



RESPONSE TO COMMENTARY

Outcomes from a pilot project on workplace culture observations: getting evaluation outcomes on the agenda

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The first point made in the commentary that I want to develop is on the translation of an understanding of context and culture *to* the 'real world' setting of clinical practice. The practice development facilitator acknowledges complexity and that multiple often competing and even paradoxical realities exist within one workplace. They work with these conditions and yet at the same time construct and facilitate learning activities that enable practitioners to see current realities, the future possibilities, begin to embody new ways of doing things in their day to day work and evaluate and learn from them. The learning activities also have other benefits, such as collecting evidence or data. The observation project was one such activity. I think that the translation of understanding is a different process for those already immersed within in a context, compared with those coming in or looking in from outside. Translation might not even be the most apt term here. The context and culture *is* the real and often messy world of clinical practice. It is already in situ and happening. It is maybe more about enabling practitioners and managers to notice their culture to be vigilant or hyper-vigilant; then to give it a structure and form and to have ways of talking about context and culture. We need to be able to name things, describe and talk about them to support critical reflection and collaborative forms of action.

Learning in and from practice and within the workplace is core to Active Learning. In this project there were multiple processes some more visible than others although I would contest that 'observation' was the 'learning activity.' Observation was certainly a visible and central part of the method. On its own it would not have been enough. The less visible process was how the practice development group members came to make sense of the evidence emotionally and rationally, deal with the anxiety it caused without resorting to defensiveness (Walsh et al., 2011) and commit to doing something about the findings. The learning activity was broader than observation, as indicated in the aim and objectives of the paper. This project also demonstrates that getting started with the method does not require a high level or advanced observation skills on par with a skilled ethnographic researcher, making it more achievable for many teams.

We should not underestimate the challenge that standing apart from the team even for a short time can pose to practitioners new to practice development. The practice development group members had been working together for a few months and the observation method and associated learning activities were of a higher visibility compared to the previous ones they had undertaken. Finding ways to enable clinical leaders, who often feel a need to be liked by their teams, to do this is another challenge in practice development work.

Finally, this project and the wider practice development work is a multi-professional collaboration. Although the evidence is unconvincing about whether or not practice development needs to be uni

or multi-professional (McCormack et al., 2006) in this work, context and culture indicated that a multi-professional approach feels appropriate and certainly offers greater diversity.

References

- Walsh K., Crisp, J. and Moss, C. (2011) Psychodynamic perspectives on organizational change and their relevance to Transformational Practice Development. *International Journal of Nursing Practice*. Vol. 17. No. 2. pp 205-212.
- McCormack, B., Dewar B., Wright, J., Garbett R., Harvey, G. and Ballantine, K. (2006) *A Realist Synthesis of Evidence Relating to Practice Development: Final Report to NHS Education Scotland and NHS Quality Improvement Scotland*. Scotland: NES, NHS QIS.