



ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

The ripple effect: personal scholarships and impact on practice development

Lesley Baillie* and Ruth Taylor

*Corresponding author: London South Bank University and University College London Hospitals NHS Foundation Trust
Email: baillil2@lsbu.ac.uk

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Abstract

Background: Practice development projects are often situated within a specific context and team, while scholarship awards focus more on the personal and professional development of individuals. Personal and professional development is an important component of practice development, however, and this paper reports on a survey of nurses and midwives who had been awarded personal scholarships and examines the scholars' perceptions of the impact on practice development. Few studies of scholarships and their impact have been published previously.

Aims:

1. To present the outcomes of a research project that evaluated scholarships awarded to nurses and midwives, within the context of practice development
2. To critique the role of personal scholarships as a means to support practice development and/or service improvement

Methods: An online cross-sectional survey of nurses and midwives who had been awarded scholarships by a UK charity was conducted; 82 scholars responded, a 59% response rate. Quantitative data were analysed using descriptive statistics and free text comments were analysed thematically.

Results: Scholars overwhelmingly perceived a positive impact on their personal and professional development but most also believed there had been a positive impact on patient care, safety and experience, and on colleagues and their organisation; some referred to the latter as a 'ripple' effect of their scholarship. An analysis of these results indicated some synergy with practice development values.

Conclusions: The award of scholarships to individuals appears to have a wider impact on scholars' colleagues and their organisation with a resulting impact on practice development. This is important as few individuals are awarded personal scholarships. The explicit promotion of personal scholarships within a practice development framework could further develop the relationship between the two, affirming a wider impact of the awards. The sustainability of the practice changes scholars reported was outside this study's remit but is an important issue worthy of further consideration.

Implications for practice

- The award of personal scholarships is perceived positively by individuals in relation to their own personal and professional development
- The award of individual scholarships can lead to practice development or service improvement with benefits for patient care and a wider effect on the practice of both teams and organisations
- The long-term impact of scholarships on individual recipients and on practice development would be a useful area for future research

- There needs to be further exploration and recognition of the relationship between personal professional development and practice development – in particular, an exploration of how scholars make changes in practice could be insightful

Keywords: Practice development, service improvement, scholarship, personal professional development, continuing professional development

Introduction

This paper reviews the contribution of scholarship awards to personal professional development and the subsequent effect on practice development. We start by exploring concepts of practice development and service improvement and how these interlink, before examining personal professional development and the role of scholarships. We then report on a survey of nurses and midwives who were awarded scholarships by a UK charity, the Florence Nightingale Foundation. An overview of the scholarships with reference to the evaluation has been previously published (Baillie et al., 2013) and the full survey results are available (Baillie and Taylor, 2013). In this paper, we present an analysis of these scholars' perceptions of how scholarships affected not only their personal professional development but also a wider 'ripple' effect on colleagues and practice development and/or service improvement within their organisations. Finally, we discuss these results in relation to concepts of service improvement and practice development values.

Concepts of practice development and service improvement

Much has been written in the literature on practice development, some of which is explored here. Shaw (2012) traces the history of practice development across several decades. Service improvement as a concept appears to be more recent; it frequently features in policy discourse, thus appearing to be more in tune with current policy approaches than does practice development. In today's healthcare context, there are multiple challenges arising from a number of healthcare inquiries (for example, Francis, 2013), which are reflected in the media and in academic and practice discourse. However, if healthcare practitioners choose to take these challenges forward, it is essential that they embrace the strategic and policy drivers at a micro (practice-based) level in order to improve healthcare and service delivery. Service improvement and practice development aim to impact positively on the delivery of healthcare by addressing the key drivers for improvement: a focus on the person at the centre, enhancement of the patient's (person's) experience, improved safety and efficiencies, evidence-based approaches to healthcare delivery, and continuous quality improvements (Mowles et al., 2010; Butterworth et al., 2011).

Service improvement is concerned with improving patient care through a particular focus on systems and processes (Henderson and McKillop, 2008). The tools by which service improvements are delivered are consistently described across the literature and within policy. The NHS Change Model (NHS Improving Quality, 2013) takes the improvement knowledge and experience from across the NHS, creating a resource that ably brings together the thinking around service improvement. The key components of service improvement thinking (theory) are:

- A rigorous, systematic approach
- Evidence base
- Innovation
- Change management
- Leadership
- Relationships and engagement
- Evaluation and measurement

Granville's (2006) review of the service improvement literature led her to conclude that individual and organisational theoretical (or philosophical) perspectives are crucial to the way in which organisations take forward improvements. Many theories contribute to an understanding of service improvement –

systems theory, human relationships and social interactions theories, complexity theory, organisational development theories, and a growing interest in marketing and social media principles. While the aims may be similar (higher-quality experience for people, with measurable positive outcomes), it becomes clear that the ways in which practitioners work towards these goals must vary considerably depending on their theoretical stance. For example, Mowles et al. (2010) described a study on ‘the practice of complexity’ within the context of service improvement in one NHS trust in Scotland. Their aim was for their intervention to lead to ‘identifiable changes in service provision’ (p 137) and these were evidenced by a reduction in the numbers of complaints received, improved staff retention and a reduction in waiting times across the service. The consultants who worked with the trust used interventions that drew on complexity sciences and, while the outcomes of the interventions on a macro level led to service improvements, they also led to personal and professional development on a micro (individual and team) level. Their use of reflective learning groups, other training, assessments and audits brought a major change to the way people worked and communicated together.

In contrast, a step-by-step approach to improvement seems to focus more on the ‘problem’. This point can be illustrated by the High Impact Actions for Nursing and Midwifery initiative (Fenton et al., 2010) that was developed in 2009 by the NHS Institute for Innovation and Improvement (for example, Your skin matters – a drive to reduce pressure ulcers in NHS care). This set out a seven-step approach to measurement :

1. Decide aim
2. Choose measures
3. Define measures
4. Collect data
5. Analyse and present
6. Review measures
7. Repeat steps 4-7

A growing emphasis on the importance of personal learning and development is evident, and with some discussion around the culture and context of healthcare delivery (Granville, 2006). Leading into the discussion on practice development, it is of significance that organisations and practitioners need to ensure the support for service improvement is in place – from senior management, an organisational culture that encourages improvement and innovation, human and material resources, staff development and education. Without these foundations, the workforce will not be in a position to take forward service improvements in evidence-based, innovative, efficient and empowered ways.

Moving on to practice development, it is a challenge at times to delineate clearly the concepts of service improvement and practice development. Perhaps it is helpful to think of practice development as the means by which service improvements occur. In 2000, Garbett and McCormack (p 3) defined practice development as:

...a continuous process of improvement towards increased effectiveness in patient-centred care. This is brought about by helping healthcare teams to develop their knowledge and skills and to transform the culture and context of care. It is enabled and supported by facilitators committed to systematic, rigorous continuous processes of emancipatory change that reflects the perspectives of service-users.

This definition has been updated to take account of developments in thinking in relation to practice development:

‘Practice development is a continuous process of developing person-centred cultures. It is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and wisdom. The learning that occurs brings about

transformations of individual and team practices. This is sustained by embedding both processes and outcomes in corporate strategy' (Manley et al., 2008, p 9).

What the revised definition emphasises is person centredness (as opposed to patient centredness), professionals' personal attributes and characteristics, and the re-emphasised focus on transformation as part of a wider approach to shifting the quality of practice.

The purpose of practice development is to improve patient (person) care, to transform the culture and context of care, and to bring about positive change in practice. This latter point is, we would assert, the service improvement part of practice development – it stems from the process of practice development. In our current healthcare context, with its focus on continuous quality improvement, practice development approaches reflect the need continuously to develop and improve services. The key aspects of practice development are: knowledge and skills; culture and contextual issues; rigorous approaches; good facilitation; and a focus on how professional development impacts on practice development (and therefore service improvement).

An important aspect of practice development seems to be the impact that an individual's personal professional development can have on practice, within a critical mass of similarly developed individuals. An example of this point in action is Dewing and Traynor's (2005) study on the development of a competency framework for Admiral nurses (community-based dementia care nurses) through the combined use of emancipatory practice development and an action research approach. The interventions included critical reflection on practice, with an emphasis on the need to challenge assumptions, alongside the development of a culture for sustainable practice (the service improvement part of practice development).

Wilson and McCormack (2006) describe emancipatory practice development, which is about transformative action for the transformation of culture (practice development), which should lead to service improvement. As with service improvement strategies, practice development rather obviously requires personal and organisational commitment and focus. Miller et al. (2010, p 579) outline that core to practice development are material and human resources, the organisational structure (to which we would add organisational culture), the 'functional processes' (which we might define as the clinical practices), and 'adaptive reserves' which include facilitative leadership, a learning culture, relationships, and reflective practice.

What we have seen is that practice development encompasses rigorous approaches to personal and professional development, with a focus on the continuous improvement of quality. Service improvement could be said to be an outcome of practice development, but encompasses rigorous approaches that may differ from practice development – sometimes lacking a focus on personal development and transforming culture. Shaw (2012, p 6) summarises the differentiation between practice development and service improvement by emphasising that the latter 'may not have the same commitment to culture change as more emancipatory approaches.' Shaw (2012) presents six values (or areas of significance) for practice development:

- Person-centred care
- Collaboration and partnership
- Enabling facilitation and support
- Commitment to active learning and development
- Transforming workplace culture
- Evaluation

These values were refined from a systematic review of practice development (McCormack et al., 2006), as part of a research project. As a way of providing an overall summary of our thinking, we have used Shaw's approach (framework) and offer our views as follows:

Person-centred care

The focus of practice development is on person-centred care, while service improvement focuses on addressing quality issues and efficiencies. Emancipatory practice development has at its heart the person and, according to Shaw (2012), changes are often more sustainable within this context. We argue that the outcome of practice development can be service improvement, so that as long as practitioners begin from that perspective, service improvements can be sustainable and person-centred in their approach.

Collaboration and partnership

Service improvement requires practitioners to work together to enhance quality. We have shown that the focus for change is often on identifiable changes in service provision based on quantitative outcomes, such as reductions in waiting times. Practice development approaches have a focus on truly collaborative partnership working with issues identified, often by service users.

Enabling facilitation and support

For practice developments to be successful, facilitative approaches to change are required within a supportive environment and culture. The outcomes of that change are likely to be improvements to service, but where service improvement is the primary motive (with the focus on the problem in practice), it is more likely that a less facilitative and more structured procedural approach will be used to implement change.

Commitment to active learning and development

There appears to be an increasing emphasis on active learning and development across the literature broadly, but possibly more evident within the practice development literature. Again, this point is relevant where service development is the primary purpose of change rather than the outcome of practice development.

Transforming workplace culture

Service improvements can take place without the transformation of culture – although Shaw (2012) points out that such change is less likely to be sustainable. Practice development's focus on transformational cultural change – in line with what healthcare is aiming to achieve in the wake of the Francis report (2013) – is more likely to result in deep-seated, meaningful change.

Evaluation

We have not discussed evaluation in detail in our paper, but note Shaw's assertion that evaluation of practice development is process and outcome driven, whereas that of service improvement is more likely to be outcome driven only. This assertion is in line with the points made earlier where we have highlighted the philosophical differences between practice development and service improvement.

Finally, McSherry's (2012) commentary on Shaw's work delineates even more clearly the typological differences between practice development and service improvement. We similarly believe that there are different approaches to making changes in practice. Perhaps our endpoint, for now, is that there are close relationships between practice development (which we see as an approach to change) and service improvement (which we see, in the context of this article, as a result of change but which can be generated through a practice development approach).

We will now consider personal and professional development and the role of scholarships.

Personal and professional development

Personal and professional development for practitioners aligns with one of Shaw's (2012) values for practice development: commitment to active learning and development. Discourses on personal and professional development, however, tend to focus on the individual practitioner, with little reference to

the individual's context for their practice. Thus other values that underpin practice development, such as transforming culture and collaboration and partnerships (Shaw, 2012) are not obvious within the literature on personal and professional development, which, to a large extent, focuses on developing an individual's knowledge and skills. For example, Cooper (2009) refers to professional development as a constant commitment to maintain and update knowledge and skill base. It is argued that, as healthcare evolves, the associated new and more demanding professional roles necessitate further development of knowledge and skills through continuing professional development (CPD) (Banning and Stafford, 2008; Drey et al., 2009). CPD aligns closely with the notion of lifelong learning – a need for nurses and midwives to engage in professional development to inform their practice and enable them to fulfil their potential. Indeed, it is argued that the overall aim of a lifelong learning approach is to ensure that clinical practice is evidence-based, skilled, and led appropriately (Petaloti, 2009). In addition, professional development opportunities can improve nurse retention and job satisfaction (Cooper, 2009).

Gopee's (2005) literature review highlighted some key reasons that lifelong learning is an important aspect of professional practice: the need for practitioners to be self-directed so they can access the required knowledge for their practice as and when it is needed; the mandatory requirement for continuing professional education; the evolving nature of healthcare and practice; and the relationship between professional development and the shift along the continuum of novice to expert for the enhancement of clinical practice. However, the implications for practice development are little considered apart from reference to the advancement of nursing and a positive impact on patients and families as a result of lifelong learning (Gopee, 2005). Reports of professional development in nurses rarely discuss subsequent practice development (for example, Gibson and Bamford, 2001; Gould et al., 2007; Drey et al., 2009). However, in a study of community practitioners' views of CPD, perceived benefits included impact on service and practice development and increased motivation for practitioners to develop practice (Banning and Stafford, 2008). Cooper (2009) asserted that effective professional development activities are self-motivating and valued by individuals, and are perceived as mutually beneficial to the nurse and the institution.

There are few evaluations of personal scholarships for nurses and midwives and those that exist focus almost solely on personal professional development, including career development (for example, Goodman et al., 2005). Few authors have reported on the potential for professional development through personal scholarships to link with practice development. However, Happell et al. (2003) reported on a clinical research fellowship programme in Australia to support mental health nurses to change practice, based on high-quality research evidence. An evaluation indicated a positive impact, although further follow-up support of the individual scholarship holders was highlighted as an improvement to achieve maximum effect. Two personal accounts of scholarships reported on their value to the individual scholar and for changes to practice within their institutions, though notably these both related to practice in nurse education rather than clinical practice (Rushforth, 2008; Terry, 2013). There are some reports of institution-based programmes to support research among nurses but impact in these instances related to research conduct rather than practice development (Milne et al., 2007; Hobbs et al., 2008; Latimer and Kimbell, 2010). However, Gattuso et al. (2007) reported that a positively evaluated evidence-based practice fellowship programme in the US empowered clinical staff with the tools, skills, and experience they needed to practise in an evidence-based manner. The literature search also revealed articles describing a three-year fellowship advanced leadership programme for nurses in senior executive roles, the aim of which was to inspire them to help lead and shape the future US healthcare system, but no evaluation was included (Bellack and Morjikian, 2005; Morjikian and Bellack, 2005).

In summary, from the scant literature available, scholarships appear to support personal and professional development. In terms of practice development values (Shaw 2012), they promote active learning and development but with a focus on individuals rather than teams. Any links to practice development are unclear. The aims of this paper are:

1. To present the outcomes of a research project that evaluated scholarships awarded to nurses and midwives, within the context of practice development

2. To critique the role of personal scholarships as a means to support practice development and/or service improvement

Method

The study design was a cross-sectional survey, which is an appropriate approach for eliciting views and perceptions and enables collection of quantitative data, with some illuminative qualitative data being collected through free text responses.

Participants

The participants were nurses and midwives who had been awarded a research or travel scholarship from the Florence Nightingale Foundation, a UK-based charity. The research scholarships enable nurses/midwives to undertake further study in research or postdoctoral research projects with direct patient impact. The travel scholarships are awarded to enable the study of nursing/midwifery practice elsewhere in the UK and/or overseas, with the aim of enhancing patient/service user care in the UK. The scholarship application process is rigorous, comprising a detailed application form and an interview. It can therefore be assumed that those awarded scholarships are well-organised individuals who have given some thought to their scholarship opportunity and have a commitment to active learning and development – one of the practice development values (Shaw, 2012). Most scholars will also be supported by their employer, with regard to time needed to travel or study, although not all scholars have substantive contracts with an organisation. All nurses and midwives who were awarded travel or research scholarships by the foundation between January 2011 and January 2013 were invited to participate in the survey (n=139: 66 research scholars and 73 travel scholars). The foundation's database of these participants and their email addresses were used to access the scholars; invitations were sent from the foundation's administrator.

Data collection

Data were collected using an online questionnaire delivered through the SurveyMonkey website (www.surveymonkey.com). The questionnaire was adapted, with permission, from one previously used in evaluations of the Florence Nightingale Foundation's leadership scholarship programme (Giordano, 2013). Therefore, most questions had already been tried and tested with previous foundation scholars. Most questions used a Likert scale, which is common and therefore familiar to respondents (Bruce, 2013). Questionnaires should be self-explanatory to complete and be mainly restricted to scaled closed questions (Fowler, 2009) but this questionnaire did include some open text questions in order to illuminate responses. Box 1 lists the questionnaire's content.

Box 1: Questionnaire content

Demographic

- Type of scholarship (research or travel)
- Scholar's role at the time that the scholarship commenced and now
- Highest level qualification
- How long the scholar had been a registered nurse or midwife at the point the scholarship commenced

The scholarship

- Main activities conducted within the scholarship
- Expectations of the scholarship
- Perceived impact of the scholarship on scholar's career and personal and professional development
- Perceived impact on patient care/safety/experience
- Perceived impact on the scholar's profession as a whole and on colleagues
- Dissemination of the scholarship work

Improving the scholarship programme

- Support from the Florence Nightingale Foundation
- Improving and promoting the scholarship programme
- Overall experience

Data analysis

The quantitative data from the questions were analysed using descriptive statistics to calculate frequencies, percentages and measures of central tendency. For each question that invited free text comments, a thematic approach (Braun and Clarke, 2006) was used to analyse the data. The comments were first read through to gain familiarity with the data, and the categorising function of SurveyMonkey® was then used to apply named 'categories' to each free text comment; where appropriate, more than one category was applied to respondents' pieces of free text. The categories were then displayed, and broader themes were developed to represent the larger number of categories.

Ethics

Ethical approval was gained from a university research ethics committee. The Florence Nightingale Foundation sent out an invitation email to the scholars from its database, with an information sheet attached and a link to the online questionnaire. Scholars were informed that completion and submission of the questionnaire would be considered as implied consent to take part. The scholars had already completed their scholarships with the foundation and so they should not have felt under any obligation to complete the survey. The respondents completed the questionnaire anonymously and only the researchers accessed the data so the foundation would not know which scholars had responded. After two weeks, a reminder email was sent out to the whole group, thanking those who had already responded and inviting responses from those who had not yet completed the questionnaire.

Results

There was a 59% response rate; 82 scholars responded, of whom 34 were research scholars and 48 were travel scholars. Surveys carry a risk of a poor response rate (Barriball and While, 1999) which can be as low as 30% (Oppenheim, 1992), so this was considered an acceptable response rate. Not all respondents answered every question. This paper focuses on impact and implications of scholarships for practice development through personal professional development and a 'ripple effect' on the scholar's colleagues and organisation. The [full survey report](#) is available from the Florence Nightingale Foundation website (Baillie and Taylor, 2013).

A demographic profile of respondents is next presented, followed by scholars' perceptions of how the scholarship impacted on their personal professional development, patient care, safety and experience, and on their colleagues and organisations.

Demographic information

The participants' number of years since initial professional registration ranged from one to 38, with a mean of 20 years. For most scholars (68%; n=54) their highest academic qualification was at masters/postgraduate level. Professional roles at the point the scholarship was awarded were categorised as:

- Practitioner (66%; n=54)
- Education (16%; n=13)
- Research/research nurse (9%; n=7)
- Executive management (7%; n=6)
- Student (1%; n=1)
- N/A (1%; n=1)

A total of 35 (43%) had changed roles during or since the scholarship. The travel scholars explored a wide range of practice within different contexts, internationally and within the UK. Research scholars undertook specific research modules, funded research study or conducted research activities.

Perceived impact of the scholarships

Respondents were asked to rate their perceptions of how the scholarship had impacted on their personal professional development, patient care, patient safety, patient experience and colleagues. Table 1 summarises these results, which indicate overall positive perceptions, with most scholars

agreeing there had been a positive impact. This agreement was notably strongest for personal professional development. The analysis of the open comments is presented in the following themes:

- Personal professional development and developing own practice
- Developing colleagues' practice
- Organisational and wider developments

Within each theme there is reference to the professional development values (Shaw, 2012), where applicable.

Table 1: Respondents' perceived impact of the scholarship

	The scholarship had a positive impact on:				
	Personal professional development*	Patient care*	Patient safety*	Patient experience	Colleagues
Agree strongly % (n)	68 (56)	39 (31)	24 (18)	38 (31)	27 (21)
Agree moderately % (n)	18 (15)	33 (26)	36 (27)	44 (36)	54 (43)
Agree slightly % (n)	12 (10)	14 (11)	21 (16)	4 (3)	10 (8)
Disagree slightly % (n)	1 (1)	4 (3)	0	5 (4)	1 (1)
Disagree moderately % (n)	0	1 (1)	0	0	3 (2)
Disagree strongly % (n)	0	0	0	0	0
N/A % (n)	0	10 (8)	20 (15)	9 (7)	5 (4)
TOTAL (n)**	(82)	(80)	(76)	(81)	(79)

*Percentages do not total 100 due to figures being rounded up or down
 **Not all respondents answered all questions hence totals differ

Personal professional development and developing own practice

Many scholars commented that their scholarship had led to the development of new understanding and perspectives, often linked to a resulting impact on practice. These comments reflected the practice development value of a commitment to active learning and development (Shaw, 2012). Examples included the development of specific practice skills, for example, developing enhanced dermatology skills including diagnosis and patient education. Another scholar said they were now better able to support the fathers of children with life-limiting conditions.

Comments often referred to experiences gleaned through travel and the opportunity to visit centres of excellence, sometimes outside the UK, and talk with other practitioners. There were also some comments about scholars challenging themselves about practice as a result of these new perspectives:

'The opportunity afforded to me through the scholarship has encouraged me to think well beyond my boundaries and challenge the current system.'

Some scholars referred to developing the ability to access and apply evidence to practice as a result of the scholarship. There were also comments about how the scholars' understanding of their area of clinical practice had improved through research, and some referred to applying their own research or other project work to clinical practice. Whether the scholars' methods of changing practice reflected practice development values, such as collaboration and partnership, enabling facilitation and support, and transforming culture (Shaw, 2012), could not be discerned from the survey results.

An increase in confidence as a result of the scholarship also had an impact personally and professionally, as is highlighted by this quote:

'Having seen how similar institutions function, the scholarship has given me the confidence to make decisions that I know are right as I have a benchmark, which I previously did not have. I feel more confident to discuss areas of care where evidence may be complex or controversial with patients. Maternity patients are often knowledgeable and question practices; my learning has allowed me the confidence to face such questions and enter into full discussion, thus helping to facilitate fully informed choice for families.'

This comment appears to reflect the practice development value of person-centred care (Shaw, 2012). A few scholars commented that the scholarship had highlighted the importance of taking the initiative and leading changes in practice, for example:

'It has made me consider how much better we could do things, and personally how important it is to take forward ideas and initiatives, rather than waiting for someone else to take the lead. It has made me feel it is possible.'

Developing colleagues' practice

As Table 1 shows, most scholars perceived that their scholarship had impacted on their colleagues, thus confirming its wider impact. Scholars' comments gave examples of specific care contexts where they had been able to improve care beyond their own personal practice, for example:

'Through developing a greater knowledge of both adherence and HIV testing in practice, I believe I have been able to improve patient experience through direct patient care given by myself but also in the promotion of good practice amongst my colleagues. It has enabled me to better role model and more confidently question/implement practice that best represents current evidence and national guidance.'

Such examples could imply that scholars use the practice development value of facilitation and support (Shaw, 2012) to change practice. Other examples of impact on colleagues' practice and understanding were given, from varied care contexts, including improved safeguarding knowledge and communication between other professional agencies, greater recognition of early intervention to prevent development of mental health problems and use of a shared decision-making tool. Some examples included reference to working collaboratively and in partnership, which is another practice development value (Shaw, 2012). For example, a scholar described collaborative developments with colleagues regarding dementia education.

Some comments specifically related to how the scholar's research had impacted on the team's practice:

'The research findings have given professionals an insight into patients' perspectives of their condition and the impact it has on their exercise capabilities. This has enabled us to adapt our education to set realistic goals for patients.'

How teams made such changes as a result of the scholarship could not be explored within the survey design. Other respondents expressed that there had been an impact on colleagues' practice as a result of dissemination activities, as well as the scholar's own practice being better informed:

'I am now able to share my skills with them [colleagues] and discuss DV [domestic violence] effects in supervision sessions. The presentation to GP commissioners will hopefully change the practice of primary care in [named city]. I am also able to use my knowledge during training and updates on the effects of trauma on baby brain development.'

Other scholars referred to publications and presentations, that they expected had, or would have, a wider impact on colleagues and other healthcare professionals:

'[My] learning from the travel scholarship is disseminated both directly (through papers/presentations) and less directly (through things such as the international visits that have resulted from this) in ways that ripple and impact on the profession and professional colleagues.'

Evaluating the impact of such dissemination activities is difficult, however – and it is recognised that dissemination of information alone will not lead to change, which requires other values of practice development, such as collaboration and partnership, and facilitation and support.

Some scholars believed that gaining a scholarship had improved their team's profile within their organisation, *'there was a sense of great pride when I received the award'*. Respondents referred to role modelling and inspiring colleagues, and some had encouraged colleagues to apply for a scholarship, in order to benefit from similar opportunities, while others had inspired colleagues to undertake further study and wrote that their scholarship had *'increased nursing morale'*.

Organisational and wider developments.

When scholars were asked about their expectations of the scholarship on application, most wrote that they wanted to gain knowledge that would then enable them to 'give back' to practice and/or their profession through the application of their learning in practice. One wrote:

'My expectations were that I would gain knowledge and be able to see first-hand what the key elements were that enabled the mental health needs of young people to be met. [...] I hoped to be able to gather good intelligence that would then enable me to promote such good practice both in my own employment and across the UK through various networks.'

Such comments indicated the scholars' desire not just for personal professional development but for there to be impact on practice organisational level, or wider, and indeed beyond their own care context. Another commented:

'I could describe the scholarship as a vehicle through which much learning has taken place for both me and my organisation.'

Many scholars' comments referred to wider impact of their scholarships through dissemination within their organisations and changes in practice. For example, one had established a new service for families affected by domestic violence. The survey did not elicit details as to how scholars had approached such changes in practice however. In another example, a scholarship had led to:

'Recommendations to improve the safety of the staff working within violent and aggressive settings have been addressed, and in particular recommendations for post-incident support have been made and implemented.'

Again, how the scholar had implemented the changes in practice was not included in detail in the comments provided.

A few scholars' comments implied person-centred values at the heart of changes, for example:

'The changes we are making to the processes in the organisation as a result of my scholarship will enable staff to reach a higher and more meaningful level of patient and family inclusion in their care and treatment.'

Another scholar's comment pointed to the 'ripple' effect of how an individual's personal and professional development through the scholarship could have a wider positive impact. This comment also raised person-centred care (Shaw, 2012) as a core value:

'The ability for nursing as a profession to avail itself of scholarships is vitally important. Whilst large-scale organisational or practice change may result from only a few scholarships, the personal professional confidence that every scholar takes away will impact long after the initial scholarship, and the capacity to develop leaders that have patient safety, quality and experience at the heart of their everyday practice should not be underestimated.'

Discussion

This study's results indicated scholars perceived a positive impact on their own personal professional development and valued the opportunities provided by the scholarships. The literature on personal professional development has rarely highlighted the potential wider impact on practice. In this study, most respondents' expectations were that they would be able to improve practice and/or services as a result of the scholarship and most believed their scholarship had had a wider impact on colleagues and practice within their organisation. However, the limitations of the survey design should be recognised as while the scholars' responses to the open comments sections on the questionnaire provided useful insights, their responses could not be further explored, particularly in relation to how they made the changes in practice they referred to. On reflection, the questionnaire content (Box 1) could have included questions about how the scholars made changes in practice as a result of their scholarship learning. We suggest that further research with scholarship awardees could provide valuable insights in this respect by using a qualitative design, with interviews geared to explore impact on their practice and how they made changes. We next discuss the results within the context of the literature on service improvement and practice development.

From an analysis of the scholars' comments, the developments they described reflect components of service improvement. In particular, scholars wrote about evidence-based changes to practice, making innovations and leading change; there was, however, little mention of measurement or evaluation of these changes but the nature of the survey did not allow for respondents to detail whether they adopted a rigorous systematic approach or carried out measurement and evaluation, which are other key components of service improvement. While the scholars' responses showed their commitment to making changes, there was the possibility that influencing colleagues and the organisation would be problematic. As discussed earlier, the culture of an organisation and its receptiveness to improvement is essential (Granville, 2006; Mowles et al., 2010). However, the scholars' responses did not reveal any particular barriers to achieving changes and there were specific indications that their increased confidence and self-belief now enabled them to take the initiative in practice improvements. The positive impact on healthcare reported by respondents aligns with the aims of both service improvement and practice development (Butterworth et al., 2011; Mowles et al., 2010).

The survey results indicated that scholarships led to personal professional development and in turn to practice development in some instances. Manley et al.'s (2008) definition of practice development emphasises, however, that practice development is a facilitated activity with both teams and individuals. Therefore the effectiveness of providing scholarship opportunities for individuals in isolation from their teams might be open to question, particularly without concurrent development and support for transforming culture and evaluating changes in practice. Most of this study's respondents did report, however, that they were able to influence their colleagues to bring about change but these were self-reported perspectives, which is a limitation of this study. Individual scholars embarking on improvements and practice development could also lack the opportunity for challenge and critical reflection, which is a component of emancipatory practice development approaches (White and Winstanley, 2010). The Florence Nightingale Foundation scholarship scheme does however offer mentorship opportunities to scholars, which provide opportunities for challenge and critical reflection.

To return to the notion of the 'ripple effect' of the scholarships – and relating to the challenges that we have identified in the previous paragraph – this was an outcome of the scholarships that seemed to be celebrated by those who wrote about it, in terms of the wider impact of their scholarship project

on their practice environment. While acknowledging the limitations of one person's development on a whole team, the results from this evaluative research do seem to demonstrate that it is possible for an individual's development to have this wider ripple effect on the team and the practice environment. For example, there were scholars who were able to impact on practice through developing a particular service (to support families affected by domestic violence, for example); such a development may more closely align with service improvement. What these scholars appeared to do for the participants was to develop their leadership and other related skills and attributes, enabling them to make identifiable changes to practice (Mowles et al., 2010), shift aspects of the culture of practice and thereby develop practice in ways that enhanced patient care (Dewing and Traynor, 2005). Furthermore, they worked collaboratively within their organisations such that relationships, learning and leadership all developed more widely (Miller et al., 2010). These ways of working reflect the practice development value of working in collaboration and partnership (Shaw, 2012).

The majority of the scholars were practitioners; just a few were in management or education positions. Any developments or improvements they made were situated in their own everyday practice, in contrast to some other studies where practice developments have been management driven, albeit within a collaborative working framework (Dewing and Traynor, 2005). The demographic data revealed that 43% of the scholars had changed jobs since the scholarship award; this may be as a result of their personal professional development but if improvements are led by individuals, the changes made may not be sustained after the change agent has left the organisation. This latter point is emphasised by practice development's focus on the need for teams to work together to change and develop practice. If a transformation of culture is achieved, any change achieved is more likely to be sustainable (Shaw, 2012). As Crabtree et al. (2011) show in their in-depth study of transformation of practice in primary care, there is a need for ongoing collaborative critical reflection to enable change to impact positively and in the long term. It is possible, however, that the benefits of an individual's personal professional development may go with them in a move to another organisation thus continuing the ripple effect of the scholarship. Indeed, one respondent asserted that the scholarships could produce longstanding impact through the development of individuals.

Conclusion

This paper has reported results from a survey of nurses and midwives who were awarded personal scholarships and examined the impact of these scholarships on their personal and professional development and any wider impacts on practice development. There has been previously little discussion of how personal professional development, specifically when supported by personal scholarships, can lead to a wider impact on practice. However, this study's results indicated that the scholarships had a 'ripple effect' – across and within teams, in terms of service improvements and in relation to practice development in particular contexts.

There appears to be congruency between the work that scholars undertook in their practice settings and practice development values. In particular, scholars demonstrated their commitment to active learning and development and there were examples of a person-centred focus, collaboration and facilitation. Scholarship funding bodies could build on these results by explicitly encouraging scholars to place practice development values at the heart of their scholarship activities and to articulate, for example, how their work is person-centred, how they might use collaboration and partnerships to implement their scholarship work and how their scholarship could influence their workplace culture.

Organisations that harness the potential of those practitioners who undertake scholarships are likely to realise practice development through their learning and their changing personal professional practice. However, without a coherent collaborative approach to the development of practice, which encompasses the learning of individuals within the wider team and practice development values, changes may not be sustained in the longer term.

Our findings did indicate that one person's scholarship can impact on the wider context of care – a

positive outcome for the particular scholar and for their area of practice and one that learning organisations may want to consider as part of a coherent and structured approach to practice development.

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Lesley Baillie (PhD, MSc, BA Hons, RN, RNT), Florence Nightingale Foundation Chair of Clinical Nursing Practice, London South Bank University and University College London Hospitals NHS Foundation Trust, London, UK.

Ruth Taylor (PhD, MSc, PGCTLT, BSc Hons, RGN), Dean and Professor of Nursing, Faculty of Health, Social Care and Education, Anglia Ruskin University Cambridge, UK.

A commentary by Caroline Shuldham follows on the next page.



COMMENTARY

The ripple effect: personal scholarships and impact on practice development

Caroline Shuldham

This paper explores an important subject, especially for nurse managers who are responsible for supporting the personal development of their staff and rely on them to make improvements in the service. Both individuals and teams might work with their manager to seek out areas for attention, change things where appropriate and, as Lesley Baillie and Ruth Taylor suggest, ensure patients receive safe and effective care and a positive experience. But there is more as articulated in the Care Quality Commission's (CQC) operating model (CQC, 2015). Services also need to be responsive, caring and well-led. One of the ways to enable staff to achieve this is to support their ongoing professional development and engagement in practice development and service improvement.

Hence, when a member of staff is awarded a scholarship, especially when it has the stature of a Florence Nightingale Foundation award and particularly where there is a workplace contribution in time or other resources, there will be an expectation that the investment will result in both individual development and change in the workplace. So, the authors examined the impact of a scholarship on individual's professional development and on practice development in the service. In doing so they set themselves a challenge. They used some of the data from a larger evaluation of the Florence Nightingale Scholarships derived from an online questionnaire of scholars' views on the issue. They extrapolated from comments therein to identify engagement in practice development through reference to practice development values identified by Shaw (2012).

The researchers asked a sample of scholars about the impact on patient care, safety and effectiveness, and on the profession and colleagues but did not ask about practice development or improvement. So is there evidence that the questionnaire was designed to elicit information about the impact on practice development? Furthermore, is the person who pursued the scholarship best placed to evaluate a 'ripple effect' in colleagues and organisations? Could the scholarship have led to service improvements that did not have the characteristics of practice development but were nonetheless important? The questions did not explore these issues in any depth. Respondents were not asked to give examples of any change processes they used, nor to identify outcomes, so the ripple effect and impact on practice development were largely examined using the free text comments from the scholars.

The authors' thesis is that practice development, with its person-centred focus, collaborative team working and culture transformation *inter alia*, will lead to enduring change in a way that service development may not. However, my experience suggests that in the complexity of the clinical world, there are many other factors that might mitigate against sustainability of an initiative, independent of the approach used, including the presence or absence of key staff - which is mentioned. Also, the lines between service improvement and practice development are blurred. The authors recognise this when they state that practice development is an approach to change and service improvement a result of change that can be generated through a practice-development approach.

The measurement of impact in this study is worthy of further examination. From the qualitative comments presented, as well as the data in Table 1, it is clear that the scholars valued their experience and derived personal benefit from the scholarship. They were less clear that there had been an impact on others (patients and colleagues) or the organisation. Comments such as 'I am now able to share my skills with them [colleagues]' and it has 'enabled me to be a better role model' do not illustrate implementation by others of any changes proposed, nor were examples of changes provided. There is a lack of distinction in the paper between dissemination and impact, although some of the scholars referred to having made changes such as 'recommendations to improve the health and safety of staff working within violent and aggressive settings have been addressed', and insight into patients' perspectives had 'enabled us to adapt our education to set realistic goals for patients'. And yet the introduction suggested that the impact on practice development was being examined. If the underpinning aim of practice development is change, then for the researcher to explore whether there has been an impact on practice development by the individuals it would seem reasonable to know their colleagues' views on any relevant projects. Arguably, their views on the extent to which the scholars leading projects espoused and implemented Shaw's (2012) framework could be complemented with measurement of patient outcomes, and patients' views on the quality of care and experience. That said, the authors recognise the limitations of the questions they asked and it might be concluded that the study provides an introduction to a potential field of study.

The authors propose that future research could examine scholars' views of the impact of the scholarship on their practice and how they made changes, using a qualitative design and interviews. An alternative proposition could be to explore the subject from the perspectives of colleagues who participated in the projects and the recipients (patients) of the service, and research the means by which changes are made, the nature of those and the outcomes for patients. This could encompass both clinical outcomes and patients' experience of care. This would enable a better understanding of the extent to which a practice development approach (person-centred care, collaboration and partnership, enabling facilitation and support, commitment to active learning and development, transforming workplace culture and evaluation) was used, the range of service improvements that ensued leading to a safe, caring, effective, responsive and well-led service, and the impact on patients. In this way it might be possible to elucidate more fully the 'ripple effect' of the scholarships.

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Caroline Shuldham, OBE (PhD, MSc, RGN, RNT, PGCEA), Trustee, Foundation of Nursing Studies, London, UK.

A response by the authors follows on the next page.



RESPONSE TO COMMENTARY

The ripple effect: personal scholarships and impact on practice development

Lesley Baillie* and Ruth Taylor

We would like to thank Caroline for the thoughtful commentary and insights and, particularly, her pertinent suggestions for future research. When we were planning the survey of Florence Nightingale Foundation scholars we were surprised to find a lack of previous evaluations of scholarships, with little published except personal accounts. In our survey we therefore covered a broad range of possible perceived impacts as we were almost testing the waters about the scholarships; we had few preconceptions about the results. When we analysed the results it seemed clear that most scholars perceived the awards had a strong impact on them personally but many also perceived a wider impact on colleagues and their organisations. When we examined the open text comments we were struck by some of the examples described and we became more interested in the potential for personal scholarships to impact more widely than on the individuals alone. A comment describing a 'ripple effect' from the scholarship was the trigger for this paper, so that we could examine the limited, though interesting, results about wider impact in the context of practice development and service improvement. A further interesting point we found in preparing this paper was the lack of discourse in the literature about how personal and professional development (with or without support from a scholarship) might lead to a wide impact on practice. Analysing how investment in individuals' development could have a wider impact on service delivery is surely ever-more important in the context of financial constraints within the healthcare sector.

We recognise that our survey results were based on self-reporting and that the questions about impact on colleagues and the scholar's organisation were limited in scope due to the broad nature of the survey. On reflection, including a further question about how any changes were made and evaluated would have been possible and could have at least started to uncover the wider impact reported, within the context of practice development and service improvement. It is possible that some scholars had evaluated the changes in practice they described but the survey questions did not prompt them to report on any evaluation. We also do acknowledge that while dissemination of the scholars' activities and changes in practice is desirable, it does not constitute impact on practice. What seemed to be clear from our study, though, was that many of the scholars did believe that the changes that they experienced in themselves as a result of the scholarship led to impact on practice. While this impact could be seen as the perceptions of the participants rather than an objective reality, the very fact that scholars noticed differences is important in itself, pointing to outcomes that were perhaps unexpected, along with a continuing engagement and motivation to push forward practice changes post-scholarship.

We agree with Caroline that our paper provides a starting point for further research and we welcome the suggestion about including the views of scholars' colleagues and service users. In addition, it could be useful to interview scholars before they begin the scholarship by way of benchmarking and critique of current practice in the relevant area, potentially offering an opportunity to identify more objectively where changes have been made, and how these link to the views of others. An appropriate design could be a multi-method, in-depth case study with, following Yin's (2014) case study model, a

sample of scholars as units of analysis, with service users and colleagues within the scholar's area of work as study participants. Such a study could investigate the scholars' activities within the context of practice development and service improvement, and take a longitudinal approach so that changes are studied in real time, rather than retrospectively. Examination of the sustainability of changes could be included, which is a further important issue that we raised in our paper and that was commented on by Caroline too.

In summary, we welcome the commentary as we have been able to consider the wider implications of scholarships, building on the theoretical discussion and findings in our paper and extending our thinking, prompted by Caroline's views. Finally, part of the learning may be that we all need actively to consider how any learning (whether through scholarships or other means) can be best used to create the 'ripple effect' that we have started to describe. As we have suggested, in the current healthcare context, learning is precious and the more that we can collectively make of it in any setting, the better it must be for all concerned.

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Lesley Baillie (PhD, MSc, BA Hons, RN, RNT), Florence Nightingale Foundation Chair of Clinical Nursing Practice, London South Bank University and University College London Hospitals NHS Foundation Trust, London, UK.

Ruth Taylor (PhD, MSc, PGCTLT, BSc Hons, RGN), Dean and Professor of Nursing, Faculty of Health, Social Care and Education, Anglia Ruskin University Cambridge, UK.