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CRITICAL COMMENTARY

Unlocking the doors: introducing practice development to Canadian healthcare

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From my early days as a nursing assistant in complex continuing care, I recognised that all was not well in healthcare. I was particularly troubled with practices that I perceived to be antithetical to 'caring' and I struggled to facilitate change within my very limited circle of influence. I remember well the day I asked for the key to open the balcony doors on the unit so I could take patients out for a breath of fresh air. Being told by the registered nurse that 'those doors haven't been opened in 15 years and that isn't going to change', was what I now appreciate as the start of my practice development journey.

Although I have had the privilege of observing and contributing to more quality healthcare practices in my subsequent roles as a registered nurse, advanced practice nurse and, most recently, Director of Interprofessional Practice, I am also keen to know how far we have yet to go in bringing that 'fresh air' I sought decades ago to our patients through more person centred means. I think our lack of progress can be attributed in part to evolving technologies in healthcare that pull our attention away from the human-to-human exchange that has the most impact on patients' experience of care. Practice development holds the promise of keeping us focused on our caring practices, in balance with the seductive lure of high tech solutions, to address gaps in our quality care.

Canada is not alone in its need of healthcare improvement; media and scholarly literature across the globe abound with examples of poor quality care and calls to action across healthcare sectors, settings and specialties. Canada is, however, distinct because of the absence of practice development as a systematically adopted methodology for meeting quality improvement priorities at provincial, national or even local levels. This is despite how embedded practice development has become at local and national levels in both practice and academic settings beyond North America, with examples including the Older Persons Services National Practice Development Programme in the Republic of Ireland, the New South Wales-based Essentials of Care programme in Australia and the England Centre for Practice Development hosted by Canterbury Christ Church University. These success stories, as well as the breadth of related theoretical and empirical literature that has evolved over the past 20 years, have not influenced Canadian healthcare practices much beyond the level of individual academics and practitioners – a relatively small group of converts.

I have not led a national or even provincial strategy on implementing practice development. Rather, I have been exploring the methodology and how it unfolds in the Canadian healthcare context one unit and one organisation at a time, to help me understand if a broader implementation should be considered and, if so, how it might best be structured. While there are certain common factors that underpin Canadian healthcare, there is also great diversity across our provinces in regard to

how healthcare is funded, structured, and resourced. Facilitating the broad adoption of practice development would require a significant degree of artistry and political savvy in terms of bridging these different worlds and creating a unified vision.

Since 2010 I have led the implementation of practice development at West Park Healthcare Centre, a complex continuing care and rehabilitation facility, as an internal facilitator and across three other healthcare organisations as an external facilitator to advance person centred, evidence informed practices. A number of questions have arisen over the years through critical reflection on my successes and challenges. Some of these questions have only been partially answered by the current body of practice development knowledge.

Organisational support

First, I wonder if it is possible to implement practice development in every healthcare and/or academic organisation. Are there indicators that can help predict where practice development could take hold? Are there organisations led by individuals for whom practice development will never hold any allure and therefore never rank as something worth supporting? Many have asserted the importance of corporate level 'support' for practice development (Manley et al., 2011; McCormack et al., 2011) but is that support an inherent possibility in every organisation? If not, then what? Is there a 'workaround' that can make practice development work at the micro-level of an organisation despite a lack of uptake at a macro-level?

Practice development is immediately familiar and pertinent to some, while for others no amount of repackaging or re-messaging seems to make it accessible or attractive. In my experience, point of care clinicians and students often fit into the first group; corporate leaders and managers into the second. The well documented challenges of engaging managers in practice development suggest that my experiences may not be unique (Dewing, 2008; Manley et al., 2011; McCormack et al., 2011). 'Unhealthful' organisations need practice development. Yet these are the organisations that Anthony McCann, a social philosopher and independent scholar based in Northern Ireland, suggests attract 'unhealthful' people to leadership positions – the very leaders who don't seem to 'get' practice development (personal communication, 2013). Furthermore, McCann asserts that if these individuals work in a discourse that makes practice development politically irrelevant, it is unlikely they will ever understand the potential of the methodology. The competitive, economically driven environment of Canadian healthcare, characterised by number crunching and the tyranny of the urgent, entails discourse at odds with the workplace culture change inherent in practice development work. More documented success stories about breaking through such discourse and moving beyond lip-service to authentic support from managers would be particularly welcome. These leaders wield considerable power for enabling the success or otherwise of practice development; their 'unhealthful' leadership patterns, whether innate or acquired, need to shift if it is to be successful.

The role of the facilitator

A second question relates to the concept of hope in the context of facilitation. The yin and yang aspects of being a practice development facilitator have challenged my resilience at times. Alongside the many highs of the experience, there are the lows. At such times, how can I sustain my hope for more effective workplace cultures and my belief in practice development as the means to that end? How can I manage my expectations effectively so I don't personalise the struggles of culture change work and retreat under the pressure? I have without doubt felt a moral obligation following each practice development school to support the participants in their facilitator work going forward. My ability to sustain hope as a lead facilitator is pivotal to my success in meeting this obligation.

Manley and colleagues (2011) aptly described the fragility of workplace culture as a 'social phenomenon... prone to the sometimes whimsical acts of humans' (p 3). Facilitating the evolution

from person centred moments to a person centred workplace culture, as is expected of practice development facilitators, is therefore both complex and complicated, requiring what Niessen (2011) suggested is a 'continual process of focused trial and error'(p 3). I have walked the paths of a point of care facilitator, an internal lead facilitator and an external facilitator of practice development. Literature about the facilitator experience, including strategies to sustain commitment to the role, has grown in the context of the point of care role (Larsen et al., 2005; Crisp and Wilson, 2010). I suggest more is needed to elucidate the particulars of being a lead facilitator, internally and externally, thereby generating an understanding of how to carry out and survive what I have experienced as distinct roles.

There is something different about being external to an organisation when leading and supporting practice development implementation. Exuding optimism, commitment and hope to motivate point of care facilitators is easier as a visitor who is not embroiled in the relational fabric and politics of an organisation. In contrast, sustaining the emotional energy to lead within one's own organisation is challenged by intimate knowing about individuals and relationships as well as personal investment in them. I suggest that affecting workplace culture when one is an organic part of that culture requires different strategies for managing personal expectations and pressures to get the job done. More critical writing about sustaining hope and resilience towards success as a lead facilitator would be a valuable addition to the practice development literature. As a start, I would invite reflection on how one's structural positioning within an organisation or external to it might be impactful. Who are the 'right' people for this work?

My experience of introducing practice development to Canada has been among the most meaningful professional work of my career. I am still resolute in my conviction that the methodology is the finest culmination of all that we 'know' about facilitating better workplace cultures and healthcare practices. I do, however, question whether every organisation can be opened to practice development and wonder how we can determine which individuals are right for the job of implementation.

The International Practice Development Collaborative's 'Enhancing Practice 2014' conference, to be held in Toronto, Ontario from 24th to 26th September is being designed to enhance the political relevance of practice development for Canadian healthcare leaders, researchers, and practitioners by showing the connections between the methodology and parallel efforts to meet contemporary healthcare mandates. The hope is to create the synergies and international networks to promote the advancement of practice development across borders and oceans.

Apart from the conference, I urge all practice developers to join in strategic efforts to raise the profile of practice development among senior leaders in healthcare. As elusive as it often seems, such support is the key to unlocking the doors and bringing our patients that breath of fresh air – the practice transformations possible through practice development.

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