen A. (2006) *Opening Doors on Creativity [WWW Document]*. Available at: http://www.rcn.org.uk/downloads/practicedevelopment/opening_doors.pdf [accessed on 13 August 2007].

Dewing J. (2008) Becoming and being active learners and creating active learning workplaces: the value of active learning in practice development. In *Practice Development in Nursing*, 2nd edn (B. McCormack, K. Manley & V. Wilson eds), pp. 273–294. Blackwell, Oxford.

Dewing J. & Titchen A. (2006) *Practice Development Resources*. RCN, London.

Dewing J. & Traynor V. (2005) Admiral nursing competency project for nurses working with older people. *Journal of Clinical Nursing* **14** (6), 695–703.

Dewing J., Brooks J. & Riddaway L. (2006) Involving older people in practice development work: an evaluation of an intermediate care service and it's multi-disciplinary practice. *Practice Development in Health Care Journal* **5** (3), 156–174.

Fay B. (1987) *Critical Social Science*. Polity Press, Cambridge.

Garbett R. & McCormack B. (2002) A concept analysis of practice development. *NT Research* **7** (2), 87–100.

Habermas J. (1972) *Knowledge and Human Interests*. Heinemann, London.

Harvey G., Loftus-Hill A., Rycroft-Malone J. *et al.* (2002) Getting evidence into practice: the role and function of facilitation. *Journal of Advanced Nursing* **37** (6), 577–588.

Manley K. (2001) *Consultant Nurse; Concept, Processes, Outcome*. PhD Thesis, Manchester University, RCNI, Manchester, London.

Manley K. (2004) Transformational culture: A culture of effectiveness. In *Practice Development in Nursing* (B. McCormack, K. Manley & R. Garbett eds), pp. 51–82. Blackwell Publishing, Oxford.

Manley K. & McCormack B. (2003) Practice development: purpose, methodology, facilitation and evaluation. *Nursing in Critical Care* **8** (1), 22–29.

Manley K. & McCormack B. (2004) Practice development: purpose, methodology, facilitation and evaluation. In *Practice Development in Nursing* (B. McCormack, K. Manley & R. Garbett eds), pp. 33–50. Blackwell, Oxford.

McCormack B. & Titchen A. (2006) Critical creativity: melding, exploding, blending. *Educational Action Research* **14** (20), 239–266.

McCormack B., Manley K., Kitson A., Titchen A. & Harvey G. (1999) Towards practice development – a vision in reality or a reality without vision? *Journal of Nursing Management* **7** (5), 255–264.

McCormack B., Dewar B., Wright J., Harvey G. & Ballantine K. (2007a) A realist synthesis of evidence relating to practice development: findings from the literature analysis. *Practice Development in Health Care* **6** (1), 25–55.

McCormack B., Dewar B., Wright J., Harvey G. & Ballantine K. (2007b) A realist synthesis of evidence relating to practice development: recommendations. *Practice Development in Health Care* **6** (1), 76–80.

Pawson R., Greenhalgh T., Harvey G. & Walshe K. (2004) *Realist Synthesis: An Introduction: RMP Methods Paper 2/2004*. Centre for Census and Survey Research, University of Manchester, Manchester.

Shaw T., Dewing J., Young R., Devlin M., Boomer C. & Leguis M. (2008) Enabling practice development: delving into the concept of facilitation from a practitioner perspective. In *Practice Development in Nursing*, 2nd edn (B. McCormack, K. Manley & V. Wilson eds), pp. 147–169. Blackwell, Oxford.

Unsworth J. (2000) Practice development: a concept analysis. *Journal of Nursing Management* **8** (6), 317–326.

Webster J. & Dewing J. (2007) Growing a practice development strategy for community hospitals. *Practice Development in Healthcare* **6** (2), 97–106.

