Practice development: a concept analysis

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Abstract

Exploration of the term ‘practice development’ is required for the discipline of infection control nursing. Improved understanding of the term would allow practitioners to approach practice development in a more constructive and measurable fashion. A concept analysis based on the model of Walker and Avant is therefore presented. The analysis includes the definition of the term ‘practice development’ and discussion of how it is presented in the literature. Illustrative cases are used to achieve clarification of the concept, culminating in identification of the empirical referents, these being: (1) identified patient need and (2) a change in nursing practice and demonstrably improved care.

Introduction

Infection control nurses (ICNs) are commonly single postholders or members of relatively small teams within healthcare organisations. It is incumbent upon the individual or group to conduct the ICN role and develop it in a manner that meets the needs of patients, the professional’s practice development needs and the needs of the organisation. This conceptual analysis sets out to clarify the meaning of ‘practice development’ for single-handed or small groups of nurses, like ICNs, within organisations.

The approach to concept analysis advocated by Walker and Avant is used with minor alterations. This concept analysis describes what it considers is the essence of practice development. This clarification will inform the discipline of infection control nursing of what the core considerations are that need to be met when practice development measures are undertaken.

Concept analysis: rationale and purpose

A concept is ‘a thing thought of’ (Chambers Concise Dictionary, 1991). Within nursing Meleis (1991) describes it as ‘a label to describe a phenomenon’, particularly when cognitive, intuitive or inferential interpretations can be attached to the concept. McKenna (1997) argues that ‘by naming phenomena we are identifying concepts’. Concepts are words that represent aspects within our reality and enhance our ability to communicate about it. A conceptual definition provides connotative meaning, which is more comprehensive than a denotative definition (Burns and Grove, 1995).

Concepts range from the directly experienced (empirical) to the more mentally constructed (abstract), the latter being less measurable (Chinn and Kramer, 1995) while Morse et al (1996) described them as either simple or complex entities. ‘Practice development’ is a complex phenomenon with variable components for infection control nursing. Hupcey et al (1997) stipulate that the ultimate purpose of concept analysis is to enable the researcher to delineate the phenomenon and facilitate its operationalisation. Analysis of the concept ‘practice development’ must therefore provide infection control nursing with a clearly defined understanding of what this term means. Concepts are acknowledged by Morse et al (1997) as the philosophical underpinnings that guide a profession, while the quality of the concept analysis is reflected in the theoretical strength of the discipline. They are considered to be the ‘building blocks’ of theory (McKenna, 1997) and when operationalised form the link between theory and practice (Morse et al, 1996). Analysis methods range from those first proposed by Wilson, and subsequently adapted by Walker and Avant (1988), Chinn and Kramer, (1995) and others, to that of the evolutionary method (Rodgers, 1989). Morse et al (1997) and Hupcey et al (1997) identify strengths and weakness of all these approaches.

The approach of Walker and Avant (1988), described by them as a simplification of Wilson’s methods, which is easy to understand and suitable for beginners is outlined (see Table 1). This logical positivist approach, designed in linear fashion, has the potential to clarify by reduction an empirical concept like ‘practice development’. Areas of weakness within the method, highlighted by Hupcey et al (1997) and Morse et al (1997), are addressed where appropriate by adapting the approach. This action is undertaken while acknowledging the reservations of Morse et al (1997) concerning such novice endeavour with respect to concept analysis, but is considered necessary to arrive at a clear and explicit understanding of practice development for infection control nursing as a practice discipline.

Rodgers (1989) argues that the positivist approach, with its entity views, regards concepts as things, valuing reduction in an attempt to isolate the essence of the concept. From her philosopher’s perspective, this is considered limiting. However, the counter argument offered is that the dispositional view is descriptive and anecdotal (Clarke, 1995).

As an initial exploration of the concept, ‘practice development’ indicates that the process of reduction and itemisation will allow it to be understood and used by ICNs. The literature review will demonstrate that the concept ‘practice development’ has diverse meaning for nurses, which requires Walker and Avant’s method to portray it in measurable and observable forms. ICNs can then apply this meaning to their endeavours to develop infection control nursing practice.
Table 1. Walker and Avant (1988)

<table>
<thead>
<tr>
<th>Linear points format</th>
<th>Adaptations and rationale</th>
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<tbody>
<tr>
<td>Select a concept</td>
<td>Limited dictionary trail</td>
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<tr>
<td>Determine the aims or purpose</td>
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<td>of the analysis</td>
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<td>Identify all uses of the concept</td>
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<td>that you can discover</td>
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<tr>
<td>Determine all defining attributes</td>
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<tr>
<td>Construct a model case</td>
<td>Invented and illegitimate cases were not included</td>
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<td>Construct borderline, related and</td>
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<td>contrary cases</td>
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<tr>
<td>Identify antecedents and consequences</td>
<td></td>
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<tr>
<td>Define empirical referents</td>
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Uses of the concept
Walker and Avant (1995) argue that outlining concept uses, allows for a richer understanding of the concept and validates the selection of defining attributes, while Rodgers (1989) and Morse et al (1996) advocate examining data from outside and within the discipline. Therefore the Cumulative Index for Nursing and Allied Health, MEDLINE and PsycINFO (psychology) online databases were explored.

Definition: practice development
The term 'practice development' does not appear as a unit in dictionaries. Practice is described as 'the exercise of a profession', while development is described as: 'a gradual unfolding or growth', 'elaboration of a theme' or 'new situations that occur' (Chambers Concise Dictionary, 1991).

Hupcey et al (1997) criticise Walker and Avant for not justifying their reasons for the inclusion of all or irrelevant dictionary definitions. Rodgers (1989) had argued that this only serves to highlight problems of terminology rather than clarifying the concept. As this is a double-worded concept, these arguments are accepted and therefore extensive dictionary exploration was not undertaken.

Literature review
Practice development as a concept has been analysed by Unsworth (2000), while the development of a conceptual framework was undertaken by Garbett and McCormack (2002). Unsworth (2000) adopted the model of Walker and Avant to address the concept, with the focus of the analysis on the role of the practice development nurse. However, the author elaborated on 'practice development' in its broadest sense within health service management. He rightly suggested that the outcome of any practice development activity should be patient related. The use of vignettes helped make the analysis comprehensible to clinicians unfamiliar with concept clarification.

Garbett and McCormack (2002), on behalf of the Royal College of Nursing (RCN) Institute, undertook a conceptual development approach to the analysis of practice development as advocated by Morse in 1995. This publication reflects aspects of related published work, namely McCormack et al (1999) and Garbett and McCormack (2001). The main focus of these publications was the support for the initiative of practice development principally via the role of the practice development nurse and other organisational strategies to develop practice. Like Unsworth (2000), they identified the importance of improving patient care as a driving force for practice development, but differed in their emphasis on the need for it to be facilitated within the organisation. They identified the risk of alienating individual practitioners by using organisational approaches to practice development.

Other nursing literature uses the term 'practice development' in diverse ways. From the patient’s perspective, nurses are challenged to learn from practice (Mullally, 2001) and to be able to respond to patients’ needs (Department of Health, 2000). The clinical governance agenda demands identification of practice activities required to deliver quality of care (Department of Health, 1998). Spitsbury and Meyer (2001) argued that evidence exists to demonstrate the positive impact of nursing care on patient outcomes, and when care is a two way process, nurses and patients experience mutuality and reciprocity preventing nursing practice becoming static (Kendrick and Robinson, 2000).

Confusion over nursing role remits and titles exist (Raja-Jones, 2002; Roberts-Davis and Read, 2001), posts that have titles e.g. specialist, practitioner, liaison, executive, manager, research (Tolson, 1999a; Roberts-Davis and Read, 2001) and practice development units (Gerrish, 2001) all have a practice development remit.

Practice development is a fundamental aspect of leadership in nursing (Manley, 1998; Bowles and Bowles, 2000) and it is integral to professional activities like critical thinking and facilitation (Boychuck Duchscher, 1999; Burrows, 1997).

Tolson (1999b) argued that practice innovation/research, implementing research-based changes within practice, and including consumer evaluation, reflects practice development. Barriers exist to the implementation of research recommendations at individual and organisational levels, but using clinical guidelines and local audit allows the flexibility to respond to individual patient circumstances and thus demonstrate features of practice development (RCN, 1995; Chester and Closs, 1997).

Historically, competency of nursing practice was reflected by practical skills and conscientious performance of duties (Bradshaw, 2000). Latterly, professionalism is seen by Watkins (2000) to have progressed nursing to a contextualised humanistic role. Pearson et al (2002) stated that competencies set a clear standard of what is expected from the individual, but highlighted the difficulties in writing them in relation to the complex role of a decision-making professional, for example the ICN.

The disciplines own Professional Core Competencies for ICNs (ICNA, 2000) aim to incorporate this type of practice recognition.

Reflection challenges ritualistic work patterns (Jarvis, 1987) and addresses the traditional theory-practice gap (Schon, 1983). Its contribution to practice development depends on how well it is used by the individual.

The review of Unsworth (2000) of social work, counselling, and medical literature summarised that practice development must reflect improvement in service. The literature reflects the diversity of methods by which practice development is approached and the various ways nurses are prepared to try to develop their practice. For individual nurse practitioners, who assess their own practice and undertake practice development, specific direction is not clearly illustrated, justifying the need to undertake this concept analysis. This in turn will help to establish a conceptual base (Timpson, 1996), which will facilitate clear communication of what the essence of practice development is and contribute to the practice theory of the profession (Ingram, 1991; Tolley, 1995). It will also demonstrate an analytic approach to knowledge development (Hardy, 1990) and toward theory development (Walker, 1989) as is required in the specialism of infection control nursing.

Attributes
Attributes are the characteristics that define a concept (Morse et al, 1996). Those that appear repeatedly and are derived from the reviewed literature allow differentiation of the concept under analysis.

The critical attributes of practice development, which are expected to serve as the components that will clearly define the concept practice development, are:
Related case
A related case is similar to the concept being studied, but it does not have the critical attributes of the concept. A needlestick injury is reported. The staff member receives treatment from the occupational health department, while the ICN investigates the incident. The ICN emphasises to staff members the appropriate disposal of needles and develops with occupational health a new Trust policy. This reflects a change in working practice for the staff, which resulted from an identified need that was not patient related.

Contrary case
Contrary cases do not contain any of the critical attributes of the concept. The ICN requests support to attend an educational event related to her professional role. The ICN acquires new knowledge regarding performance enhancement of her professional practice. Upon return to her post she fails to incorporate or utilise her newly-acquired knowledge.

There is no direct patient need identified and the requested means of practice development are not forthcoming.

Invented and illegitimate cases
Invented cases are cases that are constructed using ideas outside our own experience and are advocated when dealing with very familiar concepts such as ‘air’ or ‘man’. Walker and Avant (1995) advocate taking the concept out of its ordinary context and putting it into an invented one.

Illegitimate cases incorporate the use of the concept term ‘improperly’. These endeavours did not contribute appreciably to defining the empirical complex concept of practice development and were therefore omitted.

Antecedents
Walker and Avant (1995) define how an antecedent is ‘an event or incident, which occurs prior to the occurrence of the concept’. They also acknowledge that ‘something’ cannot be an antecedent and an attribute at the same time.

A nurse must be able to determine what the needs of a patient are as a basic component of his or her role. Antecedents of practice development may be clinical experience, education, reflective practice, supervision and competency evaluation, which can all highlight a need for practice developments.

Consequences
A consequence is an ‘event or incident, which occurs as a result of the occurrence of the concept’ (Walker and Avant, 1995).

Improvement in care in response to patient need should have become both evident and measurable in ongoing and systematic fashion. Professional advancement in terms of the development of practical and theoretical skills should be reflected in the practice development. Furthermore, it can be addressed by the individual practitioner and should not need to be dependent upon organisational facilitation.

Define empirical referents
Empirical referents are categories of actual phenomena that by their presence demonstrate the concept. In some cases they are identical to the critical attributes (Walker and Avant, 1995). They determine when the concept has occurred and so can be used as a measure. It is incumbent upon the nurse or the specialist nursing group to test and provide evidence of changes to ways of working which denote practice development. Central to this would be the identification of patient needs and how these have been appropriately met. The empirical referents are:

- An identified patient need
- A change in nursing practice and demonstrably improved care.
Conclusions
The path to nursing knowledge is through focus on the patient and reviews of how we practice (Hardy, 1990). Responding to patients needs takes a central role in practice development. The literature is weighted towards organisational systems to address clinicians’ practice development. This is not reflected in some clinical disciplines and it behoves individuals to undertake independent practice development, even in the absence of a practice development facilitator as emphasised by some authors.

Practice development was explored as an empirical concept, which required a positivist approach rather than the evolutionary approach of Rodgers (1989). This offered an operationalisation of the concept, which can aid individual ICNs to approach practice development constructively. The critical attributes identified, demonstrate to individual practitioners, the essence of what practice development is and these must be included within any initiative wanting to reflect this concept.

References