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Full Length Article

A creative analysis of the role of practice development facilitators in a critical care environment

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ABSTRACT

Practice development focuses on methods to address the quality of care and advance healthcare practices. The role of practice development facilitators to address challenges of delivering evidence-based person-centred care in the critical care environment was determined by using a nominal group technique. Eleven participants from public and private healthcare services reached consensus on seven clusters: theory-practice application, facilitation of learning, increasing collaboration, effective communication, facilitation of change, time management and role modelling. The clusters were visually represented as a hot air balloon. Competence as facilitators is of vital importance to ensure knowledge translation with the aim to improve quality.

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1. Introduction

Worldwide healthcare systems are challenged to provide quality and safe care to all citizens. The quality of care in the critical care units has also been affected. Nursing in South Africa finds itself in a crisis because of the impact of globalisation and increasingly porous country borders facilitating an increase in the exodus of skilled professional nurses, leading to a shortage of critical care nurses (De Beer, Brysiewicz, & Bhengu, 2011; Department of Health, 2012) and as nurse leaders, managers and the public opinion reveal poor

standards of nursing care (Mokoka, Oosthuizen, & Ehlers, 2010; News24, 2013; Oosthuizen, 2012). Examples of concerns expressed by the Critical Care Nurses Forum (2013) and medical doctors include poor adherence to routine and evidence-based nursing care of critically ill patients and decreased accountability and responsibility as critical care nurses are not involved in monitoring and evaluating patient care. Practice development is a term that has been used for more than twenty years mainly in developed countries, such as Northern Ireland, the United Kingdom, North America and Australia to describe various methods to address the quality of care and advance healthcare practices, particularly in the

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nursing practice (Manley, McCormack, & Wilson, 2008: 1; McCormack, Manley, & Titchen, 2013: 5).

Interventions to address challenges in the critical care environment and subsequently develop practice is currently implemented by both the public and private healthcare services through training and education of evidence-based practices such as the “best care always” campaign and continuous professional development programmes. These initiatives are supported by the South African Department of Health’s strategic plan compiled for nursing education, training and practice to achieve the goal of “... a long and healthy life for all South Africans” (2012:13). Focussing on getting research into practice by addressing technical skill and knowledge is embedded on the assumptions that skill, knowledge and benchmarks are appropriate for all contexts and that knowing evidence ensures action. As a top-down approach, the emphasis is mainly on outcomes, regarded as a narrow view of practice development and referred to as ‘technical practice development’ (Manley & McCormack, 2003).

The axis around which today’s healthcare challenges and difficulties revolve is not only based on deficient skills and knowledge, but also on the disengagement of staff from their work and workplace cultures, which increases the challenge of delivering evidence-based and person-centred care to healthcare users (Crisp & Wilson, 2011: 173). Healthcare services are consecutively obligated to consider and implement innovative strategies to ensure quality critical care delivery to healthcare users (Costa & Kahn, 2016). An alternative to ‘technical practice development’ is the implementation of ‘emancipatory practice development’. Manley et al. (2008: 9) defined emancipatory practice development as: “... 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 practice 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”.

Emancipatory practice development focuses on both getting evidence into practice and creating a culture of innovation and effectiveness. Through using emancipatory practice development practitioners are enabled to break down the barriers to taking action and is based on the assumptions that best practice is locally defined and contextualised and that research will not be used in practice, unless it is owned and regarded as relevant. Emancipatory practice development focuses on outcomes as well as processes (McCormack et al., 2013). Emancipatory practice development is not seen as a quick fix for perverse challenges healthcare in various countries are facing today, but rather a sustainable transformational process. As a bottom-up approach, emancipatory practice development has amongst other things, shown to bring about change in healthcare providers, practice and patient outcomes (Manley et al., 2008: 2; 160). Facilitation has been identified as key to its success.

The concept facilitation refers to the type of support practitioners need to change their attitudes, habits, skills, thinking and working ways (Seers et al. 2012). Facilitation has been identified as the main component to ensure successful uptake of evidence in practice (Crisp & Wilson, 2011:173), one of the most important variables in the process of change

management (Dogherty, Harrison, Graham, Vandyk, & Keeping-Burke, 2013: 129) and widely recognised as essential to ensure sustainability and transformation in practice development (McCormack et al., 2013: 13; Wales, Kelly, Wilson, & Crisp, 2013: 179). The importance of facilitation is furthermore highlighted by the practice development conceptual framework where authentic facilitation is illustrated as the strategy used to ensure collaboration, inclusion and participation during the transformation towards person-centred work cultures (McCormack et al., 2013: 9).

In emancipatory practice development facilitators focus on facilitating “human-flourishing” in healthcare settings, leading to environments that are experienced as effective and person-centred by healthcare users (patients and their significant others) as well as healthcare practitioners (Manley et al., 2008: 14). Through facilitation, healthcare workers can be supported to evaluate and improve their practice by engaging with each other as well as the patients and their significant others (Crisp & Wilson, 2011: 173).

There are two types of practice development facilitators: external (outsider) and internal (insider) practice development facilitators (Dogherty, Harrison, & Graham, 2010: 81; McCormack & Garbett, 2003: 319). External practice development facilitators is an identified person who is not part of the organisation (outsider) e.g. academics, whilst the internal practice development facilitators are staff from within the organisation (insiders) (Dogherty et al., 2010: 81). Both external and internal practice development facilitators are often regarded as “in the middle” between clinical and managerial constructions where they strive to move towards synergy between “top down” and “bottom up” itineraries in an organisation (McCormack et al., 2006: 58).

Although there is no doubt that facilitation is a key concept and process in practice development, the responsibility for changing the nursing practice does not rest on the PDF shoulders alone, but with the practitioners in the context (Dogherty et al., 2010: 77). The practice development facilitators must enable and support these practitioners to change their culture and context of care for the change in practice to be sustainable and positive. The author continues that the practitioners need to have insight, understanding and ownership from the engagement stage of the practice development journey in order to change the way they practice (McCormack et al., 2013).

Nursing in the critical care context transpires in a highly technical and challenging environment where the daily care is influenced by the workplace culture and a variety of barriers on a daily basis. As the care of the critical ill or injured patient becomes progressively more technological, the need for humanisation is more important than ever before (Morton & Fontaine, 2009: 3). Therefore, the role of the practice development facilitators may be more complex and challenging than in a routine hospital ward. As it was the first time that a practice development programme was presented in South Africa, it was important to have conversations about, give meaning to, and raise awareness of what the roles of PDFs will entail within the critical care context. The research question that this article strives to answer is: “What should a practice development facilitator be able to do to facilitate change in the critical care environment?”

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