



COMMENTARY

Is it possible to bring the emancipatory practice development and evidence-based practice agendas together in nursing and midwifery?

Commentary on: Fairbrother, G., Cashin, A., Mekki, T., Graham, I. and McCormack, B. (2015) Is it possible to bring the emancipatory practice development and evidence-based practice agendas together in nursing and midwifery? *International Practice Development Journal*. Vol. 5. No. 1. Article 4.

Debbie Roberts and Lynne Williams

Submitted for publication: 4th November 2016

Accepted for publication: 10th November 2016

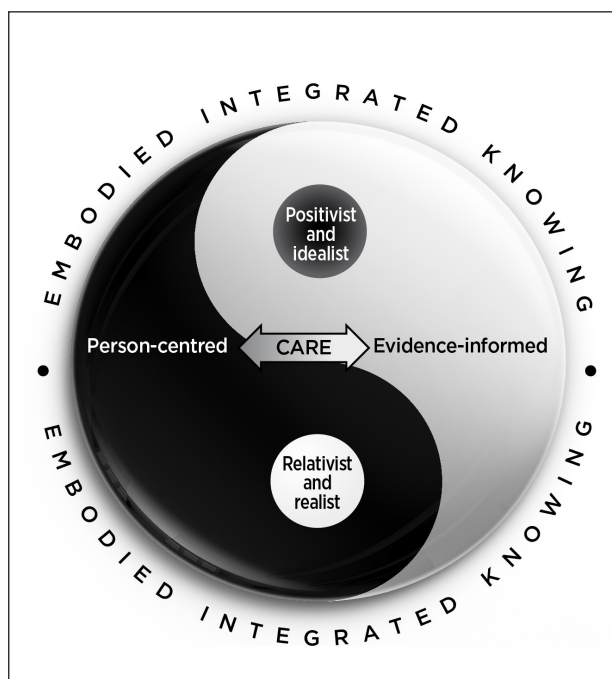
Published: 17th May 2017

Doi: <https://doi.org/10.19043/ipdj.71.013>

Imagine a future where evidence-based practice and emancipatory practice development work together in a way that is so seamless we don't even have to think about it. Can you?

This is the vision as described in the article by Fairbrother et al., published in the *IPDJ* in 2015. In a bold move, the authors invite the reader to contemplate 'the birth of a new healthcare phenomenon', that of evidence-based emancipatory practice development (EBEPD). In the article, the authors offer a robust case for building momentum towards achieving a mutualised, evidence-based emancipatory practice development platform for knowledge and development in contemporary nursing practice. With detailed reference to a range of well-known, and often epistemologically polar opposite philosophical positions, the authors invite us to put aside our differences and work together to build a stronger evidence-based platform for emancipatory practice development work. In a creative and interesting manner, the authors refer to the yin and yang philosophy to illustrate how two opposites can complement each other, and they offer a diagram to illustrate the desirable fusion of EPD and EBP, working together and nestled within the concept of embodied integrated knowing (Figure 1).

Figure 1: Emancipatory practice development as 'yin' and 'yang' (Fairbrother et al., 2015)



However, we suggest the model can be developed further, and that the lines are perhaps more blurred than the diagram suggests. We know from reading about the origins of the yin and yang concept in Chinese philosophy, that while both poles are equal 'an increase in one brings a corresponding decrease in the other, a correct balance between the two poles must be reached in order to achieve harmony' (Cartwright, 2012, para 1). This indicates that both positions should be acknowledged and used in order to achieve EBEPD. We acknowledge the notion of yin and yang being in balance, but this positioning does invite us to consider symbiosis. Fairbrother et al. (2015) provide a compelling argument to suggest that EPD and EBP (while seemingly rooted in different philosophical traditions) are in fact symbiotic; in other words, not only are these two elements in a mutually beneficial close association, they actually need each other in order to survive. We would argue that, out of the temporary imbalance inevitably caused by experimental trialling where action and research are simultaneously sought, comes the catalyst for growth and movement in the journey. Fairbrother et al. draw on the work of Rycroft-Malone et al. (2013) to illustrate an example of mixing context-specific inquiry with trialling. The authors also draw on the work of Manley et al. (2013) to point out that the process of values clarification is crucial in EPD activity. However, such values clarification is often not straightforward and can provoke feelings of discomfort sometimes associated with reflection (Atkins and Murphy, 1994). Indeed, such feelings of discomfort may be necessary, and therefore the temporary imbalance is to be embraced in order to move forward where yin and yang can be re-balanced, allowing for contemplation and preparation for future opposition and movement.

The invitation to provide a commentary on this article has provided a timely opportunity for us to reflect on how we might move to develop, engage with and create the environment for such emancipatory practice development within our local context. This is a timely activity since there is a clear commitment to the creation of such opportunities through the local appointment of a Foundation of Nursing Studies Professor of Practice Learning – a new joint appointment supported by an academic and clinical partnership. The vision is to enhance health and healthcare through excellence in learning and teaching experiences created for the workforce, through the leadership of service improvement and practice development, and through establishing related research.

While the creation of traditional programmes of study is important for expansion among the nursing workforce, there are growing calls for educational providers to devise new approaches to supporting the

development of clinicians and services (Ousey and Roberts, 2013). No longer are those commissioning education and training content to support academic programmes of education as the sole source of development; they are turning towards other approaches such as providing opportunities to 'engage nurses at all levels of the organisation in developing workplaces in the form of practice development' (Walsh et al., 2012, p 72). These opportunities will:

- Be safe and progressive evidence based clinical services
- Understand the patient experience and involve patients in decision making
- Have explicit values and purpose statements to guide team behaviours
- Enable frontline nurses to be involved in decision making at local and organisational levels
- Enable nurses to be creative and innovative
- Reflect on and develop practice

The article presents a clear overview of the philosophical positions underpinning practice development and evidence-based practice. The point is well made that nursing as a profession is under-recognised for its contribution to the changing landscape of healthcare. Practical wisdom is undervalued and nursing work remains under-researched. This article also presents an opportunity for important but under-represented work, which is so valuable to improving practice and patient outcomes, to flourish under the guise of doing and reporting EBEPD. If Fairbrother and colleagues are correct in their suggestion that the emancipatory practice and evidence-based practice agendas can be brought together, then individuals working in either or both arenas have a responsibility to acknowledge and accept the symbiotic nature of the relationship between the two. The world of practice development through evidence-based practice is necessarily fast-paced and seldom stable. Nonetheless, we are required to put our philosophical stance to one side in order to embrace the instability and foster growth and development of both individuals and services.

The authors pose a number of reflective questions at the end of the article, which return to the possible tensions between evidence-based practice and practice development. We believe that, in the doing of research that is concerned with emancipatory practice development we advocate a pragmatic approach – one that focuses on the action of the doing. To return to yin and yang, improving our understanding of the inevitable fluidity and imbalance should enable the kind of symbiotic development and growth in individuals and services that Fairbrother and colleagues have described. So rather than push against such imbalance, we suggest that nurses, midwives, researchers and academics work together towards mastery of it, learning how to manage and work within an ever-changing landscape.

References

- Atkins, S. and Murphy, K. (1994) Reflective practice. *Nursing Standard*. Vol. 8. No. 39. pp 49-56.
- Cartwright, M. (2012) Yin and Yang. *Ancient History Encyclopedia*. Retrieved from: ancient.eu/Yin_and_Yang/ (Last accessed 21st December 2016).
- Fairbrother, G., Cashin, A., Mekki, T., Graham, I. and McCormack, B. (2015) Is it possible to bring the emancipatory practice development and evidence-based practice agendas together in nursing and midwifery? *International Practice Development Journal*. Vol. 5. No. 1. Article 4. Retrieved from: fons.org/library/journal/volume5-issue1/article4 (Last accessed 21st December 2016).
- Manley, K., Titchen, A. and McCormack, B. (2013) What is practice development and what are the starting points? Chp 3 in McCormack, B., Manley, K. and Titchen, A. (Eds.) (2013) *Practice Development in Nursing and Healthcare* (2nd edition). Oxford: Wiley-Blackwell. pp 45-65. Cited by Fairbrother, G., Cashin, A., Mekki, T., Graham, I. and McCormack, B. (2015). Is it possible to bring the emancipatory practice development and evidence-based practice agendas together in nursing and midwifery? *International Practice Development Journal*. Vol. 5. No. 1. Article 4.
- Ousey, K. and Roberts, D. (2013) Improving access to CPD for nurses: the uptake of online provision. *British Journal of Community Nursing*. Vol. 18. No. 2. pp 78-83. doi: 10.12968/bjcn.2013.18.2.78.

- Rycroft-Malone, J., Seers, K., Chandler, J., Hawkes, C., Crichton, N., Allen, C., Bullock, I. and Stunin, L. (2013) The role of evidence, context, and facilitation in an implementation trial: implications for the development of the PARIHS framework. *Implementation Science*. Vol. 8. No. 1. Cited by Fairbrother, G., Cashin, A., Mekki, T., Graham, I., and McCormack, B. (2015). Is it possible to bring the emancipatory practice development and evidence-based practice agendas together in nursing and midwifery? *International Practice Development Journal*. Vol. 5. No. 1. Article 4.
- Walsh, K., Kitson, A., Cross, W., Thoms, D., Thornton, A., Moss, C., Campbell, S. and Graham, I. (2012) A conversation about practice development and knowledge translation as mechanisms to align the academic and clinical contexts for the advancement of nursing practice. *Collegian*. Vol. 19. No. 2. pp 67-75. doi: 10.1016/j.colegn.2012.02.001.

Debbie Roberts (PhD, BSc, RNT, RGN), Foundation of Nursing Studies Professor of Practice Learning, Bangor University, Wales.

Lynne Williams (PhD, MSc, BSc, RN), Deputy Head, School for Enterprise, School of Healthcare Sciences, Bangor University, Wales.

A response to this commentary by the authors follows on the next page.



RESPONSE TO COMMENTARY

Is it possible to bring the emancipatory practice development and evidence-based practice agendas together in nursing and midwifery?

Greg Fairbrother, Andrew Cashin, Tone Elin Mekki, Iain Graham and Brendan McCormack

We thank the authors for their positive and future-focused commentary on our 2015 article, which proposed the need for 'evidence-based' emancipatory practice development (EBEPD).

Roberts and Williams point to the yin-yang depiction of EBEPD that was included in the 2015 article. They suggest that the lines between emancipatory practice development (EPD) as yin, and evidence-based practice (EBP), as yang, may blur in any attempt to bring these two movements together, and that practitioners need to be mindful of the potential for such disturbance and (true to the yin-yang idea), seek continuously to rebalance and harmonise throughout both action and research phases of EBEPD work.

Because EPD work is explicitly emancipatory in its intent, it will (and should) often create disturbance in our healthcare delivery systems, as it seeks to pursue healthcare initiatives that take account of both care providers' and patients' value sets (rather than distant institutional quasi-hegemonic values). In a health system that continues to present a monolithic, biomedically dominated stance to non-medical care providers and to patients and carers, the activation of EPD in care delivery to drive human value-centric change will surely create disturbance at the operational level. Indeed, the creation of such disturbance will/should often be a marker of the success of an EPD initiative. As argued in the 2015 article, nursing has a long history of powerlessness in healthcare and the Aristotelian 'phronesis' that can be activated by wielding EPD has great potential to drive practice and system change in a nursing-conceived way.

In our view, bringing the epistemological 'language' of the monolith (that is, positivism and EBP) into the EPD orbit, can only strengthen EPD's 'disturbing' mission. If we employ positivistic, evaluative study designs around EPD initiatives and 'prove' that they work, we are using the monolith's own language to advance EPD's 'disturbing' agenda. Because positivism positions itself as precognitively neutral (that is, it brings no presuppositions into the deductive research process), if we find in favour of the success of an EPD initiative using a strong positivistic research design, our emancipatory voices will be heard by the healthcare hegemony (despite any 'disturbance' we may have created) – as despite its monolithic character, it does change and grow on the basis of objective research findings. The burgeoning person- and family-centred care movement (Foot et al., 2014), which is becoming increasingly influential in mainstream healthcare, evidences such a capacity for growth on the monolith's part.

It should also be emphasised (as argued in the 2015 article), that positivistic research designs can be built around EPD initiatives without 'disturbing' their emancipatory intent. As Roberts and Williams point out however, practice developers need to wield positivism carefully and with poise (not as a blunt instrument) – particularly with regard to their selection of outcome measures and, if a comparison group is implicated in the study design, the basis of and process for allocation to the study group. The

work of Mekki (2015) is a case in point. This large-scale cluster design RCT also incorporated multiple qualitative ethnographies and a cycle-based EPD style of implementing the intervention (clinical education around minimising restraint use in extended aged care facilities). While this multisite study posed numerous methodological challenges to the research team, it was ultimately successfully conducted, and each epistemological stream used in the mixed-method design complemented the principal finding, which underlined the importance of local leadership in prompting practice change. Mekki's work illustrates the call by Kemmis et al. (2004) for a merging of participatory action research with strong quantitative research design.

Kemmis has also proposed a critical action research (CAR), which is well grounded in Habermasian ideas (Kemmis et al., 2013). The strength of participatory processes (prized in EPD since its inception), is also vital to CAR success (Borg et al., 2012), further highlighting the seamlessness of the relationship between EPD and CAR. Our call for an EBEPD echoes Kemmis on both positivist and critical axes, in seeking a positivist-influenced epistemology for EPD's values-based action agenda.

Returning to the notion of 'disturbance' (a key theme we picked up from Roberts and Williams' commentary), it should be emphasised that the profession of nursing was birthed in the modern era via the disturbance of the Crimean and American Civil Wars, and progressed via positivism-informed exposition arising from the work of Florence Nightingale in Europe and Clara Barton in North America. It also remains the case that the emergence of science-based medicine created many disturbances to accepted biomedical practice in the early decades of the 20th century. In our view, social change brings disturbance along with it, and with disturbance comes advocacy of new approaches. The development of new approaches is core to the EPD agenda. In our view, adding a science-based component to EPD-sponsored disturbance can only add to the potential energy released by such work.

If the disturbance potential of EPD through the melding of the positivist and critical agendas is to be fully realised, practice developers will need to formalise partnerships with quantitative researchers with the required statistical literacy. If EPD's yin is to partner and harmonise with EBP's yang, it will need to be on the basis of genuine acceptance of the positives around positivism's claim on truth-seeking via objective study design (and its overt desire to exclude chance from the discernment of any study finding), and not on the basis of simply seeking to speak the oppressor's – or monolith's – language (or learning to 'speak with forked tongue'), in order to progress EPD agendas. In our view, there is much to be gained from genuine intellectual engagement with both the positivistic and critical research traditions, and there is no real or philosophical reason why the EPD movement cannot partner and harmonise with each of these.

References

- Borg, M., Karlsson, B., Hesook, S. and McCormack, B. (2012) Opening up for many voices in knowledge construction. *Qualitative Social Research*. Vol. 13. No. 1. Article 1. urn:nbn:de:0114-fqs120117.
- Foot, C., Gilbert, H., Dunn, P., Jabbal, J., Seale, B., Goodrich, J., Buck, J. and Taylor, J. (2014) *People in Control of their own Health and Care: The State of Involvement*. London: The King's Fund.
- Kemmis, S., McTaggart, R. and Retallick, J. (Eds.) (2004) *The Action Research Planner* (2nd edition). Karachi: Aga Khan University, Institute for Educational Development.
- Kemmis, S., McTaggart, R. and Nixon, R. (2013) *The Action Research Planner: Doing Critical Participatory Action Research*. Singapore: Springer.
- Mekki, T. E. (2015) *How do the Characteristics of Context Influence the Work of Facilitators when Implementing a Standardised Educational Intervention Targeting Nursing Home Staff to Reduce Restraint in Dementia Care?* PhD (Nursing Science) Dissertation, Queen Margaret University, Edinburgh. Retrieved from: [etheses.qmu.ac.uk/1834/1/1834.pdf](https://theses.qmu.ac.uk/1834/1/1834.pdf) (Last accessed 20th April 2017).

Greg Fairbrother (PhD, MPH, BA, RN), Patient and Family-centred Care Research Nurse Consultant, Sydney Local Health District Nursing and Midwifery Executive; Adjunct Associate Professor, University of Sydney Nursing School, Sydney, Australia.

Andrew Cashin (PhD, MN, GCert PTT, BHSc, Dip App Sci, RN), Professor of Nursing, School of Health and Human Sciences, Southern Cross University, Lismore, NSW, Australia.

Tone Elin Mekki (PhD, RN, B Nursing), Associate Professor, Centre for Care Research Western Norway, Bergen University College, Norway.

Iain Graham (PhD, MEd, MSc, RN), Dean of Health and Head of School, School of Health and Human Sciences, Southern Cross University, Lismore, NSW, Australia.

Brendan McCormack (DPhil Oxon, PGCEA, BSc Hons, RMN, RN), Head of Division of Nursing, Queen Margaret University, Edinburgh, Scotland; Professor II, Buskerud University College, Drammen, Norway; Adjunct Professor of Nursing, University of Technology, Sydney, Australia.