

A VIEW OF PRACTICE DEVELOPMENT

Practice development is of enormous value to public health and patient care and its purpose matches central issues within NHS reform policies. It is a major phenomenon which is transforming the delivery of care for all who engage in it:

'[practice development] is gaining monumental recognition for its value in supporting individual health care professional teams, and organizations in meeting the challenges of a modernizing National Health Service (NHS) in the quest to provide continuous quality improvements and excellence in practice'
(McSherry 2002:26).

But many people are unaware of exactly what practice development is or where it has come from.

This article aims to provide a simple overview of practice development for people of all disciplines and backgrounds. First outlining where practice development emerged, what it is, its pitfalls and finally the advantages of using it as an approach.

Background

The period between 1985 and 1995 has been described as 'the decade of self-discovery for nurses' (Butterworth et al 1996). It was during this time that practice development - the most empowering approach to delivering care to date - was starting to build momentum.

Practice Development Units evolved from Nursing Development Units in the late 1970s, as practitioners began to realize a more multidisciplinary approach to care was needed. It was around this time the government began to place pressure on the NHS to provide patient centered services, offering choice of care and services. During the 1990s emphasis was placed on eliminating the 'postcode lottery' of care, replacing it with a system which would ensure standardized and measured delivery of care.

Recent government policies - such as the Modernization Agenda - have made patient choice, staff empowerment, multidisciplinary working, local level responsibility of care, evaluation and audit a priority (i.e. Patient and Public Involvement in Health 2004).

In 2002 the Developing Practice Network (www.dpnetwork.org.uk) was established, committing itself to become the leading information exchange for practitioners and other professionals interested in practice development. In the same year the first journal dedicated entirely to practice development was launched – Practice Development in Healthcare.

There are now hundreds of practice development job roles found in the NHS and many dedicated Practice Development Units.

But What is Practice Development?

This question is the most explored in the subject area of practice development. Despite several studies to develop a comprehensive list of attributes (i.e. McSherry et al 2002; Glover 2002; Dooher 2001; Page 1998; Gustin and Mains 1998), one still has not yet been firmly established.

From my own literature review of over 200 articles written on practice development between 1989 and 2004, I have found the following attributes to be the most commonly agreed essential ingredients to make practice development work:

- Multidisciplinary, collaborative team work
- A culture of life long learning
- Open communication
- Patient focused services
- Staff empowerment
- Patient empowerment
- Education and training
- Continuous and rigorous quality evaluation and audit
- Research and development
- Sharing of vision and philosophy
- Innovative practice
- Dissemination of findings
- Working must be flexible
- Accountability
- Evidence based practice
- Staff must feel ownership of ideas

The Downside of Practice Development

The only obvious downside of practice development is the ambiguity in its definition. Practice development has traditionally been seen as an umbrella term, drawing and synthesizing ‘*a range of different theoretical disciplines and practical approaches [which] operates at various levels, as a means of facilitating developments in practices, theory, policy and strategy both within and from practice*’ (Page and Hamer 2002). As previously mentioned, several attempts have been made to collect a definition of practice development (Mallett et al 1997; Unsworth 2000; Garbett and McCormack 2001) but all have failed to provide a consensus.

However lack of a concise definition is a relatively minor issue when practice development is viewed in a wider context. A comprehensive definition is important, but not vital. This is evident through the way the *concept* of practice development has been understood and embraced by hundreds of practitioners already, without having been given a definition. This is an *emerging* discipline and its definition will be clarified over time by those who use it. It seems more important to understand how practitioners use practice development and to establish their views on it in order to understand what makes it work, rather than trying to gain a definition of what practice development is. By doing so new methodologies, as well as definitions, may emerge.

The Benefits of using Practice Development

The benefits of using practice development far outweigh the downside of not having a clear cut definition. Its advocates understand the meaning and culture of practice

development. Indeed this is where its success lies. Because staff feel ownership of ideas and changes in their practice, they are confident in their practice and are generally enthusiastic about implementing changes. Clark and Wilcockson (2002) emphasize this view *'developing practice and developing care should be in the hands of the people who are doing it, because those people are the ones who are with the patients and public on a daily basis. These are the people who should understand the job and should understand how the job grows'* (2002:402). This of course drastically improves staff retention and recruitment rates.

The Way Ahead?

The growing numbers of people joining the Developing Practice Network and the establishment of the first journal dedicated entirely to practice development (Practice Development in Healthcare) highlight the growing interest in this method as a useful tool for improving the delivery of care and incorporating national guidelines.

The increasing number of Universities offering Practice Development Accreditation (such as Bournemouth, Teeside and Leeds) are testimony to the growing interest to have practice development incorporated into everyday practice. The increasing international literature on practice development (i.e. Walker 2003; Cambron 2004) also highlights the recognition this approach is being given.

Practice development looks set to rocket as more and more practitioners become involved in it and use it. The Developing Practice Network motto summarizes my own view of practice development 'Share Knowledge, Shape the Future'.

For more information or to join the Developing Practice Network, see www.dpnetwork.org.uk

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References

Butterworth, C., Bishop, V. and Carson, J. 1996. 'First steps towards evaluating clinical supervision in nursing and health visiting. 1. Theory, policy and practice development. A review. Journal of Clinical Nursing. Vol 5: 127-32

Cambron, B. and Cain, L. 2003. 'Practice Development: what we can learn from our British partners' KY Nurse. Vol 5 No 2: 5

Clarke, CL. And Wilcockson, J. 2002. 'Seeing need and developing care: exploring knowledge for and from practice' International Journal of Nursing Studies. Vol 39: 397-406

Dooher, J. 2001. 'The development of practice development' in Clark, A., Dooher, J. and Fowler, J. (eds). The Handbook of Practice Development. Wiltshire, Mark Allen Publishing Ltd.

Department of Health. 2004. 'Patient and Public Involvement in Health: The evidence for policy implementation'. London. HMSO.

Garbett, R. and McCormack, B. 2001. 'The experience of practice development: an exploratory telephone interview survey' Journal of Clinical Nursing. Vol 10: 94-102

Glover, D. 2002. 'What is practice development?' in McSherry, R. and Bassett, C. (eds) Practice Development in the Clinical Setting: A guide to implementation. Cheltenham. Nelson Thornes Ltd.

Gustin, T. and Mains, JD. 1998. 'A professional practice development programme' Journal of Shared Governance. Vol 4, No 4: 9-12

McSherry, R. 2002. 'Developing a strategy for implementing practice development' in McSherry, R. and Bassett, C. (eds) Practice Development in the Clinical Setting: A guide to implementation. Cheltenham. Nelson Thornes Ltd.

McSherry, R., Pearce, P. and Tingle, J. 2002. Clinical Governance: A guide to implementation for healthcare professionals. Oxford. Blackwell Science Publications.

Mallett, J. Cathmoir, D., Hughes, P. and Whitby, E. 1997. 'Forging new roles' Nursing Times. Vol 93, No 18: 38-9

Page, S. and Hamer, S. 2002. 'Practice development – time to realize the potential' Practice Development in Healthcare. Vol 1, No 1: 2-17

Page, S., Allsopp, D. and Casely, S. 1998. The Practice Development Unit: An experiment in multidisciplinary innovation. London. Whurr Publishing.

Unsworth, J. 2000. 'Practice development: a concept analysis' Journal of Nursing Management. Vol 8: 317-26

Walker, K. 2003. 'Practice development in a postmodern world: thinking globally, acting locally' Collegian. July Vol 10 No 3: 17-21