DEVELOPING COMMUNITY NURSING PRACTICE

edited by
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The latter part of the twentieth century saw a period of extensive and radical change in the structure and operating practices of the UK National Health Service (NHS). The dawn of the twenty-first century heralds a new era, during which the pace of change will be no less dynamic. The publication of the NHS Plan (Department of Health 2000a) presents new challenges for both NHS management and practitioners as the government seeks to modernize the delivery of health care. While the NHS Plan represents a top-down drive towards the development of clinical practice and patient-focused services, opportunities also exist for practitioners themselves to initiate change. The current climate of commissioning and quality provide a unique combination of challenges to nurses working within the community. On one hand, they can begin to visibly contribute opinions as to how services should be provided but on the other hand, they also have to demonstrate effectiveness, and develop their own practice and the way they deliver services. These two challenges may be seen by some as the straw that breaks the camel's back and sends them off into early retirement or long-term sick-leave. However, the contributors to this book have, collectively and differently, seen these challenges as the greatest opportunity community nurses have had to demonstrate their contribution to health benefits for the population.

The UK NHS is different, if not unique, in terms of its organizational structure. Not only is the health service the largest single employer in Europe, but it is also a highly complex bureaucracy, with many interconnecting constituent parts. Most organizations separate out the functions of manufacture and new product development/innovation. Rarely, if ever, is an employee on the shop floor expected to generate ideas about new ways of working, never mind plan their implementation and
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evaluate their effectiveness. Things are different within modern health
care as health professionals are encouraged, and indeed expected, to
develop clinical care and the services they provide. It could be argued
that the NHS is a professional bureaucracy within a bureaucracy. Within
a professional bureaucracy, workers are allowed considerable autonomy
to apply their skills and knowledge to the needs of clients (Mintzberg
1979).

While it is widely accepted that nurses and other health care profes-
sionals are expected to develop their own practice, it is not until fairly
recently that change management has become a key component of nurse
education programmes. The practitioners themselves have faced particu-
lar challenges, not least because the NHS has rapidly moved away from
tight management control of practice, leaving a void that practitioners
were expected to fill. To what extent practitioners felt prepared to take
on these challenges is debatable. Some staff were able to flourish in their
new-found freedom to innovate, while others developed increasing frus-
tration because of the lack of support available from increasingly distant
line managers. Similarly those practitioners, who had in the past rested
on their laurels, blaming the inability to develop their practice on their
restrictive line manager, were now exposed and vulnerable.

Most practitioners who were either wishing to develop or who were
forced to develop their practice turned to textbooks or articles for guid-
ance on how to go about this process. While there are literally hundreds
of texts on change and innovation, within the workplace, very few of
these relate to health care or nursing practice. Most texts present change
as a very linear process. As a result practitioners become disillusioned
when their attempts to develop practice are thwarted or blocked. This
book was born out of the frustration that, except for one or two texts,
there is no acknowledgement of how highly complex the development
of health care can become.

The text explores how community nurses can and do develop practice
for the benefits of their patients/clients, and help those, feeling less
confident, to grasp the nettle and put ideas into practice. We have aimed
to dovetail theory and practice, to provide a basis for the development of
practice, and throughout, the text vignettes and case studies are used to
illustrate key concepts, by providing a snapshot of real life.

All of the examples, vignettes and stories in this book are drawn from
real life developments in practice. However, most accounts have been
fictionalized to allow for the illustration of key issues in practice develop-
ment. The development of composite examples of this type is necessary
in order that the negative aspects of practice development can be ade-
quately portrayed. With the exception of two of the examples, where
permission was granted for the use of people’s real names, all names
used within vignettes, stories and examples are pseudonyms.
Introduction

The idea for this book came from a coffee room chat about the issues practitioners were wrestling with when attempting to respond to the need to develop existing practice. Practitioners and students alike were attempting to take practice forward, without visible frameworks with which to work. So what questions do practitioners ask about developing practice? They probably include the following:

- Where do I start?
- Who do I need to talk to before getting things started?
- What can go wrong, to whom and who’s liable?
- Where do I access support and guidance?
- How do I sell my idea?

Answers to these practical questions should help the inexperienced or conscientious to take their first faltering steps in developing practice as well as prove a useful reference point for those already involved in practice development.

Influences on nursing practice

Many might argue that the current climate of change and development in nursing practice is not new, and that nursing practice has always changed over time. However many of these changes, such as the nursing process and primary nursing, have been primarily top-down changes, and have been imposed on practitioners rather than organically derived from practitioner experience. Often these changes were not made in response to patient/client needs. Other changes, such as open visiting in hospitals, may appear to have been for the benefit of patients, but have often been developed without a full exploration of the impact on patient care or, indeed, on the visitors themselves.

In today’s NHS any change in practice has to demonstrate both a clear rationale for implementation and a measurement of effectiveness. Therefore, changes cannot be made on a whim and, if they are, they are unlikely to be sustained, and certainly will not be taken up by others. All too often, in the past the sustainability of a development was sacrificed because of the desire for a quick fix or because of a need to be seen to do something about a problem, for example, developments that are initiated as a result of a complaint about patient care. In essence, developments in practice now need to be carefully thought through, and thoroughly planned. In Chapter 3, John Unsworth explores what you need to set in place to stand a sporting chance of successfully developing practice. Combined with meticulous planning, nurses are experiencing a shift in approach to developing health care services. Gone are the days when managers decreed what should be done and how, and this has
been replaced with a patient-centred approach that encourages patient participation and user involvement (Department of Health 2000a). As there are fewer managers in today’s health service, qualified nurses are expected to initiate developments in practice themselves. Thus the preparation for practice within higher education needs to equip practitioners with these skills.

**Nursing autonomy and the development of practice**

Since the late 1980s a culture has begun to be developed within nursing, where instead of taking the lead from medicine, we have begun to take the initiative and respond to patient needs, without seeking permission from the medical hierarchy. Increased autonomy [within both nursing and practice development units] has demonstrated that nurses can work effectively to lead innovations in practice. Not only has this demonstrated that nurses can work autonomously, without detriment to patient experience but also those who have initiated these changes have disseminated their experience, so that we can all learn from their practice (see Pearson 1983 and Wright 1987). These early pioneers of nursing development felt very strongly that care, underpinned by nursing leadership, would improve patient care and the image of the nursing profession. These early innovations were soon adopted, and taken forward by the King’s Fund, and over time 30 Nursing Development Units (NDUs) and Practice Development Units (PDUs) were established. It was envisioned that these NDUs and PDUs would be where the most innovative and creative nursing developments could happen, and were seen as ‘test-beds’ for developments (Gerrish and Ferguson 2000). These units could be seen as elitist, and other practitioners, outside the location of the units, might feel they have no role in the development of practice. This is exactly the issue we are addressing in this book. We, the editors, feel that all practitioners should be enabled to develop their ideas, and be given support and resources to be able to take ideas forward. They should not be constrained by organizational structure, and be allowed to take things forward only if they are a recognized development unit (be it nursing or practice led). Patient needs should be the focus of developments, and thus incorporated into service delivery, whether outside the boundaries of the four walls of a building or outside the boundaries of a defined team. Even development units might have their limitations. As Gerrish and Ferguson (2000) have stated, unless practice development is planned and integral to the strategic direction of the organization, it will be difficult to sustain. Developing elitist NDUs as the centres for development has not inculcated a culture of innovation and development. If individual practitioners are enabled and supported, it
might be more likely to foster a climate within an organization that sees the development of practice not as the exception but as the typical activity of individuals and teams of professions. At last, many organizations are expecting nurses to take practice forward, and demonstrate the skills required to implement ideas, and subsequently evaluate them. Most job descriptions for qualified nursing posts now include the phrase ‘ability to initiate and evaluate changes in practice’. This book is about supporting practitioners to do just that.

About this book

This book is divided into three parts. Part I looks at the things that may trigger a practitioner to develop practice. Part II examines the process of developing practice, and finally Part III addresses key issues that are common in many developments.

In the first chapter, John Unsworth explores the policy context of community nursing at the beginning of the twenty-first century. At a time of unprecedented change, both the structure of the Health Service and the prevailing philosophy underpinning care delivery are critically examined. The NHS is moving away from development that centred around the professionalization of certain occupations towards development that has a clear patient focus. With the devolution of responsibility for health care within the United Kingdom, we now have four health services, and this has been particularly challenging for the contributors to this book. We hope we have not been too Anglocentric, and we apologize if we have been. While the detail of management structures and policy may be different across the UK health departments, the paradigm shift within health care is universal. Patients and carers (rather than professional interests) have now been acknowledged as central to service development.

In Chapter 2 Charlotte Clarke and John Unsworth fully explore the various types of evidence that can be used to underpin the development of practice. The notion of evidence is explored, drawing upon a variety of sources (from traditional research approaches to the utilization of experience) as a basis for development. In writing the chapter, Charlotte and John have been careful not to be drawn into the debates about evidence-based practice, as this is more than adequately covered within other texts (see for example Hamer and Collinson 2000). Instead, the chapter forms a journey through the stages of practice development, mapping along the way the types of evidence a practitioner may need or draw upon at different stages.

In Chapter 3, John Unsworth explores the process of developing practice. He asserts that practice development is a specialized form of
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innovation, which has certain key attributes, including its strong patient focus. Several factors that may have a positive or negative impact on the development of practice are discussed, and the chapter provides practical guidance on how to turn an initial idea into a reality.

In Chapter 4, Glenda Cook and Wilma Ayris explore the very relevant issue of risk. The concept of risk has become familiar to many practitioners in an increasingly litigious society, and those pushing back the frontier within community nursing need to be fully aware of the risk implications of any developments. However, it’s important to note that, with practice development, there is also a high level of risk related to inertia. Practitioners who fail to develop their practice may find themselves in a situation where they are placing patients, and themselves, at risk by continuing out-dated practices.

In Chapter 5, Sue Spencer explores the role education can and does play in the development of practice. The chapter debates, in an open and honest manner, whether education has a role, and if it has, then what should that role look like. By critiquing current approaches to nurse education, it is anticipated that this chapter should equip practitioners with the know-how to utilize education to develop practice while, at the same time, opening up the debate within education itself about the best approach.

Wendy Burke looks at various forms of power within Chapter 6. All nurses involved in practice development, will use or encounter power at some stage. Understanding the nature of this power is an important first stage in learning to manage the development of clinical care.

Finally, in Chapter 7 Kate Henderson-Nichol looks at new and different approaches to service delivery. Using in-depth case studies of developments in practice, coupled with analysis, Kate is able to articulate the issues around empowerment and collaborative working.

Chapters 6 and 7 cover all the eight specialist practitioner roles in community nursing, and in doing so, Wendy Burke and Kate Henderson-Nichol have sought to draw upon their own extensive experience to illuminate the issues critical to the development of nursing practice.

How to use this book

We do not intend this book to be read from cover to cover (although you can if you wish) but readers are encouraged to dip in and out as required, to inform what you are currently involved with. Nor do we want you to concentrate on the topics covering your own specialist area of community nursing. We, the editors, have learnt so much from working with community nurses outside district nursing and health visiting and, as a result of our experiences, we urge you to do the same.
One of the criticisms that might be made about this book is that it portrays the development of practice in a neat, linear format. We appreciate that this is rarely, if ever, the case but writing a book round and round in circles, although an accurate metaphor for practice development, might not be an easy book to read! Developments in practice lead you down blind alleys and cul-de-sacs, and these are important factors to take into account. We do not discount these journeys, and hope they are represented in the vignettes we have used within this book. One of the best ways to learn about taking practice forward is to talk to others who have travelled the road before you, to see if there are any signs to adhere to, and if there are any hazards to avoid.

A starting point

As with many new things in health care, the development of health care practice has yet to be fully integrated into the culture of most professions. However, many nurses are taking the lead, and as mentioned earlier, the development of more autonomy for nursing practice allows innovation to take place. What if you don’t go with practice development? What does that mean, and can’t I just carry on doing what I have always been doing? To answer that question let’s look at an analysis of your options.

1. **What if I ignore the whole idea and put my head in the sand?**
   In the past, this may have been a viable option. However, the pace of change in modern health care now dictates that all practitioners will be involved in some change or development at some time in their careers. It is also important to remember the risks associated with inertia, and that the failure to develop or to keep pace with new developments in practice could land a practitioner in deep water or, indeed, even in a court of law.

2. **What about letting others get on with it?**
   This approach is fine, but don’t be negative. At least support your innovative colleagues. In Chapter 3, John Unsworth identifies that those practitioners who get on with the day to day work, while others develop, are very valuable members of the team. Experience tells us that no one is totally against everything, even the most negative practitioner will be involved in a development which involves their favourite aspect of practice.

3. **Let the students get on with it and leave me alone.**
   Education has a role to play in the development of practice, but practice should not be developed solely because of educational imperatives. As Sue Spencer states in Chapter 5, education and the
development of practice still have an ambiguous relationship and have much scope for development (Gerrish and Ferguson 2000).

We hope that we might have convinced sceptics that the development of practice is a good thing, and that ideas do not have to be big and ambitious. Often the simplest are the most effective, and if patient-led, they are the ones that will be noticed. If we are preaching to the converted, we trust you will dip in and out of this book, and that it proves a useful guide, and if you are a sceptic, we trust that you might dip your toe in the water and give practice development a try!

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