© FoNS 2011 International Practice Development Journal 1 (2) [7]
http://www.fons.org/library/journal.aspx

International Practice Development Journal
Online journal of FoNS in association with the IPDC (ISSN 2046-9292)

CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Swimming against the tide - developing a flourishing partnership for organisational transformation

Carrie Jackson* and Alice Webster

*Corresponding author: Faculty of Health and Social Care, Canterbury Christ Church University, England.
Email: Carolyn.jackson@canterbury.ac.uk

Submitted for publication: 13th October 2011
Accepted for publication: 10th November 2011

Keywords: practice development, person centred practice, organisational transformation, flourishing

Aim
The aim of this paper is to share some of our experiences and reflections on our journey in creating an innovative practice development partnership between a University and a progressive NHS Trust in East Sussex. The partnership is at this point eighteen months old, and has led to a creative new joint position driving forwards practice development, and a collaborative organisational strategy committed to developing a thriving workplace culture that is able to evidence person centered quality outcomes for all. We present examples of our highs and lows and achievements to date as well as some of the tools we have used to underpin our individual transformational journeys.

A meeting of minds

Our worlds collided in 2008 when Alice contacted me (Carrie) to enquire whether the University would be interested in developing a collaborative partnership with her organisation. We both believed that the growth of managerialism in higher education and technocratic nursing in front line services, had undermined the importance of research and practice development undertaken in the workplace, alongside and in partnership with health and social care professionals and service users. At our first meeting, using a claims, concerns and issues activity (see Table 1), we acknowledged that the managerialism of our organisational workplace cultures were, to an extent, governed by their strategic planning cycle of corporate priorities which limited creativity. For example, many of my colleagues in the University sector viewed practice development as a diversion from academic activity and an alternative to academic enquiry (Thomson and Watson, 2008). Practice development at that point was not mentioned in the University or Faculty Research Plan, nor did it feature in the Trust's Nursing and Midwifery or Quality strategy (see Table 3). It can be disheartening to hear that *this is the way we do it round here* with the innuendo that change is not an option. Handy (1998) and Drennan (1992) suggest that culture cannot be precisely defined and that it is something that is 'perceived' and 'felt.'

Table 1. An excerpt from the claims, concerns and issues activity from initial meeting in 2008

Claims	Concerns
• We both have a track record of developing practice through individuals, teams, organisations, research and strategic initiatives • The government agenda will focus increasingly on the importance of co-production of knowledge for practice in the future • There is a wealth of published literature that demonstrates the impact of practice development on quality of care and the development of positive workplace cultures • Internationally there is an network of practice development experts who may be interested in joining forces to support development of practice development work in the region • Education providers need a majority of staff to support learning in practice and be involved in an engaged scholarship that improves the quality of the student experience and produces future practitioners fit for purpose • Future practitioners must be able to lead and manage increasingly complex change processes which will require development of facilitation skills, person centered practices • Practice development can provide opportunity to develop knowledge, skills and behaviours that are person centered	• We won't be taken seriously • Others won't see the value of partnership for both education and practice • If the money isn't spent it will be used elsewhere • Changing leadership may mean we lose early adopters and supporters in both organisations • Practice development may be seen as a nursing initiative rather than of benefit to the wider organisation • Developing an effective partnership will require significant investment of time and effort on part of Alice and Carrie- how to balance this in the workload which will not decrease as a result • University may impose criteria for appointment of a joint professorial position and will need to be influential in appointment process • New financial and business models may need to be created to accommodate the business plan
Issues	**Initial Actions**
• Organisational restructure and uncertainty about Trust and University priorities • Quality of care issues in Trust provide a test bed for innovation to demonstrate impact of practice development on patient outcomes • This is an additional priority to accommodate in an already agreed strategic corporate plan for both organisations	• Write up values, beliefs and vision • Develop initial business proposal for partnership • Lobby and share with identified senior managers in both organisations • Develop clear timeline and action plan for review • Agree model for critical reflection and supervision meetings

As both organisations were undergoing significant change due to new leadership and restructuring plans, we felt it was important to seize an opportunity to influence where we could, moving our organisations from being focused on one path, to being open to new ways of working in partnership to benefit the communities we serve (Figure 1 and 2). We recognised that a significant priority for us would be in harnessing support for a new partnership at the earliest opportunity at a senior level within our respective organisations.

Figure 1. An example of how we felt our respective organisations viewed practice development as a key to organisational transformation at the start of our journey

Figure 2. An example of how we perceived our respective organisations' single track view of developing education and practice at the start of our journey. Both organisations held traditional values and beliefs about meeting strategic targets that were driven by senior managers rather than being developed, owned and practiced by ordinary practitioners in their everyday practice

At our initial meeting we undertook a values clarification exercise that helped us to articulate our values and beliefs about practice development and identify a collective vision for how we might work together to deliver this vision (see Table 2). We saw practice development as complementary to academic activity, in that it is a serious and (increasingly demonstrated) effective attempt to ensure that the results of academic activity are put into, and sustained in, practice, in ways that patients benefit (Dewing, Titchen and McCormack, 2009). We agreed to join forces to become radical in our actions and as Rolfe (2011) suggests, re-engage with the values of practice and with the mission of practice development. Our move to a new more radical nursing scholarship '*encompasses practice development as its most vibrant and engaging component as it demands that we think again about the relationships between research, teaching, theory and practice, to recognise and foster the connections between them and to promote the importance of theorising our practice and practicing our theory*' (Rolfe, 2001, pp 11-12).

Table 2. An excerpt from our visioning activity from our first meeting in 2008

Our Aim Our aim is to develop a transformative partnership that demonstrates excellence in academic and professional practice thereby enriching the individuals, teams, organisations and communities we serve.
Our Vision To support people to grow and flourish in workplace cultures where they feel valued and inspired building a community of active learners to develop practice wisdom that enhances the quality of education and practice, helping organisations and teams to work more simply and effectively during uncertainty and supporting the potential for creative working to develop new insights and practices.
Our Beliefs We believe that practice development: • Is a continuous process of developing person-centred and evidence informed cultures • Is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and wisdom • Provides learning that brings about multiple transformations of individual and team practices; this is sustained by embedding both practice development processes and outcomes in service, corporate and commissioning strategy

Our critical framework - making the partnership work

At the start of our partnership we identified that it was important for us to have our own critically creative space to enable us time to engage in structured reflection together. This space would enable us to review what was working well, what was not working well and to adjust our action plans to accommodate the challenges that might arise. We used Titchen's (2004, p 149) critical companionship model which fitted with our commitment to a helping relationship in which '*one person accompanies another on an experiential learning journey.'* It provides a 'psychologically safe place' to share experiences, bounce ideas off each other, and enables us to challenge and support each other's thinking in order to offer new insights into the way in which we work and behave, and helps us to develop more effective person centred practices (Brown and McCormack, 2009). It also gives us a safe place to blow off steam and share our humour without fear of reprisal. We hold six weekly creative space meetings together and a separate joint supervision session at the same frequency with our Professor of Practice Development. The joint clinical supervision meeting enables us to focus on a cohesive action plan for managing her time and expectations of the post for both organisations, enabling us to keep expectations in check. It also offers an effective reflective space for us to grow and develop together, learn from each other and action plan for challenges and issues that arise.

In our sessions together, Alice and I use Kolb's (1984) model of structured reflection to enable us to engage in a form of active learning to help transform our understandings of workplace expectations, goals and objectives (Solman and Fitzgerald, 2008). It helps us to confront, understand and work towards resolving contradictions in practice between what is desirable and actual practice (Johns, 2000). We bring excerpts from our reflective diaries, reflections from meetings with our coach-mentors, and feedback from a range of activities to help us gain a better understanding of self, what is happening and what committed action needs to take place. It helps us to look in depth at triggers, claims, concerns and issues, and provides an opportunity to review our values, aims and objectives. We use the Person Centred Practice Framework to guide our work, a critical component being Knowing Self and Clarity of Values and Beliefs (McCormack and McCance, 2006, 2010). By seeking

personal professional improvement in ourselves we are able to think about how we can role model to others in our organisations, in turn influencing them to embrace a commitment to a shared understanding of workplace expectations, goals and objectives (Barling et al., 2000,). Our journey together, using McCormack and Titchen's (2006) critical creativity theory, has enabled us to stand strong and create stillness in a landscape, becoming a rock for each other in turbulent times, nurturing connections and energising forces so that we could grow and learn from each other within our respective organisations, strengthening our partnership further (see Figure 3).

Figure 3. Our critically creative journey using McCormack and Tichen's (2006) critical creativity mandala.

Creating the anchor for the partnership- turbulence in the tide

The anchor for our partnership has been the creation of a joint clinical professor in person-centred research and practice development. This has provided a joined up approach to strategic leadership and steer in both organisations. However, convincing both organisations of the significance of this post for organisational development and leadership has been challenging. A great deal of work has had to be undertaken with the senior executive team of both organisations to demonstrate the utility and value added of the role to both organisations and in managing their respective expectations. To overcome the potential for each organisation having their own list of objectives and doubling the workload of the post holder, we have worked to extend the appraisal process to negotiate these objectives into a review of the role and embed them within the key aspects of the job description showing a staged approach to growth and development over time. This is essential to enable us to demonstrate the impact that the post has had on outcomes in years one, two, and three and so on identifying value for money for those bean counters to which this matters.

There has been an imperative to demonstrate a visible presence by the joint clinical chair in both organisations and by both managers. We have campaigned consistently on a regular basis to ensure that practice development is a theme on all significant meeting agendas with senior leaders in our organisations. In the eighteen months since we started, the post has gone from being located in a community hospital allied to a Practice Development Unit to now being located in the corporate

executive nursing team of a large Acute Trust. In the University the post has moved from being located within a department to being located in a national Centre for Practice Development as a co-director. So how did we achieve this and what have been the challenges along the way?

One of our biggest challenges for the partner agencies has been the tremendous pace of change – as well as the consistency of it. The Trust was earmarked for merger and underwent three iterations before it finally merged community and acute services earlier this year. Alice was not sure if she would have a post in the new organisation and at what level which threw into jeopardy the potential partnership as well as the longevity of the joint clinical chair position. There were three major challenges over the past six months that we have had to deal with. Some examples of the strategies we used are outlined in Table 3.

Table 3. Strategies used to manage top three organisational risks to partnership this year.

Challenge	Strategy	Outcomes
Three potential plans for restructure in the Trust without clear plan of whether the Professorial post or the deputy director of nursing post would survive	Campaigned for the importance of the vision for delivering on complex organisational change at Trust Board, Strategic Health Authority (SHA), and Regional Directors meetings Secured commitment to financially support the University component of the joint professorial post Importance of partnership with Trust cemented through honorary appointment process Prepared corporate reports, newsletters and web based reports demonstrating outcomes and impact of the partnership on practices in both organisations	SHA reported on the post to the Department of Health and provided letter of support for creating the England Centre for Practice Development at the University Pro Vice Chancellor committed to financially supporting position, growing honorary appointments and built the England Centre for Practice Development (ECPD) into the University Strategic Plan for 2011-2015 as a case study example of innovative practice. Joint post approved as co-director of ECPD. Alice offered an honorary senior lecturer role in the England Centre for Practice Development Deputy director of nursing made honorary appointment in University. Honorary practice development roles now being offered in the Trust for academic staff Auditable evidence trail of achievements can be shared with patients, practitioners, communities and policy makers and commissioners to demonstrate the impact that practice development work is having on workplace culture and patient outcomes
Corporate commitment to practice development in both organisations	Campaigned to have partnership recognised as central to newly merged Trust objectives	University invited to become key members of the Nursing Executive Professor invited to develop the

	Worked with chief nurse to influence inclusion of practice development in new corporate strategies Worked with chief nurse to influence agenda for organisational leadership development in nursing and midwifery services Campaigned to have practice development recognised in University Faculty plans, research and engaged scholarship strategies and post to be included in Research Professors Committee	Practice Development Strategy for the Trust and contribute to the Nursing and Midwifery Strategy and Quality Strategy for the future Leadership model and framework in development with plans for Band 7 and Heads of Service development programmes using supervision and facilitation models Practice development recognised theme in Faculty strategic plans for partnership and research development. Professor post member of Research Professors Committee
On merger Care Quality Commission report identified failings in care delivery within the newly merged Trust	Met with chief nurse and executive to identify key risks and what contribution practice development and the partnership could make to the action plan for improvement Combined practice up and top down approach to increase awareness of practice development principles and methods through clinical supervision and work based learning initiatives Working with Workforce Development lead to influence learning and development planning for staff	Action plan identified to tackle quality of nursing documentation, care standards and patient safety. Three key projects launched. Strategies for improving clinical governance and patient involvement identified in Quality Strategy Development of Performance Review and Key Performance Indicators Trust wide Ability to influence the 'training' agenda in a more productive way through work based learning initiatives and facilitation programmes that are bespoke and focused on aspects of professional group learning and development

Stakeholders have played a critical part in developing the role to ensure its success and that there is a positive outcome, however when the key stakeholders change so regularly it is difficult to 'manage' the changes and the challenges of the culture of the organisation. By being strong together in our mission and vision we have been able to turn the challenges of these changes into strengths as the timing of change has meant that the emergent Acute Trust have also been ready to look at new approaches to developing practice. It has made us stronger in our relationships because we understand how well we work together and support each other during turbulent times. It has made our resolve and determination to make a real difference even stronger. We have been able to turn some of our early 'quick wins' into longer term strategic plans.

We have been able to demonstrate increased service effectiveness through practice development within the Trust through the creation of new seconded posts on three sites and teams working on key practice development projects. Monies generated from project income have been used to create secondment opportunities for staff to be involved in or lead key practice development projects for the organisation. At a unit level, the journey to influencing the creation of person-centered

workplace cultures has come through working with the staff and identifying key projects that have made a difference to the patients and staff with whom we work. An example of this has been patient story work and observations of practice, used to evaluate the care offered by a multidisciplinary team in a community setting. Patient's report that they have felt listened to and valued, so have been happy to develop and share their thoughts. In turn this project has enabled the staff to take time to reflect on the patient journeys and the care they provide and develop action plans to improve the quality of their service. It has also encouraged them to critically reflect on their own journeys and the impact that they have on patients and colleagues in the workplace.

A second project aimed at piloting a work based learning programme for staff to develop their knowledge and practice around person-centred dementia care in an acute care setting has recently completed and was well evaluated. The outcomes will result in an organisation wide dementia care development programme using work based learning materials developed by pilot, and a Champions network across the organisation to implement and evaluate its success.

In the University it has been important for us to develop a new business model and influence ways of working that help to bring practice development work to both the higher education market and the University brand. We have been leading this work together at regional, national and international level. Demonstrating and role modelling the partnership approach has been key to the success of growing understanding of the role in the wider University and Faculty, showcasing pioneering work through various medium on offer and engaging staff with consistent opportunities to learn about, engage with and develop the skills to become a practice developer.

With local NHS partners we have created a number of honorary appointments for senior NHS leaders to work with us on key projects capacity building around practice development initiatives. We hold a monthly practice development series throughout the year in which our honorary professorial network of practice development experts facilitate workshops for staff on core themes of interest. Additionally a leadership development seminar series in the Trust has drawn upon the skills and expertise of all three leaders in the partnership. Both initiatives are facilitated by our joint clinical chair. In the University we hold a monthly master class series supported by the visiting professors network which works with the England Centre for Practice Development. The programme is extensive advertised for academics and health professionals and draws a regular audience of participants from the region. It offers the opportunity for practitioners and academics to engage with world leading professors to learn about their work and impact on practice. This promotes opportunity for wider scholarly debate about issues affecting us all. It also serves to challenge the sceptics because a growing mass of academic converts who regularly see the outcomes of such a joint post help to challenge and change the culture of the University through those who are dispassionate, disengaged or who cannot see the value of the role. At a time of financial challenge in both sectors, demonstrating the impact on staff and growing new champions of such initiatives on a broad scale are essential to promoting its longevity.

Over the past twelve months we have been proactive in seeking the support of a wider professorial network of international experts with shared values through the International Practice Development Collaborative. This has enabled us to demonstrate the importance of such a role in influencing front line care, education, scholarship, research and service user involvement because there is a broad network of experts to call upon through honorary professorial appointments to our Faculty. The success of this initiative has culminated in the launch of the England Centre for Practice Development in October 2011. This provides us with the leverage to develop practice development work and to demonstrate its added value to the organisational objectives of wider reputation at national and international level. It has enabled us to run international Practice Development Schools at foundation and advanced level supported by the International Practice Development

Collaborative and afforded the opportunity to work more closely with other practice development centres and research units committed to the engaged scholarship agenda and to developing communities of practice around core research themes such as dementia care.

Developing a critical mass of experts committed to practice development work has also enabled us to support individual staff members to write up their work for publication, apply for PhD programmes, and incorporate practice development principles into their curriculum processes. For example the foundation of the new undergraduate nursing degree programme due to be launched in September 2012 is based upon the Person Centred Practice Framework (McCormack and McCance, 2010).

Final reflections

Three major achievements in the past two months have made us realise that we are moving in the right direction. The first was the launch of the England Centre for Practice Development mentioned earlier. This has enabled us to network with other centres internationally and to accept honorary visiting professor positions in Australia and Northern Ireland. Joining forces with a critical mass of like minded leaders will enable us in the longer term to demonstrate impact on a significant scale.

The second was when Alice, and I and the joint clinical Professor in Person-centred Research and Practice Development recently presented a core paper at an international conference evaluating the partnership one year on. The audience reaffirmed that our approach was inspiring and served to break the mould of the traditional managerialist models that govern public sector organisations.

The third is that we are now working on offering honorary practice development roles for University academics to work with the three practice development sites in East Sussex to become involved in supporting engaged scholarship initiatives. We will encourage our colleagues to write a paper for IPDJ in the future reflecting on their experiences.

Looking back at what has been achieved in a short space of time we realise that we have been organisational partnership champions signposting the important contribution that practice development can make. We can demonstrate a wide range of project outcomes that have made a difference to the quality of front line care and to the front line staff who are responsible for their delivery. In the University, this kind of partnership offers real value to managing curriculum change, ensuring that it is at the cutting edge of experiences within the workforce and the need to pioneer new roles, evaluate practice and enhance leadership potential of the future workforce. True partnership is taking the lead when it is needed and stepping back when it is not. Partnership working goes from the bedside to the board and we are proud of all that has been achieved and to have been part of all of the hard work achieved by staff at all levels. If posts like this can make a difference to patients they have to be worth fighting for - don't they?

For us the ultimate goal of practice development work is human flourishing. McCormack and Titchen (2006) suggest that human flourishing focuses on maximising the potential for individuals to achieve their potential for growth, learning and development. Here we leave you with a poem which summarises our values and beliefs about this important journey together.

We are so small in this world
But have the potential for greatness
We must take the gifts that are given
Nurture them so they may flourish

The truth is what we seek
But it is also what we hide
So many years of living behind a wall
So many times standing after we fall
We are not so small
For when we flourish
We are seen by all

Lisa Teres Fraser (2006)
http://www.poemhunter.com/poem/flourish/

References

Barling, J., Slater, F. and Kelloway, E. (2000) Transformational leadership and emotional intelligence: an exploratory study. *Leadership and Organisation Development Journal*. Vol. 21. No. 3. pp 157-161.

Brown, D. and McCormack, B. (2009) Developing the practice context to enable more effective pain management with older people: an action research approach. *Implementation Science*. Vol. 6. No. 9. Retrieved from: http:www.implementationscience.com/content/6/1/9. (Accessed 2nd May 2011).

Dewing, J., Titchen, A., and McCormack, B. (2009) Practice development and the potential for integrating transformational practice with research. (A response to Editorial: Thompson, D.R., Watson, R., Quinn, T., Worrall-Carter, L., O'Connell, B. (2008) Practice development: what is it and why should we be doing it? *Nurse Education in Practice.* No. 8. No. 4. pp. 221–222). *Nurse Education in Practice.* Vol. 9. No. 1. pp 1-4.

Drennan, D. (1992) Transforming Company Culture. London: McGraw-Hill

Handy, C. (1998) *Understanding Organisations*. London: Penguin Books.

Johns, C. (2000) *Becoming a Reflective Practitioner.* Oxford: Blackwell Science.

Kolb, D.A. (1984) *Experiential Learning: Experience as the Source of Learning and Development.* New Jersey: Prentice Hall.

McCormack, B. and Titchen, A. (2006) Critical creativity: melding, exploding, blending, *Educational Action Research.* Vol. 14. No. 2. pp 239-266.

McCormack, B. and McCance, T. (2006) Development of a framework for person-centred nursing. *Journal of Advanced Nursing*. Vol. 56. No. 5. pp 1-8.

McCormack, B. and McCance, T. (2010) Person-Centred Processes, in Person-Centred Nursing: Theory and Practice, Wiley-Blackwell, Oxford, UK. doi: 10.1002/9781444390506.ch6.

Rolfe, G. (2011) *Fast Food for Thought: How to Survive and Thrive in the Corporate University.* 22nd International Networking Education in Healthcare Conference. 6-8th September.

Solman, A. and Fitzgerald, M. (2008) Leadership Support. *In* Manley, K., McCormack, B. and Wilson, V. (Eds). (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell Publishing. pp 261-262.

Titchen, A. (2004) Helping relationships for practice development: critical companionship. *In* B McCormack, B., Manley, K. and Garbett, R. (Eds). (2004) *Practice Development in Nursing*. Oxford: Blackwell Publishing. pp 148- 174.

Thompson, D., and Watson, R. (2008) Asymmetrical professors- unbalanced or misunderstood? (Response to Rolfe, G. (2007) Nursing scholarship and the asymmetrical professor. *Nurse*

Education in Practice. No. 7. No. 3. pp 123-127) *Nurse Education in Practice*. No. 8. No. 2. pp.73-75.
England Centre for Practice Development:
http://www.canterbury.ac.uk/health/EnglandCentreforPracticeDevelopment/Home.aspx

Acknowledgements
The image was published with kind permission of Jane Stokes (DJ Stotty Images). It comes from a series of images included in EVOKE cards, which are designed to be used in creative ways working with groups, in pairs or individually. For further information please visit: www.djstottyimages.com -
© Jane Stokes – Photographer.

Carolyn Jackson (MSc, PGDEd, RNT, BA, RGN, Dip Coaching), Director of the England Centre for Practice Development, Faculty of Health and Social Care, Canterbury Christ Church University, England; Visiting Associate Professor, Faculty of Health and Life Sciences, University of Wollongong, Australia.

Alice Webster (MSc, BA Hons, RHV, RM, RGN), Deputy Director of Nursing, East Sussex Healthcare NHS Trust, England.