

International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)



IDEAS AND INFLUENCES

Jonathan Webster

NHS Outer North West London Sub Cluster, London, England. E mail: jonathanwebster@nhs.net

Submitted for publication: 3rd November 2011

Accepted for publication: 7th November 2011

Keywords: leadership, nursing, practice development, patient centred care, action research

Alison Binnie and Angie Titchen (1999) *Freedom to Practise: The Development of Patient-centred Nursing*. Oxford: Butterworth Heinemann.

Living, breathing, seeing
journeys of change and innovation.
Flourishing, creativity and development,
shifting sands and direction.
Sea mist obscures my view,
new silhouettes and shapes of change reflected on the horizon,
I look outward, living, breathing, seeing.

Jonathan Webster

Working with, developing and supporting teams and individuals can stretch the skills and emotions of clinical managers to extremes. The jubilation of seeing practitioners leading and transforming care, can turn to disbelief when faced with actions that can't be made sense of, but which has impacted negatively on how a patient or their supporters experienced care. *Freedom to Practise* was published at a time when I had just left a clinical managers post in a hospital setting. On picking the book up for the first time the narrative was so alive, so fresh and authentic; I could sense, see and feel the complexity of practice along with the energy associated with leading and helping others to develop and improve care for patients. Such energy in the text remains for me today, 12 years after it was published.

In *Freedom to Practise*, Alison Binnie and Angie Titchen describe in their writing how this 'journey' is reflected within both context and culture and the 'three distinct styles of practice, specifically; 'traditional nursing, individualised nursing' and 'patient-centred nursing' (pp 9–21). I recognised in their writing the tensions that moving from a 'traditional model' to an approach to care where the person (and their supporters) is central to all therapeutic activity can cause (and within the broader context when traditional status-quo's are being challenged); how some staff will seize new ways of working to improve care, some will need greater support and encouragement and the reality that for some, their own values and beliefs will be at odds with such changes.

In *Freedom to Practise*, Alison Binnie and Angie Titchen describe the journey to patient-centred care drawing on an action research study during the 1990s. The study was underpinned by four principles (written in the first person) which had to be satisfied in the design of their action research strategy:

1. We wished to capture and present an account of the perceptions and experiences of participants in the project
2. We wished to adopt a collaborative change strategy
3. We wanted to generate a theorised account of the change processes that were experienced, identifying different stages of the development, problems that were encountered and strategies that were effective in moving the development along
4. We were committed to working in a partnership in which we both contributed to and took responsibility for the action and the research elements of the project (pp 33–35)

Through their writing they give both a comprehensive and unique insight into the changing culture of ward life within a large, complex NHS organisation. Along with describing the journey through real life examples, strategies are shared to help in the development of 'patient-centred practice' at ward level. They skilfully weave theory into the real world context and in doing so link theory and practice and practice to theory to what is 'real' for many clinicians is palpable. The place and importance of clinical knowledge (i.e. knowledge embedded in practice), collaborative change, leadership (at all levels in the organisation) and skilled facilitation are integral and core themes in their writing. The authors describe the process of developing practice in a ward as a series of 'parallel organisational, cultural and practice journeys, journeys that can be guided by principles but which will be different for all those involved. Being part of and immersed in the complexities of clinical practice, I reflected on the journey that I and team members had been on and saw such 'parallel journeys' in my own practice and in that of others that I had worked with.

The text is contextualised in the 'real' world (at that time) for the authors and demonstrates the synthesis of research, practice and practice development. In their writing the authors uncover what is 'real' in practice and openly share their journey to the development of patient-centred nursing encompassing both challenges and achievements. In developing my own practice a number of themes emerged at that time that *Freedom to Practise* helped me make sense of:

1. The need to understand values and beliefs (both one's own and those with whom one is working) which in turn will lead to greater insight and understanding
2. The skills needed as a practice developer to facilitate and work with individuals and teams at both a micro and macro level (clinical and organisational)
3. The ability to work with and make sense of both practice and organisational complexity and to recognise what is achievable and what is outside of my scope of control
4. The importance of working collaboratively to achieve transformational change
5. Recognition of both the 'opportunities' and 'barriers' at both a micro and macro level and the need to have strategies to work with or around these
6. Journeys of development and change will be different for all those involved
7. Fundamentally, practice development is about 'practice' in which improving care for the 'person' is core; the journey to achieving this may take different routes however the centrality of the 'person' (including staff) and their experiences of care is central to all practice development activity

At the time of publication, I had lived through the experiences of being part of a team in which we had transformed practice from a 'traditional' model of nursing to a far greater 'patient-centred' approach to care (today I would describe this as 'person' rather than 'patient' centred). Shortly before leaving my clinical managers post I stood and observed practice one lunch time:

'I saw purposeful activity on the ward, patients who needed help to eat and drink were receiving the help that they needed, sunlight was streaming through the Victorian sash windows above our heads. I saw nurses with patients discussing and evaluating care, I heard laughter and saw a support worker laughing with a patient; other nurses were handing over to the oncoming shift at the bedside with the patients they had been working with and caring for that morning. I had an over whelming sense of calmness and care underpinned by skilled compassionate nursing.'

12 years after its publication, *Freedom to Practise* I believe continues to have much resonance within contemporary practice, because the themes presented have currency within ever changing settings for care. It highlights the modern day challenges facing managers, practice developers and practitioners in maintaining and sustaining innovation and improvements based on authentic person centred values when the core values of the organisation can change. Short term thinking will lead to short term solutions, however there is no guarantee that such solutions will be owned by teams or sustained in the long term. This poses a real challenge for those involved with practice development as to how to facilitate and sustain long term innovation and development when working with teams and individuals when organisations can take a short term view due to the imperative or drivers at that time. A culture that is supportive of collaborative change and development can alter overnight when a 'new' leader brings a different agenda, an agenda that may be at odds with the core values of the team and person centred nursing.

When *Freedom to Practise* was published, Marie Manthey wrote in her commentary to the book, *'within the context of my thirty plus years of experience in this particular field, I have never read a more thorough, more interesting, or more practical discussion of the practice development process.'* Practice development is fundamentally 'about practice' and this is why *Freedom to Practise* continues to have so much resonance for the reader, the text is embedded within practice which makes it tangible and 'real' for practitioners working with and caring for patients (the person) and their supporters irrespective of the setting for care.

Jonathan Webster (PhD, MSc, BA Hons, DPS N, RN), Deputy Director, Quality and Assurance, NHS Outer NW London, England; Honorary Senior Lecturer, Canterbury Christ Church University, Kent, England.