THE UNIVERSITY OF NEW SOUTH WALES

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CENTRE FOR CLINICAL GOVERNANCE RESEARCH

CHANGE MANAGEMENT STRATEGIES AND PRACTICE DEVELOPMENT IN NURSING: A REVIEW OF THE LITERATURE

The Centre for Clinical Governance Research in Health undertakes strategic research, evaluations and research-based projects of national and international standing with a core interest to investigate health sector issues of policy, culture, systems, governance and leadership

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Contents

1. INTRODUCTION

Health care services internationally face a fundamental question: how to provide the highest quality, safest care possible to the greatest number of people, in the most effective and cost efficient manner. In addressing this issue health care services and managers have utilised theories, models and strategies drawn from other industries and fields. The patient safety movement relies heavily from research into areas such as mining, aviation and rail (Hughes et al., 2010). Health management has employed many of the approaches trialled in broader quality movements, ranging from Total Quality Management and Continuous Quality Improvement to the more recent Six Sigma and Lean Thinking (Talib et al., 2011, Foss et al., 2011, Cima et al., 2011). At the most basic level, much of this activity is essentially about managing (or more specifically implementing) change in order to improve clinical practice (Braithwaite, 2006a, Braithwaite et al., 2009, Braithwaite, 2006b). Practice development activities are those which seek to enhance effectiveness of care through the transformation of care practices and organisational or team culture (Garbett and McCormack, 2002).

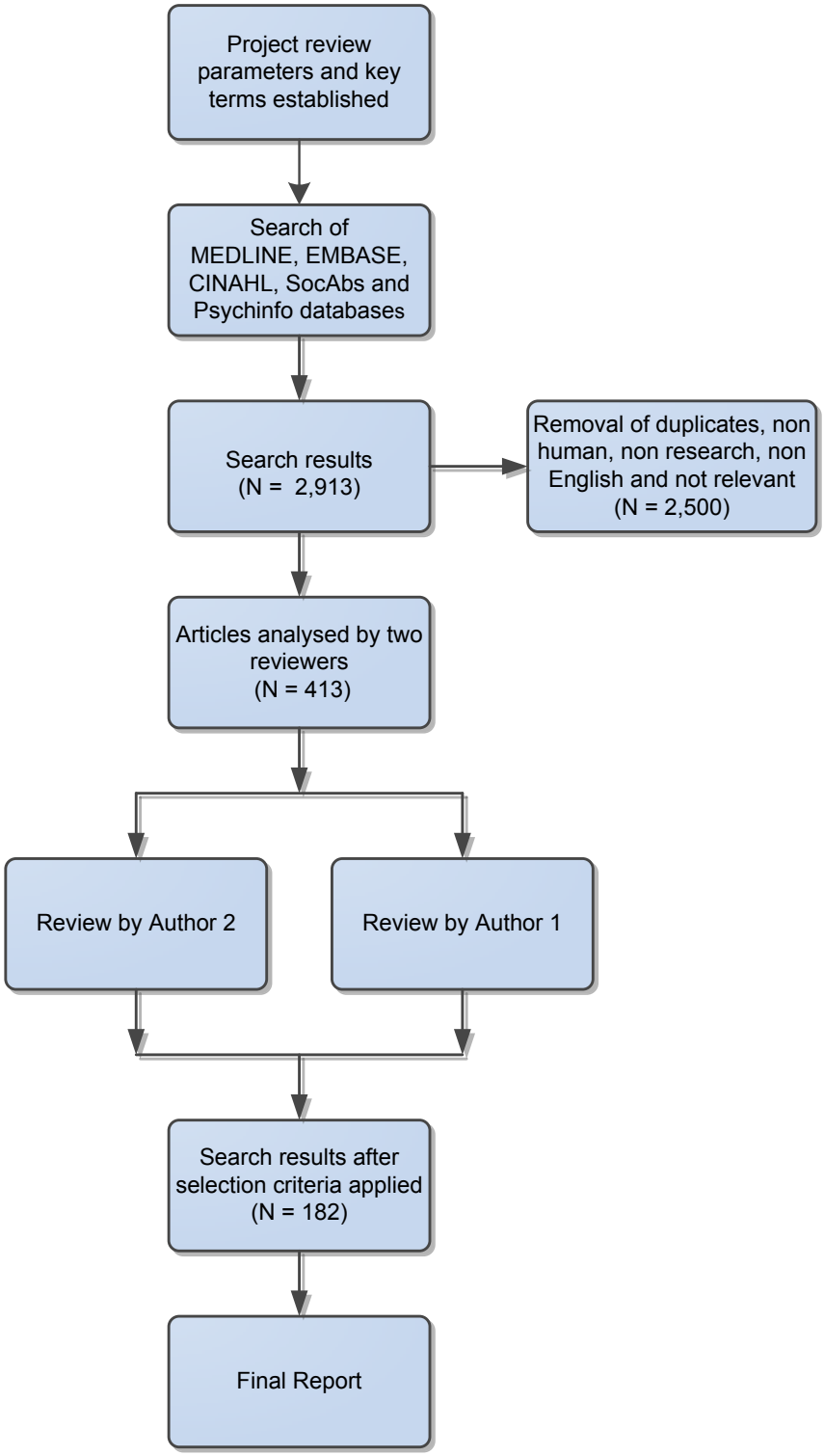
The purpose of this review, therefore, is to identify and review the research literature that examines the use of practice development as a mechanism for change in healthcare services. It looks in particular at the work undertaken on practice development in the field of nursing, which has in recent years been the prime profession interested in the application and advancement of this approach (Ward and McCormack, 2000, McCormack and Garbett, 2003, McCormack et al., 2009).

In Section 2, following, we describe the literature review process. Section 3 outlines search strategies used, and the findings of those strategies. The results of the content analysis are illustrated in Section 4, with the discussion and conclusion presented in Sections 5 and 6 respectively. The final sections are the references utilised in this report (Section 7) and a full list of all identified references, including abstracts (Section 8)

2. THE LITERATURE REVIEW PROCESS

The literature review process engaged a rigorous systematic search strategy followed by content analysis of those references that met specified inclusion criteria. This review process, conducted in June and July 2011, adopts the process used in other reviews (Greenfield et al., 2007, Travaglia and Braithwaite, 2007) and described by Travaglia, Braithwaite and Debono (2008) (Travaglia et al., 2008). The literature review process is illustrated in Figure 1.

Figure 1: Literature review process



3. METHOD

3.1 Search strategy

3.1.1 Search terms and limiters

The authors examined a small number of key reports and studies in the literature in order to identify seminal search terms. Once these were identified, additional terms were identified using a brainstorming approach in order to generate new search terms.

A preliminary search of the literature in five databases (listed in the following section) produced 2,913 results. These were then refined (n = 413). When available, the limiters “human”, “English language” and “research” were applied to the search. The remaining articles were downloaded into a reference manager software program, Endnote X4. During the second stage of the literature review, two reviewers (DD and JT) analysed the titles and abstracts of the articles. The reviewers further refined the articles, removing incomplete articles, non empirical articles that had not been detected using data base limiters, or articles which did not directly address the review question (n = 182).

3.1.2 Search of electronic academic literature databases

Multiple electronic academic literature databases were systematically examined in July and August 2011 using the search terms presented in Table 1. The databases searched were CINAHL (Cumulative Index to Nursing and Allied Health Literature), EMBASE (Medicine literature), Medline (Medicine literature), Sociological Abstracts and PsychInfo (Psychological Literature). The identified references were downloaded into Endnote X4, a reference management software package, for later analysis.

Table 1: Search terms used in the academic database search

Search terms
“Change manage$” OR “emancipatory change” OR “transformational change” AND
“health care” OR “healthcare”
OR “clinical practice”
OR “patient care”
OR “health system improvement”
OR “practice develop$”
“practice develop$” AND nurs$

3.1.3 The search process

The search terms listed in Table 1 were used to interrogate the identified databases. The authors used a variety of mechanisms to ensure the most appropriate abstracts were identified. These included the use of quotation marks to focus searches, so for example, “change manage$” identified only papers which had that phrase, rather than all articles relating to change or management. Truncation of search terms was used to allow for the identification of plurals and word variants, for example “change manage$” includes “change management”, “change managers” or “change manager”. The number of references uncovered in each data base by search term is shown in Table 2.

Table 2: Number of references uncovered by data base

Search Terms	MEDLINE	CINAHL	EMBASE	Sociological Abstracts	PSYCINFO
“Change manage$” OR “emancipatory change” OR “transformational change” OR ‘emancipatory practice development”	253	1233	309	17	128
AND					
• health care” OR “healthcare”					
• “clinical practice”					
• “patient care”					
• “health system improvement”					
• “practice develop&”					
“Practice development” AND “nurs*	326	(Additional Limiters: Exclude Medline) 44	339	8	256
Total	579	1277	648	25	384

3.2 Data mining

The eligible abstracts identified through the preliminary search of the selected academic literature databases (n=413) were subjected to content analysis using the software program Leximancer 3.5. Leximancer is a data mining program which identifies concepts within bodies of text, the frequency with which they occur, the relationships between them and the strength of those relationships. These data are presented in two ways: as a visual map where the co-location of concepts (represented as points within a map) is indicative of the strength of their association in the text; and as ranked lists of concepts and themes, which are grouping of concepts around the most important concept.

Leximancer automatically generates concepts from the presented text. As a result it can at times produce concepts which relate to publication forms, descriptors or headings, rather than the substance of the text itself. These can skew the representation of relationships between concepts and so must be removed. These concepts are removed once they have been examined in detail, to ensure that they relate to publication issues and the relevant topic. Table 3 below presents the list of concepts which were removed from the analysis.

In addition to the removal of extraneous concepts a small number of other changes were made to the data mining process. These included: the merging of work variants (for example, manager and managers) and 'forcing' the program to look for 100 or more concepts.

Table 3: Automatically generated concepts removed prior to concept analysis

Article	Paper
Case	Results
Data	Rights
Findings	Study

3.3 Content analysis

Once the first phase of analysis, utilising data mining, was completed, the authors further refined the data set. Authors 1 and 2 reviewed all the abstracts independently. All references which did not present the results of research were eliminated. References which only peripherally dealt with practice development were also eliminated. Any differences in perspectives were resolved through discussion by the authors. The results (n = 182) were then reviewed by the authors.

4. RESULTS

4.1 Results of data mining

A map of the key concepts within the change management and practice development literature in nursing is presented in Figure 2. The list of top ten themes is presented in Table 4 and the ranked list of concepts in Table 5.

Figure 2: Map of the key themes in the literature on change management and practice development in nursing

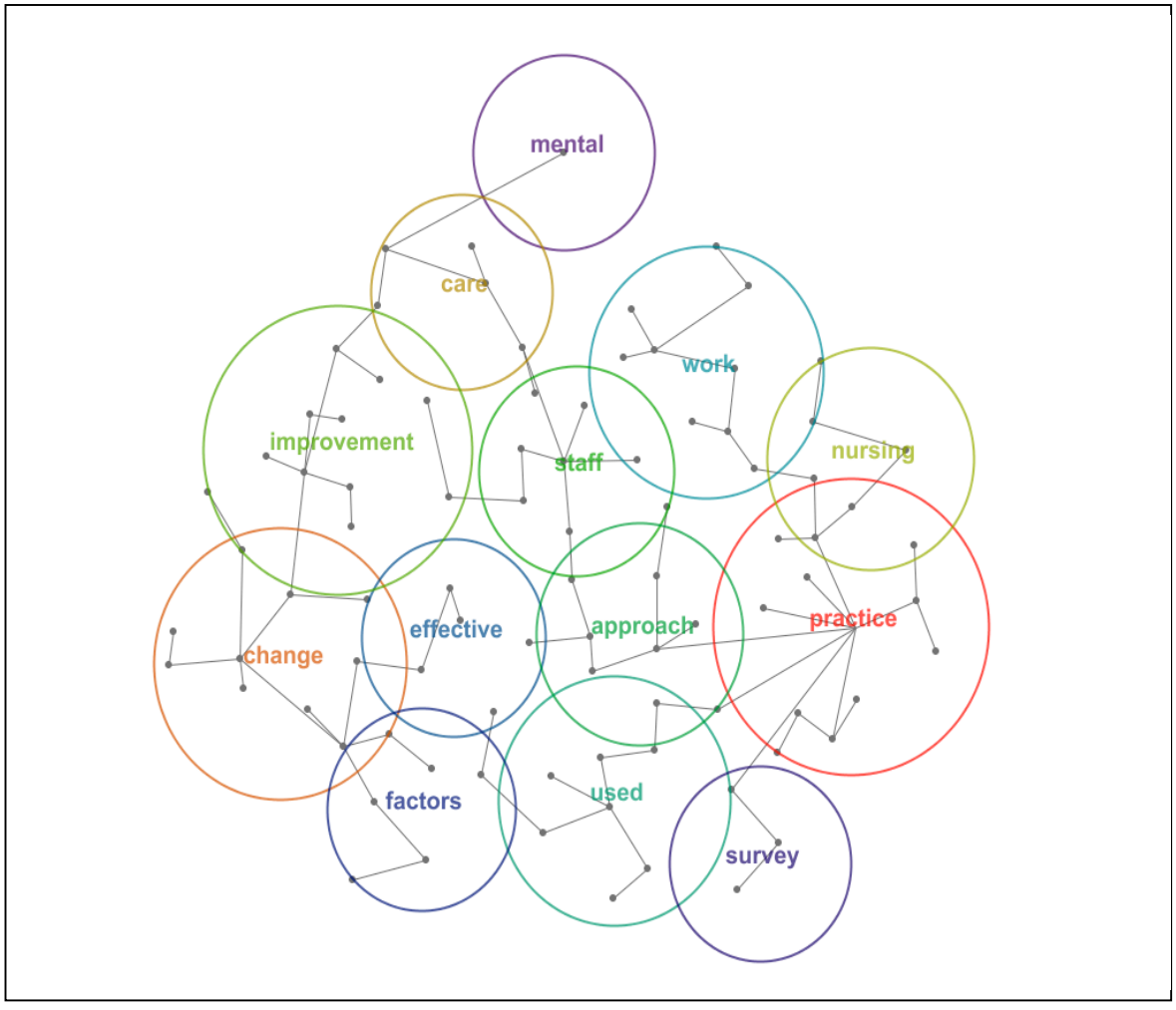


Table 4: Ranked list of key themes and connectivity in the literature on change management and practice development

Theme	Connectivity
practice	100%
change	73%

Theme	Connectivity
care	50%
nursing	49%
improvement	47%
staff	44%
approach	38%
used	34%
work	33%
effective	24%
factors	12%
survey	04%
mental	03%

Table 5 presents the ranked list of concepts identified through content analysis. Concepts relating to the use of practice development in change management were exemplified in the first ten concepts (practice, nursing, care, change, development, clinical, management, patient, health, used).

Table 5: Ranked list of key concepts and connectivity in literature on change management and practice development

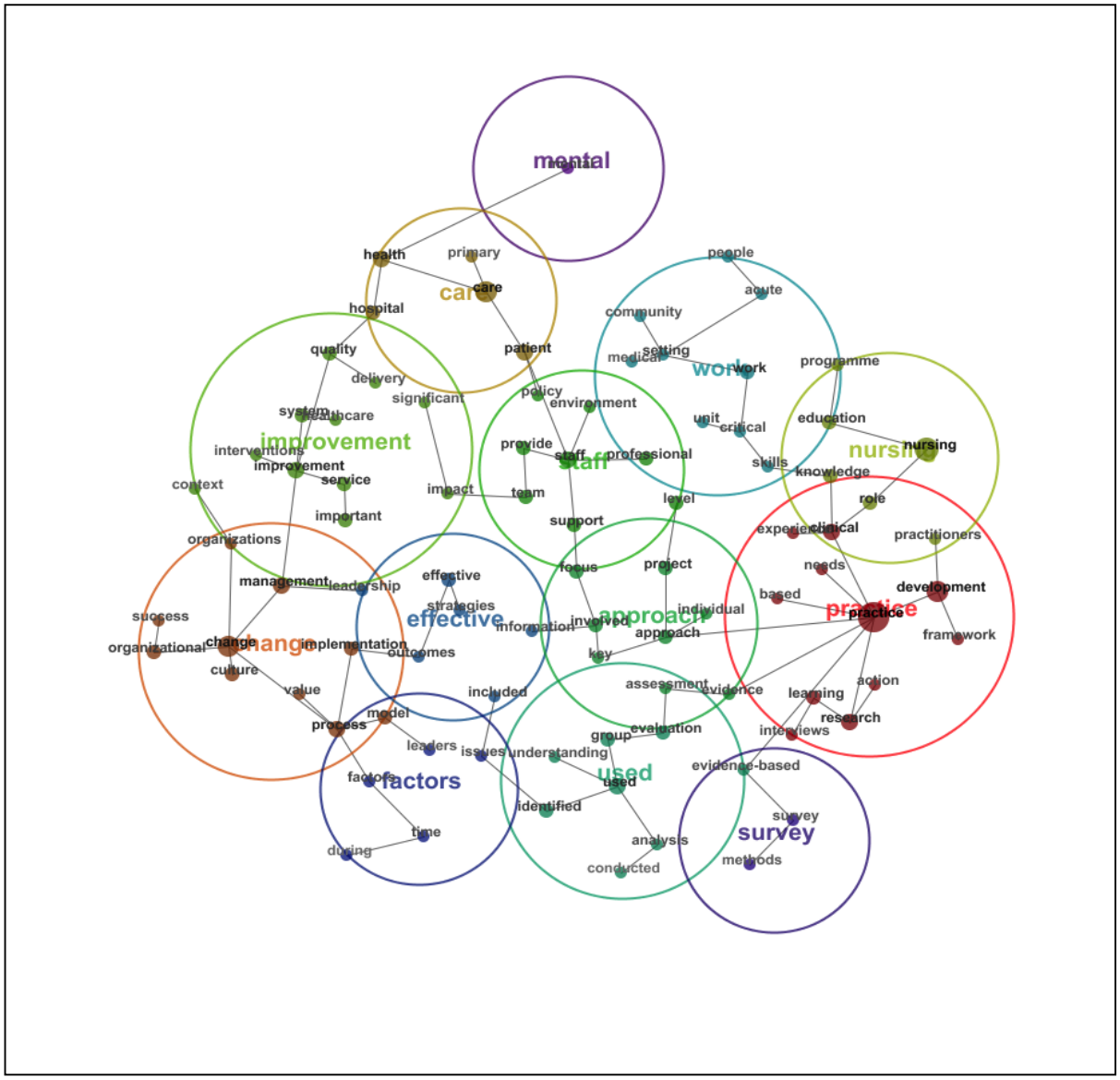
Concept	Count	Relevance	Concept	Count	Relevance
practice	678	100%	unit	68	10%
nursing	478	71%	experience	68	10%
care	395	58%	evidence	67	10%
change	395	58%	mental	66	10%
development	375	55%	environment	65	10%
clinical	206	30%	framework	65	10%
management	203	30%	value	64	09%
patient	199	29%	programme	63	09%
health	197	29%	practitioners	62	09%
used	186	27%	needs	61	09%
process	177	26%	leadership	61	09%
research	160	24%	impact	61	09%
improvement	156	23%	skills	60	09%
implementation	153	23%	critical	60	09%
staff	145	21%	action	58	09%
work	141	21%	factors	58	09%
role	141	21%	information	57	08%
service	137	20%	time	57	08%

Concept	Count	Relevance
approach	125	18%
project	124	18%
support	122	18%
education	110	16%
hospital	106	16%
effective	100	15%
quality	96	14%
professional	95	14%
knowledge	94	14%
culture	94	14%
provide	92	14%
evaluation	92	14%
identified	89	13%
learning	89	13%
organizational	89	13%
involved	86	13%
model	84	12%
group	81	12%
focus	80	12%
system	79	12%
important	79	12%
team	79	12%
level	77	11%
setting	75	11%
outcomes	74	11%
organizations	73	11%
included	72	11%

Concept	Count	Relevance
strategies	56	08%
success	56	08%
individual	54	08%
analysis	54	08%
issues	54	08%
healthcare	53	08%
assessment	52	08%
evidence-based	52	08%
key	50	07%
based	49	07%
interventions	48	07%
policy	47	07%
interviews	47	07%
understanding	46	07%
survey	44	06%
people	44	06%
acute	43	06%
delivery	40	06%
community	40	06%
primary	37	05%
leaders	37	05%
significant	36	05%
context	36	05%
methods	35	05%
medical	34	05%
conducted	22	03%
during	21	03%

Figure 3 represents the map generated by Leximancer populated with all concepts. It provides a more detailed representation of the relationship between those concepts.

Figure 3: Map of the key concepts in the literature on change management and practice development in nursing



As can be seen in the map, the literature on change management and practice developed is distributed between the two key themes and concepts of **change** and **practice**. The themes are grouped around several meta-themes: *location of change* (top centre and right half of map); *change and improvement foci* (middle left quadrant); *factors and approaches in effective change* (left centre map); *evaluation of change and practice development* (centre right); and *practice development* in *nursing* (right middle quadrant).

4.1.1 Location of change

The literature brings to the fore a clear landscape of research into the use of practice development and change management within specific contexts. These include *primary care, hospital **care**, hospital, mental* (health care), *community setting, acute, and medical.* **Care** as a theme, links *primary, health, hospital* and *patient,* with the **mental** and **improvement** themes**.**

4.1.2 Change and improvement foci

Improvement ties **care** to **change**. Within the boundaries of improvement we see the conceptual links between *hospital* (from the **care** theme) to *quality, delivery. Quality* is also directly associated with *systems, healthcare, interventions, improvements* and *service*, and with the adjectives *important* and *significant.* At the top centre of the map is the theme of **staff,** where an overlap with **work** is visible, the two connected through the concepts of environment and professional. **Work** contains, as well as the *setting* of change (*community, medical, acute, unit, critical)*, the actual *work* and *skills* developed as part of practice development. This latter concept links directly to the concept of *impact,* which in turn ties the theme of **improvement** to that of **staff**, which lies at the centre of the map. The concept of ***improvement*** is directly associated with that of *management*, and forms the bridge between the **improvement** theme, and that of **change**.

Change brings together *management, organisations, leadership, change, organizational, success, culture, value, process* and *implementation*: in other words most of the major conceptual underpinnings of organisational change management. *Leadership* is one of the cross over points between **change** and **effective**, the other being *implementations* in the **change** theme, and *outcomes* in **effective.**

4.1.3 Factors and approaches in effective change

The **effective** theme continues the *change management* concepts, adding *effective, strategies, information* and *outcomes*. *Included* links **effective** with **factors**, which in turn contains concepts such as *process, factors, time, during, issues* and *included.* The cross over between **change** and **effective**, are the concepts *process* and *model*, signifying an evaluation of the mechanisms for effective change, support by the co-location of these concepts with the boundaries of that (**effective**) theme as well.

4.1.4 Evaluation of change and practice development

Approach(es) sits at the centre of the map, drawing together themes of **staff, used, survey** and **practice**. **Staff**, as noted previously overlaps with the theme of **work**, but also contains concepts including *policy environment, staff provide, team, professional, support* and *level*. The overlap between **approach** and **staff** is *focus*, which is on a pathway between *support, focus, involved, key*, *approach, individual* and *project* in **approach**, and *involved* and *information* in **effective.** The overlap between **approach** and **used** are the concepts *assessment, evidence* and *evaluation*, speaking to the study of practice improvement itself. Also covered within **used** are the concepts of *evaluation, group, understanding, identified, analysis* and *conducted* (all equally associated with the study of practice development) and the theme **survey**, which rounds off this grouping, with *survey, methods* and *evidence based*. Not overlapping with **survey**, but nonetheless closely associated, are the concepts of *interviews* and *research,* situated in the **practice** theme.

4.1.5 Practice development in nursing

Practice and **nursing** form the final themes. **Practice** contains the concepts of *practitioners, practice, development framework*, in one sub grouping, *action, research, learning,* and *interviews* in the second, and *needs, based, experience, clinical* and *role* in the third. *Clinical* and *role* appear at the intersection of **practice** and **nursing**. **Nursing** as a theme, contains *knowledge, education,* and *programme.* **Practice** intersects with **approach** near the concept of *evidence.*

4.2 Results of content analysis

The refined data set was interrogated by the authors and key themes identified. The abstracts were assigned to categories using affinity clustering. The categories included: change management and practice development strategies; factors affecting successful change, including the implementation of practice development; and the reported benefits of change and practice development. Following is a brief discussion of the literature in the context of this synthesis. The data set is presented in Appendix 1.

As a comprehensive realist synthesis review of practice development was conducted in 2006 (McCormack et al., 2006, McCormack et al., 2007), our review focuses primarily on the published literature of the last five years. Where appropriate, however, references to seminal research, including McCormack et al's, have been included.

4.2.1 Change management and practice development strategies

The research reflects a range of approaches to change management and practice development. These include:

- Action learning sets (Rivas and Murray, 2010, Baker et al., 2009)
- Action research (Clarke and Procter, 1999, Dempsey, 2008, Walsgrove and Fulbrook, 2005)
- Appreciative inquiry (Richer et al., 2009)
- Clinical leadership education (Paterson et al., 2010)
- Clinical services redesign (Masso et al., 2010)
- Clinical supervision (White and Winstanley, 2010)
- Coaching and mentoring (Hohenhaus, 2009, Cioffi et al., 2007, Lewis, 1996)
- Communities of practice and or competence (Smith and Mireles, 2011, Adams and Richardson, 2005)
- Continuing professional development (Lee, 2011, Green et al., 2009)
- Continuous quality improvement (Woo et al., 2011)
- Emancipatory practice development methodology (Clarke et al., 2010, Keady et al., 2005)
- Individual diligence (Corbett et al., 2011)
- Localism (local, contextualized responses to health issues) (Regan, 2011)
- Patient journey approach (Baron, 2009)
- Person-centred practice (McCormack et al., 2010b, McCormack et al., 2010a, Tellis-Nayak, 2007)
- Practice development, including collaborative practice development (Cleary et al., 2010, Boomer and McCormack, 2010, Tolson et al., 2009, McCormack et al., 2009)
- Practice development units and staff (Gerrish, 2001, Garbett and McCormack, 2001, Walsh and Walsh, 1998)
- Reflective practice (Brubakken et al., 2011, Paget, 2001, Graham, 2001)

- Transformational change, including Transforming Care at the Bedside program (Valente, 2011, Bess et al., 2011, Chaboyer et al., 2010)
- Total Quality Management (Gregori et al., 2009).

The context-specific nature of most published research (most being single case studies) into practice development means that it is impossible to identify the most successful approach to practice development. The most commonly reported approaches are a combination of action research, collaborative practice development and emancipatory practice development (and variations, including transformational change).

4.2.2 Factors affecting successful change, including implementation of practice development

A secondary grouping in the literature, following on from studies of types of change management, was examinations of the factors which contributed to, or hindered, change strategies. Factors potentially contributing to change included strategic, organisational, teamwork and clinician factors.

Strategic factors

- Change appropriateness (Paré et al., 2011)
- Vision clarity (Paré et al., 2011, Fagerstrom and Salmela, 2010)
- Change efficacy (Paré et al., 2011)
- The presence of an effective project champion (Paré et al., 2011, Gallagher et al., 2010)
- Culture management and change (Konteh et al., 2011, Trerise, 2010);
- Overall sense of progressiveness in the department (Stoller, 2010)
- Celebrating wins (Stoller, 2010)
- Systematic use of change management processes (Nyström, 2009)
- Systems based approaches to change and improvement (Johnson et al., 2009)
- Micro politics (Ward et al., 1998)

Organisational factors

- A range of change and development strategies (Paré et al., 2011, Christensen, 2009, Simpson and Doig, 2007)
- Organisational flexibility (Paré et al., 2011)

- Recruiting of staff with skills in service transformation, redesigning roles (Macfarlane et al., 2011)
- Creating new roles (Macfarlane et al., 2011)
- Enhancing workforce planning (Macfarlane et al., 2011)
- Linking staff development to local needs (Macfarlane et al., 2011)
- Creating opportunities for shared learning and knowledge exchange (Macfarlane et al., 2011, Bess et al., 2011, Carr and Clarke, 2010, Tolson et al., 2008, Taylor and Wright, 2004)
- Clear outcome and performance measures (Almaden et al., 2011, Masso et al., 2010, Gertner et al., 2010, Gabrielson, 2009).

Management factors

- Senior management involvement in and support of change and practice development strategies (Paré et al., 2011, Currie et al., 2007)
- Effective, strategic leadership (Stoller, 2010, Baillie and Gallagher, 2010, Caccia-Bava et al., 2009)
- Awareness of clinicians' attitudes, motivation and concerns about change, and their willingness to participate in the change process (McMurray et al., 2010, McEwan et al., 2010, Baillie and Gallagher, 2010)
- Building credibility and trust through transparent communication (Chreim et al., 2010, Carr et al., 2009)
- Involvement of key stakeholders (Kitson, 2009, Eve, 2004).

Teamwork/clinician factors

- Weighing up of burden and benefit for specific professional groups (Paré et al., 2011)
- Collective self-efficacy (Paré et al., 2011)
- Employee involvement in and commitment to the change and practice development (Stoller, 2010, Nyström, 2009) (Pryor and Buzio, 2010)
- Professional competence and self awareness on the part of professionals (McCormack et al., 2010b)
- Adequate preparation for change (Badge et al., 2010)
- Staff feel ownership of change (Kingdon, 2009, Dempsey, 2008).

Barriers to successful change included: perceived lack of justice or fairness in the implementation of change strategies (Williamson and Williams, 2011, English and Chalon, 2011); employee cynicism (Albrecht, 2010); mergers and

restructuring (Choi et al., 2011, Fagerstrom and Salmela, 2010); change fatigue (MacIntosh et al., 2007); competing agendas (Carradice and Round, 2004); and organisational culture (Muntlin et al., 2010, Braithwaite et al., 2005).

4.2.3 Benefits of change and practice development

Several studies were able to identify and or quantify the impact of change management and practice development approaches. These included clinician relations and patient related improvements.

Clinician related improvements

- Decreased turnover rates (Valente, 2011)
- Improved staff satisfaction (Valente, 2011, Hansen et al., 2009)
- Improvements in efficiency, effectiveness, and quality of patient safety solutions (Smith and Mireles, 2011)
- Enhanced communication and team work (Davies et al., 2011, Stoller et al., 2010, Nielsen et al., 2010)
- Improvements in knowledge ability and implementation (Novak and McIntyre, 2010) (Hansen et al., 2009)
- Increased time spent in direct patient care (Valente, 2011)
- Increased use of evidence based practice (DeLeskey, 2009, Carrazzone, 2009)
- Collaborative, multidisciplinary teamwork (Baron, 2009)

Patient related improvements

- Improved patient satisfaction (Valente, 2011, Hodge et al., 2011)
- Decrease in length of stay for older patients at greater risk for complex discharge plans (Holland and Hemann, 2011, Hodge et al., 2011)
- Decreases in reported medication errors and falls (Chaboyer et al., 2010, Hall and Madsen, 2009)
- Decrease in side effects (DeLeskey, 2009)
- Giving patients a ‘voice’ (Baron, 2009)

5. DISCUSSION

When all is boiled down, successful health systems attend to patient care with a focus on the patient, and provide that via good teamwork, supported by competent leadership. This review has concentrated on how change occurs and practice develops amongst a key profession, nursing. However, these three measurements of an effective health system seem to shine through at various points in our review.

The review has shown that a range of strategies for change management and practice development have been mobilised in nursing in recent years. This field is attracting increasing interest from researchers and policymakers. Researchers typically employ one or more social science methods and techniques. Interventions include action research and emancipatory approaches. Success factors can be grouped under four headings: strategic, organisational, managerial and teamwork-clinician factors. While barriers to successful change and practice development manifest, including employee cynicism, change fatigue, restructuring and organisational culture, there are clearly documented benefits highlighted. Prominent amongst these are clinical and organisational benefits such as improved workplace characteristics, teamwork and satisfaction and benefits to patients such as enhanced quality of care and safer care environments.

A realist synthesis review, the most comprehensive review of practice development in nursing to date, was conducted in 2006 (McCormack et al., 2006, McCormack et al., 2007). This review identified similar categories to those identified in this, more recent review. That synthesis found a developing field, but one which lacked a unified evidence base, largely because of the historical, contextual and structural differences associated with the funding, implementation and evaluation of practice development (McCormack et al., 2006, McCormack et al., 2007).

What both that review (McCormack et al., 2006, McCormack et al., 2007) and this review identified were areas of greater or lesser agreement as to the perceived value of practice development. There are a number of key issues which were first identified by the McCormack review (2006, 2007) and which are supported by this review. They include: a range of triggers are possible for practice development projects, which can be initiated either internally or externally (although they are most commonly linked to policies or impetus from health departments or systems); there are different degrees and types of leadership which have been shown to have an influence on the uptake and implementation of practice development (although which types, apart from transformational, are most effective has not been determined); the practice

developer's skills, affiliation, location and competence have an influence on the success of practice development projects (although more analysis is needed on the impact of the location, employment and formality of the developer's role); and there is a well established range of methodologies/approaches and andragogical standpoints/philosophies used in practice development (although the relative effectiveness of each of these variables is still unclear).

Areas identified in both the McCormack review (2006, 2007) and this review as requiring consideration include: how does the impetus and scope of the practice development program or project affect its success (does it matter if it is conducted at system, organisation or unit levels or combination of all of these?); the culture-quality improvement link (does a good workplace culture lead to more successful practice development or vice versa, or both?); the medium and long term cost and effect of practice development projects; and the type, effectiveness and sustainability of changes brought about via practice development.

The authors of this monograph have also identified a number of developing areas of practice development which require further systematic research and evaluation. The first, leading on from the question of the effectiveness practice improvement projects is whether quantifiable outcomes of practice improvement, in terms of the quality and safety of care to patients, can be identified. The second area for consideration is a more in-depth study of the transferability of the practice development approach to both interprofessional teams and to single disciplines outside of nursing. A corollary to this question is whether involvement in interprofessional practice development projects can produce sustained improvements in the communication and collaboration between different professional groups and improved patient outcomes. The third is the actual and potential role of patients, carers and communities of practice development in nursing. The fourth area for review is whether practice development can have a positive impact on patient satisfaction. The fifth area could consider the transferability of the lifelong, self directed and emancipatory learning approaches to other areas of the health professionals' practice (for example, does it improve the individual professional's ability to solve other problems either individually or as part of a group?). The final question addresses the issue of whether practice development has had or can bring about medium or long term improvements in the workplace environment, including enhanced retention of staff and staff satisfaction.

6. CONCLUSION

The literature on change management and practice development in nursing provides a useful perspective on the factors facilitating, supporting and inhibiting

changes in individual, team and organisational practice. Core to effective change and improvement is the balance between structural and relational impetus for change, including both leadership and direction from management, clinician ownership of intended changes and the role of the multidisciplinary team in effecting change. Sustainability of change also is of importance. Numerous approaches and strategies to change management and practice development, used either alone or in combination were identified. The field is maturing. Differing types of evidence offering insights into ways to effectively introduce change and develop practices in health care settings is being accumulated. Large scale interventions, and randomised studies, are relatively rare, and should represent the next stage in research strategies.

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8. APPENDICES

8.1 Appendix 1: Refined data set

REFERENCE	OUTLINE Citations are copied from corresponding abstracts in Endnote library unless page number from full paper included	FOCUS Citations are copied from corresponding abstracts in Endnote library unless page number from full paper included	FINDINGS/CONCLUSIONS Citations are copied from corresponding abstracts in Endnote library unless page number from full paper included
Adams, J. (2009). "Nursing in a therapeutic community: the Fulbourn experience, 1955-1985." Journal of Clinical Nursing 18(19): 2747-2753.	This paper is about the process by which transformational changes in the philosophy of the treatment of inpatients with mental illness , the role of nurses in that and the way in which “considerable challenges to the customary working practices of their mental health nurses” are overcome	Change in approach to treating in-patients with mental illness	“Nurses played an instrumental role in the transformation of the therapeutic milieu of a mental health facility”
Adams, T. and A. Richardson (2005). "Innovative practice: Developing a learning set within dementia care: A	One approach to practice development – nurses developed a learning set of	Development of a learning set to influence practice -	“Nurses found that knowing history of clients and families helped them develop insights that helped construct nursing care plans”

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practice development project." Dementia: The International Journal of Social Research and Practice 4(2): 307-312.	how to deal with situations collaboratively through consultation – this learning set influenced their care of dementing patients. Practice changed through collaborative development of learning set about this client base	dementia	
Albrecht, S. (2010). "Understanding employee cynicism toward change in healthcare contexts." International Journal of Information Systems and Change Management 4(3): 194-209.	Empirical examination of antecedents of cynicism toward change in health care organisations	Factors effecting employee attitude to change	Involvement in change and trust in senior management influence cynicism toward change
Alikhan, L. M., R. J. Howard, et al. (2009). "From a project to transformation: how "going against the flow" led to improved access and patient flow in an academic	Change in patient flow and length of time patients spent in ED through changes to collaborative governance, performance management,	Strategies to improve patient flow	Decrease time patients spent in ED

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hospital." Healthcare Management Forum 22(3): 20-26	rapid process improvements and implementation toolkits		
Anderson, M. E. (1996). "Franciscan values in a medical center: From myth to reality a case study, US", ProQuest Information & Learning. 56: 6019.	"The process of value articulation and implementation was also studied"– in relation to its effect on health care	How do values inform and affect the delivery of health care?	" The findings demonstrated that the medical center possessed a strong culture and that the processes used in the articulation and implementation of the values were effective. Both managers and employees demonstrated that they were informed on the stated values and they believed that they affected their delivery of health care in a positive manner. Customer satisfaction responses supported that perception"
Apker, J. (2004). "Sensemaking of change in the managed care era: A case of hospital-based nurses." Journal of Organizational Change Management 17(2): 211-227.	A case study of how nurses make sense of a change in a nursing approach and the importance of identity construction when there is change in practice	How nurses working in a large, metropolitan hospital make sense of the managed care change	"Nurses view managed care with ambiguity. Nurses understand managed care change as instrumental in encouraging collaboration and affecting patient care quality. Implications are drawn regarding the importance of identity construction to the Sensemaking process and illustrate the paradox of change in the managed care era. Although nurses view collaboration

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			and professional empowerment as positive outcomes of managed care, further analysis reveals that these values function ideologically, promoting managed care concerns over worker interests"
Archibong, U. E. (2002). "Changing from task nursing to primary nursing in Nigeria - the case of St. Luke's Specialist Hospital - Anua." West African Journal of Nursing 13(2): 118-131.	Examines what nurses did during process of changing from old practices to new, their perceptions and factors that were important for change		"The three major elements of the change were: the involvement of the nursing staff at the unit level; support from management and support and participation of patients and families. Although the other health care practitioners were not particularly positive towards change yet they were not resistant"
Armitage, P., J. Champney-Smith, et al. (1991). "Primary nursing and the role of the nurse preceptor in changing long-term mental health care: an evaluation." Journal of Advanced Nursing 16(4): 413-422.	Effect of a change in practice on nurses and patient care and the role of the nurse preceptor in that change	Change to primary care in a mental health care facility	"Implementation of primary nursing led to nurses being more accountable for care, residents who were seen to be more self-sufficient and independent and wards which had an improved environment for care and rehabilitation"
Awad, S. S., S. P. Fagan, et al. (2005).	Strategy used to change	Improving	'CREW resource training improved

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"Bridging the communication gap in the operating room with medical team training." American Journal of Surgery 190(5): 770-774.	practice	communication in the operating room (OR)	communication in the OR and improved patient care with decreased adverse events'
Baillie, L. and A. Gallagher (2010). "Evaluation of the Royal College of Nursing's 'Dignity: At the heart of everything we do' campaign: Exploring challenges and enablers." Journal of Research in Nursing 15(1): 15-28.	Evaluation of a change strategy	Enablers and barriers to the effective implementation of a change strategy	"Enablers (staff receptivity and creativity; organisational support and leadership; and campaign educational materials) and challenges (time constraints; and staff attitudes and insight)"
Baker, A., G. Peacock, et al. (2009). "Applications of appreciative inquiry in facilitating culture change in the UK NHS." Team Performance Management 15(5-6): 276-288.	Useful in identifying times when appreciative inquiry has been useful in cultivating change	Appreciative inquiry (AI)	"The paper identified ten groups of applications where AI offered solutions superior to others used, or where the currently applied methodology reached an impasse that was resolved by AI"
Balfour, M. (2001). "Searching for sustainable change." Journal of Clinical Nursing 10(1): 44-50.	The study examines a practice change using an action research approach	"The aim of the study was to look at staff perceptions	"Health service employees should have a knowledge of the theory associated with the change process and be open about their views

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		surrounding development of the practice of self-administration of medication for patients"	of proposed alterations in practice. They also need to have a sense of dissatisfaction with the present, a clear outline of what the problem is and the direction which they intend to take"
Baron, S. (2009). "Evaluating the patient journey approach to ensure health care is centred on patients." Nursing times 105(22): 20-23.	Changed delivery of care through development of a 'patient journey' approach	Evaluation of a patient journey model approach to health care delivery	Effective model
Bell, M. and S. Procter (1998). "Developing nurse practitioners to develop practice: the experiences of nurses working on a nursing development unit." Journal of nursing management 6(2): 61-69.	Explores nurses' perception of research experience and impact on practice change	Nurses perception of research experience and consequent impact on practice change	"Engaging in research activities does not always result in the development of practice, however, there appears to be a link between practice development and critical thinking"
Bellman, L., C. Bywood, et al. (2003). "Advancing working and learning through critical action research:	Factors that enable change in patient care from different stakeholder perspectives	Action research to support change	"Despite organisational constraints, transformational leadership and peer support enabled the co-researchers to identify and

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Creativity and constraints." Nurse Education in Practice 3(4): 186-194.			initiate three patient-focused initiatives"
Bellman, L. M. (1996). "Changing nursing practice through reflection on the Roper, Logan and Tierney model: the enhancement approach to action research." Journal of Advanced Nursing 24(1): 129-138.	Identified the role of group reflection in the change process	Changing nursing practice through reflection	"Group reflection was seen as an essential feedback strategy during the change process"
Boomer, C. A. and B. McCormack (2010). "Creating the conditions for growth: A collaborative practice development programme for clinical nurse leaders." Journal of Nursing Management 18(6): 633-644.	Evaluation of a practice development (PD) program	A collaborative practice development programme for clinical nurse leaders	"PD provides a model to develop leaders to achieve sustainable changes and transform practice. Implications for nursing management: Active collaboration and participation of managers is crucial in the facilitation of and sustainability of cultural change. Approaches adopted to develop and sustain the transformation of practice need to focus on developing the skills and attributes of leaders and managers as facilitators"
Booth, K., K. A. Luker, et al. (2003).	Identifies what is needed to	Practice development	"The study demonstrates that nurses felt

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"Macmillan cancer and palliative care specialists: their practice development support needs." International journal of palliative nursing 9(2): 73-79.	support practice development	in cancer care	unable to engage in improving care unless initiatives were supported in practical ways by their organizations”
Boström, A. M., A. Ehrenberg, et al. (2009). "Registered nurses' application of evidence-based practice: A national survey." Journal of Evaluation in Clinical Practice 15(6): 1159-1163.	Examines whether nurses are using Evidence Based Practice (EBP) 2 years post graduation	Evidence based practice	“The differences in the RNs extent of applying EBP in relation to their workplace indicate that contextual factors and the role of the RN in the organization are of importance for getting EBP into practice.”
Bowers, L., C. Flood, et al. (2008). "A replication study of the City nurse intervention: Reducing conflict and containment on three acute psychiatric wards." Journal of Psychiatric and Mental Health Nursing 15(9): 737-742.	An intervention to change practice in an acute psychiatric ward	Conflict management	“While simple before-and-after analysis of the two experimental wards showed significant reductions in conflict and containment, when a comparison with controls was conducted, with control for patient occupancy and clustering of results by ward, no effect of the intervention was found. The results were therefore ambiguous, and neither confirm nor contradict

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			the efficacy of the intervention"
Bradley, E. H., M. Schlesinger, et al. (2004). "Translating research into clinical practice: making change happen." Journal of the American Geriatrics Society 52(11): 1875-1882.	Examines facilitators and enablers to adoption of an evidence-based, multifaceted, innovative program into the hospital setting	Translational research	"Six common challenges faced hospital staff: (1) gaining internal support for the program despite differing requirements and goals of administration and clinical staff, (2) ensuring effective clinician leadership, (3) integrating with existing geriatric programs, (4) balancing program fidelity with hospital-specific circumstances, (5) documenting positive outcomes of the program despite limited resources for data collection and analysis, and (6) maintaining the momentum of implementation in the face of unrealistic time frames and limited resources. Strategies perceived to be successful in addressing each challenge are described"
Brooks, F. and P. Scott (2006). "Exploring knowledge work and leadership in online midwifery communication." Journal of	The effect of a user-friendly online system, that enabled communication across the practice community on	Knowledge sharing and practice change	"Given simple, facilitative, innovative technology, supported by a positive working culture and guided by effective leadership, midwives could function as 'knowledge

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Advanced Nursing 55(4): 510-520.	knowledge sharing		workers', critically reflecting upon their practice and translating knowledge into action designed to achieve change in practice"
Brown, R. (2000). "An assessment of the skills required to promote clinical effectiveness." All Ireland Journal of Nursing & Midwifery 1(1): 22-29.	Identifies factors that promote and hinder the adoption of evidence based practice (EBP)	Implementation of EBP	"Nurses who undertake post-registration education to degree level may be more confident in applying the skills required for the promotion of clinical effectiveness, research findings are not easily understood or transferable into practice. Access to the internet and confidence using computers to search for evidence-based information are identified factors. Involvement in practice development and personal benefit from the implementation of evidence-based practice are identified"
Burton, C. R., A. Fisher, et al. (2009). "The organisational context of nursing care in stroke units: A case study approach." International Journal of Nursing Studies 46(1): 85-	Nurses' perceptions of factors that facilitate high quality nursing care	"To explore the organisational context of stroke unit nursing, to determine those features that staff	"Whilst multidisciplinary working appears to be a key component of stroke unit nursing, various organisational challenges to its successful implementation were highlighted. In particular the consequence of differences in the

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94.		perceived to be important in facilitating high quality care"	therapeutic approach of nurses and therapy staff needs to be explored in greater depth. Successful teamwork appears to depend on opportunities for the development of relationships between team members as much as the use of formal communication systems and structures. A co-ordinated approach to education and training, clinical leadership, a commitment to research, and opportunities for role and practice development also appear to be key organisational features of stroke unit nursing"
Caccia-Bava, M. D. C., V. C. K. Guimaraes, et al. (2009). "Testing some major determinants for hospital innovation success." International Journal of Health Care Quality Assurance 22 (5): 454-470.	Empirical examination of the importance of strategic leadership, competitive intelligence, management of technology and specific characteristics of hospital change process in relation to the implementation of	Innovation factors	"Clear evidence about the importance of strategic leadership, competitive intelligence, management of technology, and specific characteristics of the hospital's change process to the hospitals success in implementing innovation"

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	successful innovation		
Carr, S. M. and C. L. Clarke (2010). "The manager's role in mobilizing and nurturing development: Entrenched and engaged approaches to change." Journal of Nursing Management 18(3): 332-338.	Focus on managers' role in development of nurses	Role of nurse managers in development of nurses	"Two alternative ways of engagement and entrenchment to practice were identified to developing new ways of working and learning from experience"
Carrazzone, D. (2009). Educational strategies for advancing evidence based practice: providing best patient care, Fairleigh Dickinson University. D.N.P.: 76 p.	This paper examines the effect of an educational program on nurses' application of evidence based practice (EBP) (i.e. change in practice)	"The aim of the study was to examine the effectiveness of a Basic EBP Educational Program in increasing the surgical step-down unit staff nurses knowledge and application of EBP"	"After a process of planned change in implementing EBP into the nursing practice of the staff nurses on the unit, the emphasis of a Basic EBP Educational Program was important in this pilot study to ensure successful implementation of changes"
Chaboyer, W., J. Johnson, et al. (2010). "Transforming care	Describes a strategy that changed nursing care	The effect of implementing 13	"The proportion of reported medication errors, falls and pressure ulcers that resulted in harm

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strategies and nursing-sensitive patient outcomes." Journal of Advanced Nursing 66(5): 1111-1119.		Transforming Care At the Bedside improvement strategies on medication errors, patient falls and pressure ulcers	as reported in clinical incident reports were reduced from representing an absolute reduction by about one half. Consistent, sustained improvement in the first two was demonstrated, but analysis showed wide variation in the third - pressure ulcers - which meant that the differences in this outcome may have occurred by chance. Conclusion. A rapid change management cycle such as Transforming Care At the Bedside can be a useful process when implementing numerous clinical changes in short succession"
Chreim, S., B. E. Williams, et al. (2010). "Change agency in a primary health care context: the case of distributed leadership." Health Care Management Review 35(2): 187-199.	Demonstrate the importance of distributed change leadership model - implications for what leads to successful change	Distributed leadership as a change factor	"The findings point to the importance of the distributed change leadership model in contexts where legitimacy, authority, resources, and ability to influence complex change are dispersed across loci. Distributed leadership has both planned and emergent components, and its success in bringing about change is associated with the social capital prevalent in the site. Change leaders need to build a winning

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			coalition of agents with complementary skills and resources that support the change. Successful change leadership involves investing time in finding common ground across stakeholders and in building credibility and trust. Having an agent whose main responsibility is to manage the change process is likely to bring more success than asking busy health care practitioners to take on this charge because in the latter case, there is likelihood of dilution of change focus and momentum"
Cioffi, J., C. Leckle, et al. (2007). "Practice development: A critique of the process to redesign an assessment." Australian Journal of Advanced Nursing 25(2): 70-77.	Description of practice development in use and a critique of the development process used	Description of application of practice development process to address admission assessment in medical and surgical wards	The practice development activity achieved change but there were some negative aspects
Clarke, C. L. and J. Wilcockson (2001). "Professional and organizational learning: Analysing the relationship with the	Developing health care practice through re-	Model of practice developments	"The resultant model of developing health care practice includes three processes: using and creating knowledge, understanding and practice of patient care, and effecting

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development of practice." Journal of Advanced Nursing 34(2): 264-272.	conceptualisation of care		development. The whole model was underpinned by professional and organizational learning in which 'expert thinkers' engaged in double loop learning to re-conceptualize care rather than just perpetuate existing patterns of care delivery"
Clarke, C. and S. Procter (1999). "Practice development: Ambiguity in research and practice." Journal of Advanced Nursing 30(4): 975-982.	Exploration of "the implications of the ambiguity for practitioners who seek to develop health care practice"	Ambiguity of practice development	"The results demonstrate how people manage themselves and the uncertainty that surrounds the use of research in clinical practice"
Clark, T. and S. Holmes (2007). "Fit for practice? An exploration of the development of newly qualified nurses using focus groups." International Journal of Nursing Studies 44(7): 1210-1220.	Factors that influence the development of competence in newly qualified nurses over time	"To gain an understanding of the way that competence develops amongst nurses themselves and how this is seen by their managers and those working with them"	"Ward managers appear to have low expectations of the newly qualified while 'new' nurses themselves believe that they are expected to be able to fulfil tasks that they feel ill-equipped to undertake. This emphasises the need for appropriate support to enable them to develop their knowledge, skills and confidence and enable independent practice. While staff development programmes benefit some, others gain equal value from supportive preceptorship

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			in helping them to develop the clinical and managerial skills necessary in today's healthcare climate"
Clarke, C. L. and J. Wilcockson (2002). "Seeing need and developing care: Exploring knowledge for and from practice." International Journal of Nursing Studies 39(4): 397-406.	Examining the effects of practice development	"Examined the effects of practice development on the wider professional and organizational health community, and on patient care"	"Ss relied on both external and contextual knowledge. Ss generally perceived that a culture encouraging decision making and risk taking was good for patient care. Practice development was perceived as having no particular end point. Findings suggest that practice is both a bottom-up and top-down process"
Clarke, T., M. Kelleher, et al. (2010). "Starting a care improvement journey: Focusing on the essentials of bedside nursing care in an Australian teaching hospital." Journal of Clinical Nursing 19(13-14): 1812-1820.	Practice development – essentials of bedside nursing care	"To evaluate and improve patient assessment practices, care practices, recognition of patient deterioration and communication in the acute ward	"Results highlighted a clear discrepancy between the care that was identified on the nursing care plan and the care the patient was receiving. Actions as a result of the disappointing audit results included changes to education programmes, strategies to improve critical discussion regarding clinical practices and the development of assessable domains of nursing care that were relevant and realistic to

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		environment"	ward-based nurses"
Coeling, H. V. E. and J. R. Wilcox (1990). "Using organizational culture to facilitate the change process." ANNA Journal 17(3): 231-236.	Using culture to facilitate change	Effect of understanding of unit culture on facilitating change	"Identified the work group culture of a renal unit and showed how the unit used an understanding of its unit culture to ease the change to primary nursing"
Crofts, L. (2006). "A leadership programme for critical care." Intensive & Critical Care Nursing 22(4): 220-227.	Effect of leadership program	Implementation of leadership in critical care setting	"Programme evaluation was positive from all the hospitals but it was clear that the impact of the programme varied considerably between the groups who took part. It was noted that there was some correlation between the success of the programme and organisational 'buy in' as well as the organisational culture within which the participants operated. A key feature of the programme success was the critical case reviews, which were considered to be a powerful learning tool and medium for group learning and change management"
Crouch, R., S. Haverty, et al. (1997). "Primary care in the A & E	Effect of workshops in changing clinical practice	Changing clinical practice through	"This paper describes an educational approach towards changing clinical practice, by

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department: Meeting the challenge - A workshop series for A & E nurses." Nurse Education Today 17(6): 481-486.		education	disseminating research and practice development initiatives through a workshop series"
Currie, K. (2008). "Linking learning and confidence in developing expert practice." International Journal of Nursing Education Scholarship 5(1).	The role of confidence in developing expert practice – this may influence the effectiveness of change management strategies	Factors supporting expert practice	"The concept of confidence emerged repeatedly throughout the analysis and can be characterized as a motivational driver, a consequence of learning and gaining respect, and a condition for graduate specialist practitioners' moving on to impact in practice development"
Currie, K., D. Tolson, et al. (2007). "Helping or hindering: The role of nurse managers in the transfer of practice development learning." Journal of Nursing Management 15(6): 585-594.	Examines the factors that enable and hinder developing nurses	Transfer of learning	"A social process labelled 'making a difference', whereby graduate specialist practitioners are increasingly able to impact in developing patient care at a strategic level by coming to own the identity of an expert practitioner (Currie, 2006). Contextual factors strongly influence the practitioner journey, with organizational position and other people

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			presenting enabling or blocking conditions"
Curzio, J. and M. McCowan (2000). "Getting research into practice: developing oral hygiene standards." British journal of nursing (Mark Allen Publishing) 9(7): 434-438.	Empirical evidence of "the impact of having a senior researcher available for advice at trust level" – on getting evidence into practice	Translational research	"Results demonstrated a good level of knowledge for general oral hygiene among trained and untrained staff. However, specialist oral care and care of stomatitis require some further updating. This survey has identified the increasing sophistication of the projects being undertaken by the nursing staff across the trust and the support they are receiving. This arrangement has provided the opportunity to demonstrate the impact of having a senior researcher available for advice at trust level. The NRPDC can improve the quality of evidence-based care delivered within the trust and it can provide a model for the implementation of evidence-based practice"
Dattée, B. and J. Barlow (2010). "Complexity and whole-system change programmes." Journal of Health Services Research and Policy	"This paper explores the use of whole systems change in a programme to improve the delivery of unscheduled	Complexity theory and practice change	"The programme's collaborative approach was successful in moving to a culture of mutual understanding and greater awareness of the interdependencies between different functions

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15(SUPPL. 2): 19-25.	health care in Scotland"		within the hospitals. There was whole system working at the acute hospital level, leading to improved patient flows. But despite recognizing the need for whole system change overall, it proved hard to address relationships with stakeholders influencing wider out-of-hospital patient flows"
Davies, J., F. Bickell, et al. (2011). "Attitudes of paediatric intensive care nurses to development of a nurse practitioner role for critical care transport." Journal of Advanced Nursing 67(2): 317-326.	Identifies potential barriers to the successful rollout of a advanced practice role	New practice role	"This advanced practice development has been a challenge for the nurses and the retrieval nurse practitioners, but initial anxieties and fears of a host of anticipated problems have been largely dispelled as enhanced communication and team working were reported"
Davies, J. and F. Lynch (2007). "Pushing boundaries in paediatric intensive care: training as a paediatric retrieval nurse practitioner." Nursing in Critical Care	Practice development - a new role	Nurse practitioner role development	"The purpose of this article is to describe a pilot initiative to develop the role of RNPs. The comprehensive process of recruitment, training and assessment of competency will be detailed. Personal reflection on the project will also explore the pertinent nursing issues around;

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12(2): 74-80.			role impact and definition, conflict and change management, communication, legislation and personal and professional growth“
DeLeskey, K. (2009). "The implementation of evidence-based practice for the prevention/management of post-operative nausea and vomiting." International Journal of Evidence-Based Healthcare 7(2): 140-144.	Identifies aspects of practice development that are important for change	Change to evidence based practice	“There was a vast improvement in evidence-based practice following change management. Post-operative nausea and vomiting decreased. Change management using audit and feedback is effective in changing organizational practice and in improving patient outcomes following surgery”
Dempsey, J. (2008). "Risk assessment and fall prevention: practice development in action." Contemporary Nurse 29(2): 123-134.	Practice development strategy	Practice improvement	Reports the results of one cycle of action research
Dempsey, J. (2009). "Nurses values, attitudes and behaviour related to falls prevention." Journal of Clinical Nursing 18(6): 838-848.	What contributes to changing practice	“To test changes in adherence to nurses' falls prevention work resulting from	“Following the PD, self-esteem and professional values were unaffected; however, nurses expressed increased sense of ownership and greater satisfaction. Nurses were observed to

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		improving attitudes and ownership of practice"	engage in more prevention work. More effective ways of assessing and communicating risk and monitoring nurses' performance of prevention work were created and evaluated. Patients' environments were made safer and more patient-centred"
Derham, C. (2007). "Achieving comprehensive critical care." Nursing in critical care 12(3): 124-131.	The impact of identified variables on successful practice development	Practice development in critical care	"Education and training alone were insufficient to ensure that the aims of comprehensive critical care were realized. The way in which the nurses approached and organized their work and the availability of resources had a great impact on the ability of staff to care for these patients. It is argued that achieving comprehensive critical care is complex and that a multi-dimensional approach to the implementation of policy is essential in order to realize its aims"
Dickinson, A., C. Welch, et al. (2008). "No longer hungry in hospital: Improving the hospital mealtime	Action research design to change practice	Changing nurses' practices around meal	"Ward staff made a number of changes to their nursing practice. The most significant was that all staff became engaged with, prioritized and

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experience for older people through action research." Journal of Clinical Nursing 17(11): 1492-1502.		time	were involved in the mealtime, ensuring that there was sufficient time and expertise available to assist patients with eating"
Dickinson, A., C. Welch, et al. (2005). "Hospital mealtimes: Action research for change?" Proceedings of the Nutrition Society 64(3): 269-275.	Practice change around patient mealtime	Practice change around patient mealtime	"Following feedback of phase 1 findings to staff and identification of areas of concern a model of practice development was selected to guide the change process of the second phase. Changes to mealtime nursing practice and the ward environment have been made, indicating that action research has the potential to improve the mealtime care of patients"
Dobbins, M., B. Davies, et al. (2005). "Changing nursing practice: evaluating the usefulness of a best-practice guideline implementation toolkit... including commentary by Wall S." Canadian Journal of Nursing Leadership 18(1): 34-48.	Evaluation of a toolkit designed to change practice	"Evaluation of an 88-page Toolkit that was developed to guide nursing leaders, including advanced practice nurses, managers and steering committees, who were responsible	"More than 85% of them found the Toolkit helpful during the implementation process; 83% reported using it; 80% said they would use it again. The Toolkit was used primarily to identify, analyze and engage stakeholders, and to assess environmental readiness. Fifty-seven percent of respondents said they used the Toolkit to plan the implementation strategy"

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		for coordinating implementation of selected best-practice guidelines (BPG) in their respective agencies"	
Dugdall, H., C. Lamb, et al. (2004). "Improving quality care through a nursing review team." Clinical Governance 9(3): 155-161.	Change demonstrated due to review of nursing care practice	Change demonstrated due to review of nursing care practice	"There has been evidence of improved morale at ward level that can be attributed to changes in practice and improved resource allocation. There is clear evidence of changes at service level enabling a more seamless system of care delivery"
Eiloart, L. and S. Cooper (1994). "How to implement an audit to improve records." Nursing times 90(35): 48-50.	Use of an audit to change practice	"Ward-based nursing documentation audit, undertaken to improve the standard of nursing records"	"The benefits have included a heightened awareness of professional issues and the audit itself has acted as a catalyst for a number of nursing practice developments"
Elliott, L. (2010). "Supporting staff nurses to train as community	Practice development initiative - using skills	"Practice development initiative to support	

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specialist district nurse practitioners." Nursing times 106(15): 14-15.	development	learning through a practice based competency programme, to develop skills of local staff members"	
Endacott, R. and D. Dawson (1997). "Clinical decisions made by nurses in intensive care--results of a telephone survey." Nursing in critical care 2(4): 191-196.	Variables effecting practice development in ICU	Variables effecting practice development	"Nursing practice development is dependent on patient need and/or local factors"
Esler, R. O. and D. A. Nipp (2001). "Worker designed change achieves performance targets." Nursing Economics 19(2): 56-61.	Redesigned workflow and accountability for patients as a team	Team directed change and accountability "Unit-based teams including RNs, LPNs, nursing assistants, and unit secretaries were formed to redesign workflow and	

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		accountability for all patient care activities in order to improve financial performance"	
Eve, J. D. (2004). "Sustainable practice: How practice development frameworks can influence team work, team culture and philosophy of practice." Journal of Nursing Management 12(2): 124-130.	Examples of how practice development framework has led to changes	"Provides an overview of a practice development framework that was applied to eight psychiatric rehabilitation teams over a 4 year period"	"The paper contains examples of equitable structures that have developed as a result of applying these frameworks. Attention is given to the creation of a representative council of service stakeholders and a paradigm of practice that has become integrated into the philosophical functioning of the teams. The tangible results of the process are ones of increased opportunity and fulfilment for those involved in the study"
Fiddler, M., G. Borglin, et al. (2007). "Developing a framework for admission and discharge: A nurse-led initiative within a mental health setting: Practice Development."	Nurse initiated changes to create a framework to formalise interdisciplinary communication to improve admission and discharge	Improving admission and discharge procedures	"This initiative, conducted within a 'real world setting', showed that it is possible to improve admission and discharge practices by creating a framework for a formalized communication

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Journal of Psychiatric and Mental Health Nursing 14 (7): 705-712.	procedures		process between disciplines"
Fielding, C., D. Rooke, et al. (2008). "Reflections on a 'virtual' practice development unit: Changing practice through identity development." Journal of Clinical Nursing 17(10): 1312-1319.	Practice development	Identity development as factor in practice development	"These narratives provide another example of nurses making the effort to shape and contribute to patient care through organizational redesign. This group of nurses began to realize that the structure of the practice development unit process provided them with the means to analyse their role and function within the organization and, as they reflected on this structure, their behaviour began to change"
Fitzgerald, L., E. Ferlie, et al. (2007). "Service improvement in healthcare: understanding change capacity and change context." Clinician in Management 15(2): 61-74.	Identifies contextual features that may enhance or hinder organisational change	Change capacity	"Variations can be explained and what impacts on an organisation's capacity to manage changes effectively. Analysis of the data identified three contextual features common to all sites which impacted on progress in organisational change. These features were: DT the presence or absence of change leaders, at several levels throughout the organisation DT a

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			coherent change strategy DT a sound foundation of relationships between managers and clinical professional groups. Using these empirical results, we review and refine the concept of 'receptive contexts' for change in healthcare and develop ideas about how contextual characteristics impact change implementation
Fitzgerald, M., A. Pearson, et al. (2003). "Patterns of nursing: a review of nursing in a large metropolitan hospital." Journal of Clinical Nursing 12(3): 326-332.	A practice development	Espoused and enacted values	"The identification of this type of gap creates a dissonance in clinicians that can be used to stimulate change through CPD. Clinicians used the information to stimulate discussion and to rewrite team value statements"
Flood, C., G. Brennan, et al. (2006). "Reflections on the process of change on acute psychiatric wards during the City Nurse Project." Journal of Psychiatric and Mental Health Nursing 13(3): 260-268.	Therapeutic change and the factors that enabled that	"The process of therapeutic change on two acute psychiatric wards during a research project that aimed to reduce conflict and	"The beneficial effects of an action research approach, the role of the City Nurse, support for ward managers, education and training, clinical supervision as well as difficulties and barriers to the overall process of change"

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		containment"	
Fortune, T., R. Ryan, et al. (2007). "Touching their lives: North Western Mental Health's approach to practice development in aged mental health." International Journal of Mental Health Nursing 16(3): 147-155.	Practice development project	"The aim of the project was to assist nurses and direct care staff working in a residential facility to provide individualized, sensitive, therapeutic, and responsive care for long-term clients with severe mental illness"	"The project identified institutionalized routines and practices that were entrenched within the setting and, with support and guidance from a clinical nurse educator, encouraged enhancement of clients' experience and choice. Nurses' clinical reasoning skills were also extended through this process"
Fowler, J., J. Hardy, et al. (2006). "Trialing collaborative nursing models of care: the impact of change." Australian Journal of Advanced Nursing 23(4): 40-46.	New model of care developed using Clinical Practice Improvement Model	"The aim of the project was to develop and trial a nursing Model of Care (MoC) and devise a framework to investigate the impact of nursing staff mix on	"Results of the project highlighted areas related to the quality of care delivery: clinical supervision; continuity of staffing; trust; employer of choice; more effective nurse to patient ratios; educational preparation; and recognition of prior experience"

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		patient outcomes and job satisfaction (nurses)"	
Gamble, C., G. Dodd, et al. (2010). "Zoning: Focused support: A trust wide implementation project: Practice Development." Journal of Psychiatric and Mental Health Nursing 17(1): 79-86.	Enabled change in practice	"Zoning: focused support is pragmatic risk management support procedure that enhances adherence to operational policies, provides a forum in which staff can receive support and visually facilitates the sharing of clinical knowledge"	"By changing the language and culture of the organization findings indicate that there has been a positive attitudinal shift in how the approach is perceived. It is considered to be of value to staff, service users and their families and 73% of teams are now using it routinely"
Garbett, R. (2001). "The experience of practice development: An exploratory telephone interview study." Journal of Clinical Nursing	Perceptions of practice development will impact the success of initiatives – therefore important to understand factors that	"To explore practitioners' views of practice development"	"Practice development staff were seen as having a range of functions ranging from working with individual practitioners to the co-ordination of education and training within an organization. The credibility of practice

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10(1): 94-102.	influence perception		development staff was closely related to their clinical experience and ability"
Garbett, R., S. Hardy, et al. (2007). "Developing a qualitative approach to 360-degree feedback to aid understanding and development of clinical expertise." Journal of Nursing Management 15(3): 342-347.	Efficacy of 360 degree feedback in practice development	Feedback models	"Gathering 360-degree feedback facilitates the collection of evidence that aids professional development. There are indications that it may also contribute to improved working relationships"
Garbett, R. and B. McCormack (2002). "A concept analysis of practice development." NT Research 7(2): 87-100.	Clarify how practice development is understood	"To try to clarify the concept of practice development and to describe the focuses of practice development work and the approaches used"	"Practice development is described as a systematic, rigorous activity underpinned by facilitation processes. The outcomes of practice development can be described in terms of changes in the behaviours, values and beliefs of staff involved"
Garret, R. and B. McCormack (2002). "The qualities and skills of practice	Investigating qualities and skills of practice developers	"To explore and describe the activities	"A range of skills and qualities were highlighted. These include being effective, having vision,

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developers." Nursing standard (Royal College of Nursing (Great Britain) : 1987) 16(50): 33-36.		and approaches that constitute practice development by providing an insight into the qualities and skills exhibited by staff in practice development roles"	being motivated, empathic, experiential, cognitive political, communicative, facilitative and possessing clinical skills"
Gerrish, K. (2001). "A pluralistic evaluation of nursing/practice development units." Journal of Clinical Nursing 10(1): 109-118.	Factors that influence practice development	"Pluralistic evaluation research study of the nursing/ practice development unit accreditation programme provided by the University of Leeds, UK"	"The findings highlighted differences between the rhetoric of a successful nursing/practice development unit and the reality in which they function. Whereas all the units were actively involved in innovative practice development, evaluation, dissemination and networking activities, several factors influenced the success of the units, in particular, the role of the clinical leader, the motivation and commitment of nursing/practice development unit members, financial resources, and the nature of support from managers, medical staff and education institutions. • Although the nursing/practice

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			development units had made significant progress in developing both healthcare practice and practitioners, there is still a need to consider how the claim that nursing/practice development units benefit patients can be substantiated"
Gerrish, K. and J. Clayton (2004). "Promoting evidence-based practice: An organizational approach." Journal of Nursing Management 12(2): 114-123.	Examining factors that influence whether evidence based practice is achieved	"To examine factors influencing the achievement of evidence-based practice"	"Nurses relied most heavily on experiential knowledge gained through their interactions with nursing colleagues, medical staff and patients to inform their practice. Organisational information in the form of policies and audit reports was drawn upon more frequently than research reports. Lack of time, resources and perceived authority to change practice influenced the extent to which nurses utilised formal sources of evidence. Whereas nurses were relatively well skilled at accessing and reviewing research evidence, they were less confident about their ability to change practice"
Gerrish, K. and A. Ferguson (2000).	Factors influencing the	"This article reports on	"The number of internal and external factors

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"Nursing development units: factors influencing their progress." British journal of nursing (Mark Allen Publishing) 9(10): 626-630.	development of Nursing development units	the findings of a study examining factors influencing the development of NDUs, and, more recently, established multidisciplinary practice development units (PDUs).”Individual and focus group interviews were undertaken with key stakeholders involved in six NDUs/PDUs accredited by the University of Leeds	that have impacted upon the progress made by these units. Importantly, the role of the clinical leader, the staffing establishment, organizational infrastructures to facilitate dissemination and the nature of the support from managers and medical staff have all influenced the success of the NDUs/PDUs”
Gertner, E. J., J. N. Sabino, et al. (2010). "Developing a culturally competent health network: a planning framework and guide."	Factors influencing practice development	Cultural competency program	“Successful results of a cultural competency program instituted at a large system in eastern Pennsylvania”

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Journal of Healthcare Management 55(3): 190-204; discussion 204-195.			
Gibson, J. M. E. (1998). "Using the Delphi technique to identify the content and context of nurses' continuing professional development needs." Journal of Clinical Nursing 7(5): 451-459.	Use of a methodology (Delphi Technique) to identify practice needs	Continuing professional development	"Professional development activity could take many forms, but fostering an organizational climate in which development was inherent in everyday working practices was felt to be as valuable as formal course attendance. • Restricting factors included lack of time, resources, support and recognition. • The survey has enabled professional and practice development activities to be prioritized locally, and the method used could be readily applied to other settings"
Guindon-Nasir, J. (2011). Transferring service excellence best practices from the hospitality industry to the healthcare industry, US: ProQuest Information & Learning. 71: 3512.	Examines factors that enabled the "introduction, transfer, and implementation of The Ritz-Carlton service excellence best practices into the existing environment of	"The transferring of service excellence best practices from the hospitality industry to the healthcare industry to implement a highly engaged	"The findings suggest the transfer of service excellence best practices from the hospitality industry to the healthcare industry was successful, and there were specific factors that enabled The Ritz-Carlton service excellence best practices to be institutionalized into their

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	Memorial Regional Medical Center"	customer-centric culture"	culture"
Gustafson, D. H., F. Sainfort, et al. (2003). "Developing and testing a model to predict outcomes of organizational change." Health Services Research 38(2): 751-776.	Tested a model BUT it was to identify factors that predict success and failure of improvement projects	"To test the effectiveness of a Bayesian model employing subjective probability estimates for predicting success and failure of health care improvement projects"	"A subjective Bayesian model was effective in predicting the outcome of actual improvement projects"
Haag-Heitman, B. (2008). "The development of expert performance in nursing." Journal for Nurses in Staff Development 24(5): 203-211.	Asked nurses what factors influenced success of the development of expert nurses	Factors that influence the development of expert nurses	"The developmental importance of risk taking, deliberate practice, social models/mentors, and recognition in developing expert nurses"
Hall, C. and L. Madsen (2009). "New graduates' medication rounds: An improvement in practice." Practice Development in Health Care 8(3):	Focuses on an improvement in medication administration using a variety of approaches	Decreasing medication error	"Comparison data (2007 and 2008) revealed a decrease in the number of medicine errors"

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139-151.			
Hall, J. E. (2006). "Professionalizing action research - A meaningful strategy for modernizing services?" Journal of Nursing Management 14 (3): 195-200.	Efficacy of an approach to practice development	"The aim is to critically discuss the use of professionalizing action research as an approach to sustainable change. Discussion clarifies whether this method is a suitable vehicle for change, which is ideally suited to services which have a poor record of practice development"	"The educative base of professionalizing action research is collaborative reflective practice which is used to initiate meaningful change, rooted in everyday practice. The benefit of this is that change actions are based in real-time situations. The problem focus component of professionalizing action research is used to emphasize the views of service users and carers. This is positive in terms of the patient and public involvement agenda although this theme does emphasize limitations of the approach. The final components are involvement and improvement, these are debated as pluralistic notions and the implications of this are acknowledged"
Hamilton, J. and C. Wilkie (2001). "An appraisal of the use of secondment within a large teaching hospital." Journal of Nursing	A method aimed to develop practice - secondment	Effects of secondment	"Nurses tended to be seconded from clinical roles into specialist clinical roles or non-clinical roles, predominantly in areas of research, audit, practice development and teaching. Seconded

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Management 9(6): 315-320.			posts were new roles for individuals and the majority were relocated to new work environments. Secondment was overwhelmingly seen as an opportunity, allowing individuals to develop new skills and knowledge, progress their career and gain a broader strategic perspective. However, there were a number of barriers to progress: lack of role definition for the organization and the individual; uncertainty about the future; falsely raised hopes that secondments would be extended; uncertainty about status; and difficulties adjusting to a new environment and culture within unrealistically short timeframes"
Hamilton Wyatt, G. K. (1988). Therapeutic touch: promoting and assessing conceptual change among health care professionals, MICHIGAN STATE UNIVERSITY. PH.D.: 208 p.	An example of an approach to develop practice	"This study examined how health care educators can facilitate the conceptual change necessary for health care professionals to	"The results of the outcome analysis demonstrated that the majority of the subjects began at a stage one or two and rose to a stage three one week after the workshop, and then reverted back to stage one or two, two months after the workshop. The factor of barriers strongly contributed to this shift back to stages

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		incorporate holistic interventions into their practice"	one and two. Another result was that acceptance of the new concept was found at all three stages rather than only stage three, as proposed by the conceptual change model. A final finding was that conceptual change concerning Therapeutic Touch was maintained better than for holistic interventions"
Hansen, L., T. T. Goodell, et al. (2009). "Nurses' perceptions of end-of-life care after multiple interventions for improvement." American Journal of Critical Care 18(3): 263-271.	Before and after a practice development strategy	"To describe nurses' perceptions of (1) knowledge and ability, (2) work environment, (3) support for staff, (4) support for patients and patients' families, and (5) stress related to specific work situations in the context of end-of-life care before (phase 1) and after (phase 2) implementation of	"Improvements in overall mean scores on the 5 subscales indicated that the approaches succeeded in improving nurses' perceptions. In phase 2, most of the subscale overall mean scores were higher than a desired criterion (<2.0, good). Analysis of variance indicated that some improvements occurred over time differently in the units; other improvements occurred uniformly"

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		approaches to improve end-of-life care"	
Hanson, Y. and S. Honey (2008). "Essential steps to safe, clean care: The process of managing change." British Journal of Infection Control 9(6): 10-14.	Processes involved in improving practice in infection control	Processes involved in improving practice in infection control	"The engagement and empowerment of frontline clinical staff, especially the infection, prevention and control linkworkers, was central to the programme. This article describes the process by which Essential Steps was introduced and implemented in a teaching primary care trust and how the changes required were managed"
Hardcastle, J. E. (2004). "The meaning of effective education for critical care nursing practice: a thematic analysis." Australian Critical Care 17(3): 114-122.	Education and practice development	"How effective education affects the relationship between education and practice development"	The study results lend support to education that focuses on individual learning needs, and identifies work based learning as a potential strategy for learning and practice development in critical care nursing"
Harrison, M. I. and J. Kimani (2009). "Building capacity for a transformation initiative: system	"This article examines the development of transformation initiatives-	"How antecedent system capacities contributed to a	"Transformation initiatives may build on existing features and resources, even as they overcome or depart from others. The Denver

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redesign at Denver Health." Health Care Management Review 34(1): 42-53.	deliberate attempts to achieve systemic changes and rapid performance improvements"	successful transformation initiative"	Health case study helps researchers identify positive antecedents to transformation initiatives, assess the success of such initiatives in terms of implementation progress and outcomes, and recognize complementary contributions of incremental and episodic changes"
Harvey, G., A. Loftus-Hills, et al. (2002). "Getting evidence into practice: The role and function of facilitation." Journal of Advanced Nursing 37(6): 577-588.	"This paper presents the findings of a concept analysis of facilitation in relation to successful implementation of evidence into practice"	"Role of facilitation in successful implementation of evidence into practice"	"The concept of facilitation is partially developed and in need of delineation and comparison. Here, the purpose, role and skills and attributes of facilitators are explored in order to try and make distinctions between this role and other change agent roles such as educational outreach workers, academic detailers and opinion leaders. Conclusions. We propose that facilitation can be represented as a set of continua, with the purpose of facilitation ranging from a discrete task-focused activity to a more holistic process of enabling individuals, teams and organizations to change. A number of defining characteristics of

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			facilitation are proposed"
Hayman, B., L. Wilkes, et al. (2008). "Change process during redesign of a model of nursing practice in a surgical ward." Journal of Nursing Management 16(3): 257-265.	"This paper reports a case study of nursing practice model redesign in a surgical ward at a large metropolitan acute care hospital in Sydney, Australia. The nursing practice model was changed from a patient allocation model to a team-nursing model and a new role of Clinical Activities Coordinator was introduced"	Nursing practice model redesign in a surgical ward	"This study has confirmed that people need to be able to empower themselves to ensure an effective change process. It was also apparent in the case study that the staff were resistant to the redesign"
Heyns, T. (2008). A journey towards emancipatory practice development, University of South Africa (South Africa). D.Litt. et Phil	Empirical examination of "'emancipatory practice development', was undertaken in an accident and emergency unit of a Level III public hospital"	"Emancipatory practice development through action research. Study conducted within critical social theory	"Throughout the action research for practitioners project, collaboration enhanced the emancipation of the nurse leaders, as key drivers of the process, as well as the nurse practitioners. Short and long-term actions were planned, implemented and amended based on observations and reflection following each

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		paradigm"	cycle of the project. During this process a toxic environment was changed to an enabling environment, in which nurse practitioners were retained and additional spin-offs followed"
Hodge, A., L. Perry, et al. (2011). "Revision and evaluation of an 'advanced' nursing role in an Australian emergency department." Australasian Emergency Nursing Journal 14(2): 120-128.	Example of practice development project – measured outcomes for patients	"A four phase practice development project was launched to review contemporary models of Extended Practice Nurse, revise an existing Extended Practice Nurse model called the Advanced Clinical Nurse (ACN), develop and standardise a supporting education and accreditation structure, and implement an evaluative framework	"Preliminary evaluation of the revised ACN model indicated practice benefits within early care delivery and patient flow"

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		for the revised ACN model	
Hohenhaus, S. M. (2009). "Coaching for Success: Sustaining Change in Emergency Care." Journal of Emergency Nursing 35 (2): 141-142.	An examination of coaching as a change factor	Effect of a formal coaching strategy	"Observation, demonstration, reinforcement, and good feedback are tools that the ED coach masters to assist in the process of managing successful change"
Holland, D. E. and M. A. Hemann (2011). "Standardizing hospital discharge planning at the Mayo Clinic." Joint Commission Journal on Quality & Patient Safety 37(1): 29-36.	Identifies factors that are involved in changing practice – and the effect of the change for patients	"The impact of a practice change in DP practice on the quality of care coordination at discharge was evaluated from patients' perspectives"	"Although the CTM-3 results were inconclusive, the practice change resulted in a clinically meaningful decrease in length of stay for a group of older patients at greater risk for complex discharge plans. The proactive approach to DP proved to be a valuable shift. The successes of the standardization of DP processes and improved multidisciplinary teamwork were important considerations for implementation throughout the organization"
Holman, C. and S. Jackson (2001). "A team education project: An evaluation of a collaborative	Effect of collaborative education on practice change	Effect of collaborative education on practice change	"Although the staff reported the groups were successful, it has been difficult to demonstrate any change in practice"

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education and practice development in a continuing care unit for older people." Nurse Education Today 21(2): 97-103.			
Hyde, S., P. Fulbrook, et al. (2009). "A clinical improvement project to develop and implement a decision-making framework for the use of seclusion." International Journal of Mental Health Nursing 18(6): 398-408.	"This paper describes an improvement project to develop and implement a clinical decision-making framework around the use of seclusion. It employed practice development and action research principles to engage colleagues in the development of the framework"	Development of a clinical decision making framework	"Two decision-making frameworks around the use of seclusion: the decision to seclude and the decision to release were developed"
Iedema, R. and K. Carroll (2011). "The "clinalyst": Institutionalizing reflexive space to realize safety and flexible systematization in health care." Journal of Organizational	Presents evidence for regarding "reflexive practice as the crux of patient safety in tertiary hospitals"	The role of reflexive practice	"The study reveals that an outsider analysts/catalyst (or clinalyst) is critical to engaging frontline practitioners in reflexivity. The clinalyst is able to elicit insights and perspectives that assist practitioners in

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Change Management 24(2): 175-190.			revisiting and revising their processes and practices"
Innes, B. S. (1989). Common characteristics of nurse change agents, SEATTLE UNIVERSITY. ED.D.: 521 p.	Identifies characteristics of nurse change agents	"To identify common characteristics of nurse change agents, thereby developing the foundation for an operational definition of a change agent"	"Data showed the typical nurse change agent to be a baccalaureate graduate with six-to-fifteen years of experience, who works on day shift. The person is actively involved in continuing education and has a history of work experience prior to nursing, organizational involvement and leadership experiences beginning in childhood years, and committee involvement in the workplace. In addition, a list of thirty-six frequently cited characteristics was developed. Heading this list were the abilities to assess and plan; anticipate consequences; make decisions in a timely manner; take risks appropriately; prioritize; delegate; be articulate, influential, and persuasive; get others involved; develop and maintain networks; use formal and informal systems; and demonstrate effective conflict and confrontation skills"

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Jefferies, D., M. Johnson, et al. (2010). "Engaging clinicians in evidence based policy development: The case of nursing documentation." Contemporary Nurse 35(2): 254-264.	Using an education program to enable clinicians to look at evidence to develop relevant policy – i.e. another way in which to support practice change	"By utilising the framework informed by both practice development and the principles of evidence based practice, clinicians were taken through an education program and a series of activities to develop their skills in discerning how research evidence and other literature can inform policy development"	"The clinicians' involvement maximised their investment in the final policy. The strength of this approach to policy development was that the clinician's experience ensured that the concerns of the clinicians were included in the policy. Difficulties in completing tasks outside meeting times were highlighted"
Johns, C. and S. Kingston (1990). "Implementing a philosophy of care on a children's ward using action research." Nursing practice	Action research as a model for practice development	"This paper charts the progress of an action research project initially implemented to assist the staff of a	"The use of ward meetings to identify needs and clarify objectives is discussed; from this emerged a broader remit to implement the ward's philosophy of care. Five areas of clinical practice development were identified for work.

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(Edinburgh, Scotland) 4(1): 2-9.		pediatric ward in the development of primary nursing"	The authors address the issue of whether action research is in fact a specific methodology or a philosophy"
Johnson, S., J. Ostaszkiewicz, et al. (2009). "Moving beyond resistance to restraint minimization: a case study of change management in aged care." Worldviews on Evidence-Based Nursing 6(4): 210-218.	"Difference between planned and emergent approaches to change management" are discussed in the context of a case study	"This case study describes a quality initiative to minimize restraint in an Australian residential aged care facility"	"The concepts of resistance and attractors are explored in relation to our experiences of managing the change process in this initiative. The importance of the interpersonal interactions that were involved in facilitating the change process is highlighted"
Jones, M. (2009). "The side effects of evidence-based training." Journal of Psychiatric and Mental Health Nursing 16(7): 593-598.	Unintended consequences of practice development for staff	"The aim of this paper is to measure the impact of a programme of team training and clinical practice development on levels of stress, job satisfaction and burnout in inpatient mental health	"Over the practice implementation period, there were significant increases in perceived stress and burnout and a significant reduction in job satisfaction. Training in novel psychosocial interventions had no impact on staff psychological well-being and satisfaction. Attempting to implement, these interventions did appear to have harmful effects. Intensive clinical support to sustain novel practices did

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		workers"	not prevent these outcomes"
Kaiser, D. and J. Dykstra (2004). PCAPI: Using lean concepts in a healthcare setting.	Transformational change project	"PCAPI stands for Patient Care and Access Process Initiative, which is a transformational change project that successfully used Lean principles to redesign and implement a new method of patient care delivery at Cincinnati Children's Hospital Medical Center"	"Increased capacity and efficiency is shown by a measured decrease in the length of time it takes to get patients from registration in the ED up to the nursing unit, and the realization of earlier discharge times on the day of discharge"
Karlsen, R. (2007). "Improving the nursing documentation: Professional consciousness-raising in a Northern-Norwegian psychiatric hospital." Journal of Psychiatric and Mental	Use of an analysis tool to change practice	Changing staff documentation practices	"The analysis tool became an aid in making the necessary qualitative improvements. This has made them change their practice. Today, the wards can exhibit documentation systems that to a large extent satisfy current professional

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Health Nursing 14(6): 573-577.			and legal demands. An important change is the staff's specific contributions are made explicit. The staff has become more resource-oriented and the patient has, to a much larger extent than before, become an active participant in the development of the nursing plan"
Kassean, H. K. and Z. B. Jagoo (2005). "Managing change in the nursing handover from traditional to bedside handover - A case study from Mauritius." BMC Nursing 4(1).	Change in handover practice – to bedside handover using force field analysis to determine driving forces	Changing handover practice	"An evaluation had shown that this process was successfully implemented to the satisfaction of patients, and staff in general"
Keady, J., S. Williams, et al. (2005). "Emancipatory practice development through life-story work: changing care in a memory clinic in North Wales." Practice Development in Health Care 4(4): 203-212.	Identifies the effect of using constructivist approach to practice development	"An approach to understanding and informing emancipatory practice development through the integration of constructivist approaches to its basic	"Through a reflexive process, three phases were identified that captured this journey, namely practice reflection, practice modification and practice transformation, and these phases were under-pinned by time and personal influence factors. We suggest that the integration of constructivist research into emancipatory practice development could be an important development of the approach and lead to

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		design"	practice change based on the experience of service users"
Khungern, J., M. Krairiksh, et al. (2006). "Hospital quality improvement: a case study of a general hospital under the Ministry of Public Health." Thai Journal of Nursing Research 10(3): 191-200.	Staff capacity improvement	"An alternative to the mainstream top-down approach common in hospital quality improvement programs. Over two years the researcher implemented a bottom-up approach that focused on staff capacity improvement through participatory action research (PAR). Hospital personnel worked together to solve their problems with the assistance of a skilled facilitator using the cyclical steps	"The true participation of the PAR process used in this study empowered the hospital staff and gave them greater confidence, commitment, and determination to overcome obstacles in the process of quality improvement" "As a result, they involved every department to set a new organizational vision, mission, strategic plan and action plan to improve hospital services in the next 3 years. They created new recording systems for quality improvement in the nursing department and reviewed work guidelines for managers at every level in the intensive care unit to increase efficiency and patient satisfaction. After thinking, acting and solving problems cooperatively, they created a forum for

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		of PAR: Situational analysis, planning, action, and reflection"	continuous quality improvement"
Kitson, A. (1996). "Clinical practice development and research activities in four district health authorities." Journal of Clinical Nursing 5(1): 41-51.	Based on findings from a postal survey "to elicit information from nurses in four district health authorities regarding development and research activity in which they were involved"	Research as a facilitator of practice development	"Overall the review confirmed statements from other sources (DoH, 1993a,b) that nursing development and research tends to be small scale and unsupported with nursing staff trying hard to implement research findings or be innovative in their practice without the necessary expertise and support"
Landaeta, R. E., J. H. Mun, et al. (2008). "Identifying sources of resistance to change in healthcare." International Journal of Healthcare Technology and Management 9 (1): 74-96.	Investigates sources of resistance to change	"To evaluate 24 known sources of resistance to change in a change effort at a section of Sentara Leigh Hospital in Norfolk, Virginia"	"The results of this investigation suggest that there are sources of resistance to change that are specific only to the healthcare sector. This finding is important because it provides a foundation that can be used to extend our understanding of both healthcare organisations and sources of resistance to change"
Lee, L., V. White, et al. (2001). "An	Use of audit and ward based	Improving mouth care	"Results showed an improvement in all aspects

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audit of oral care practice and staff knowledge in hospital palliative care." International journal of palliative nursing 7(8): 395-400.	education to change practice	in palliative care (changing practice)	of oral care and staff knowledge. Additional benefits of this process included improved professional relationships and the promotion of further audits in hospital palliative care"
Lee, N. J. (2011). "An evaluation of CPD learning and impact upon positive practice change." Nurse Education Today 31(4): 390-395.	Effect of continuing practiced development and other factors in changing practice	"This paper explores positive practice change in nursing and health care practice following continuing professional development (CPD)"	"Findings suggest that professional peer attitudes and support, when harnessed effectively in the practice setting, strongly enhance positive change. Conversely a lack of engagement with practice peers, a lack of strategic support and not knowing how to access support hinder change. The study found that learning need was often explored through personal development planning and appraisal, however there was little systematic follow up, review and support following learning. Interestingly the individual personal drive and enthusiasm of practitioners was perceived as the strongest factor helping practice change, while policy drivers and national health targets were secondary"

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Lindsay, G. and D. Wheatley (1998). "Implementing research in nurse-led care." Nursing times 94(50): 46-47.	Using research to inform practice change	Implementing research in nurse led care (cardiac) - RCT	"A randomised controlled trial of the service demonstrated significant improvements in risk factors among the intervention group. The study is used as an example of how research findings have been used to identify an area for practice development"
Lukas, C. V., S. K. Holmes, et al. (2007). "Transformational change in health care systems: an organizational model." Health Care Management Review 32(4): 309-320.	Empirical identification of elements that are critical to the successful transformation of patient care	"This article offers a model for moving organizations from short-term, isolated performance improvements to sustained, reliable, organization-wide, and evidence-based improvements in patient care"	"Five interactive elements appear critical to successful transformation of patient care: (1) Impetus to transform; (2) Leadership commitment to quality; (3) Improvement initiatives that actively engage staff in meaningful problem solving; (4) Alignment to achieve consistency of organization goals with resource allocation and actions at all levels of the organization; and (5) Integration to bridge traditional intra-organizational boundaries among individual components. These elements drive change by affecting the components of the complex health care organization in which they operate: (1) Mission, vision, and strategies that set its direction and priorities; (2) Culture

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			that reflects its informal values and norms; (3) Operational functions and processes that embody the work done in patient care; and (4) Infrastructure such as information technology and human resources that support the delivery of patient care. Transformation occurs over time with iterative changes being sustained and spread across the organization"
Masso, M., G. Robert, et al. (2010). "The Clinical Services Redesign Program in New South Wales: Perceptions of senior health managers." Australian Health Review 34(3): 352-359.	This study "explores the views of senior managers regarding their experience of participating in the Clinical Services Redesign Program (CSRP) in New South Wales and the impact of that Program"	Impact of Clinical Services Redesign Program	"Our findings are generally consistent with the extensive literature on change management, performance management and leadership. Some cultural change has taken place in terms of observed patterns of behaviour but it is unrealistic to think that CSRP can on its own deliver the desired deeper cultural changes in the values and assumptions underpinning the NSW Health system. There is some evidence of dysfunctional aspects of performance management but no call for the focus on performance or redesign to be abandoned"

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McAllister, M., W. Moyle, et al. (2009). "'I can actually talk to them now': Qualitative results of an educational intervention for emergency nurses caring for clients who self-injure." Journal of Clinical Nursing 18(20): 2838-2845.	Effect of education on practice change	"This Australian study evaluated the effectiveness of a solution-focused education intervention in extending and improving emergency nursing responses to patients who present because of self-injury"	"Improvements in knowledge and understanding of self-harm, self-belief in nurses' capacity to positively influence clients and the value of health promotion skills. The intervention produced a positive attitudinal shift towards clients and an expressed intention to act in ways that were more person-centred and change oriented. The solution-focused education intervention appears to show promise as an intervention for enabling nurses to value their unique contribution to providing a health service that is more proactive and health-promoting"
McCann, E. and L. Bowers (2005). "Training in cognitive behavioural interventions on acute psychiatric inpatient wards." Journal of Psychiatric and Mental Health Nursing 12(2): 215-222.	The influence of training on practice change	"This study examines the delivery of psychosocial interventions training to qualified psychiatric nurses and unqualified staff on seven acute	"The approach had the strength of on-site delivery, follow-up role modelling of the interventions and clinical supervision. In some cases the training was less successful, mainly because of staffing and leadership weaknesses"

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		psychiatric admission wards in London, UK"	
McCormack, B., J. Dewing, et al. (2009). "Practice development: Realising active learning for sustainable change." Contemporary Nurse 32(1-2): 92-104.	Using data to "explore the concept of practice development and strategies for facilitating learning in practice"	"Explores the concept of practice development in the context of professional development and strategies for facilitating learning in practice"	"The findings of the first year of the programme are offered and these findings demonstrate the ways in which practice development systematically uncovers the deeply embedded characteristics of practice cultures - characteristics that often inhibit effective person-centred practice to be realised"
McCormack, B. and R. Garbett (2003). "The meaning of practice development: evidence from the field." Collegian (Royal College of Nursing, Australia) 10(3): 13-16.	Concept analysis based on data	"To explore the meaning of practice development. The data from which this exploration is derived is largely drawn from an empirical research project that set out to explore practice	"The paper argues for a model of practice development that is focused on achieving increased effectiveness in patient-centred care. It argues that one-off changes in practice are not the same as a sustained systematic development of practice that focuses on achieving cultural changes in practice settings, ie the context of practice. It will be argued that facilitation is a key concept underpinning

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		development through concept analysis"	practice development work, but that in itself, facilitation is a misunderstood and abused concept"
McCormack, B. and R. Garbett (2003). "The characteristics, qualities and skills of practice developers." Journal of Clinical Nursing 12(3): 317-325.	Characteristics of successful practice developers	"This paper explores in particular the characteristics, qualities and skills of practice developers, i.e. professionals who have formal responsibility for developing practice in organizations"	"The data gathered in the study pointed to a range of attributes required of practice developers, including: • Values and beliefs commitment to improving patient care enabling, not telling; • Facilitative skills; • Energy and tenacity; • Flexibility, sensitivity and reflexivity; • Knowledge; • Creativity; • Political awareness _being in the middle'; • Credibility. These attributes should be considered by organizations in the development of practice development roles." (p. 324)
McCormack, B., B. Karlsson, et al. (2010). "Exploring person-centredness: A qualitative meta-synthesis of four studies."	Person centred nursing	"The purpose of this paper is to present the results of a study undertaken to explore	"Findings suggest 'professional competence' (where competence is understood more broadly than technical competence) and knowing 'self' are important prerequisites for

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Scandinavian Journal of Caring Sciences 24(3): 620-634.		if the secondary analysis of findings from four different and unrelated research studies (that did not have the main aim of researching person-centredness) could inform our understanding of person-centred nursing"	person-centred nursing. Characteristics of the care environment were also found to be critical. Despite the existence of expressed person-centred values, care processes largely remained routinised, ritualistic and affording few opportunities for the formation of meaningful relationships. Person-centred nursing needs to be understood in a broader context than the immediate nurse–patient/family relationship. The person-centred nursing framework has utility in helping to understand the dynamics of the components of person-centredness and overcoming the siloed nature of many current perspectives"
McDaniel, C. (1998). "Enhancing nurses' ethical practice: development of a clinical ethics program." The Nursing clinics of North America 33(2): 299-311.	Effect of a clinical based ethics program on nurses' practice	Effect of a clinical based ethics program on nurses' practice	"Results reveal a statistically significant difference ($p < .05$) between the two groups, with modest positive change in the participants"
McGrath, K. M., D. M. Bennett, et al.	Clinical process redesign as a	Implementing and	"Clinical process redesign has enabled

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(2008). "Implementing and sustaining transformational change in health care: lessons learnt about clinical process redesign.[Erratum appears in Med J Aust. 2008 Apr 7;188(7):422]." Medical Journal of Australia 188(6 Suppl): S32-35.	way of improving patient and staff outcomes	sustaining transformational change	significant improvements in the delivery of health care services in emergency departments and elective surgery programs in New South Wales and at Flinders Medical Centre in South Australia, with tangible benefits for patients and staff. The key elements for success are leadership by senior executives, clinical leadership, team-based problem solving, a focus on the patient journey, access to data, ambitious targets, strong performance management, and a process for maintaining improvement”
McMurray, A., W. Chaboyer, et al. (2010). "Implementing bedside handover: strategies for change management." Journal of Clinical Nursing 19(17/18): 2580-2589.	Factors influencing change in handover practice	“To identify factors influencing change in two hospitals that moved from taped and verbal nursing handover to bedside handover”	“We conclude that change is more likely to be successful when it is part of a broader initiative such as a quality improvement strategy. Relevance to clinical practice. Nurses are generally supportive of quality improvement initiatives, particularly those aimed at standardising care. For successful implementation, change managers should be mindful of clinicians’ attitudes, motivation and

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			concerns and their need for reassurance when changing their practice. This is particularly important when change is dramatic, as in moving from verbal handover, conducted in the safety of the nursing office, to bedside handover where there is greater transparency and accountability for the accuracy and appropriateness of communication content and processes"
McSherry, R., A. Artley, et al. (2006). "Research awareness: An important factor for evidence-based practice?" Worldviews on Evidence-Based Nursing 3(3): 103-115.	Research awareness in changing practice	"The purpose of this study was to establish levels of research awareness amongst registered health care professionals (RHCPs) and the influence of research awareness on evidence-based practice activities"	"The study shows that RHCPs, regardless of position or grade, have a positive attitude towards research but face many obstacles. The key obstacles are lack of time, support, knowledge, and confidence. To address these obstacles, it is imperative that the organisation adopts a structured and coordinated approach to enable and empower individuals to practice using an evidence base"
Mitchell, E. A., A. Conlon, et al.	Role of participatory action	"This study aimed to	"Peer pressure, communication, rehabilitative

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(2005). "Towards rehabilitative handling in caring for patients following stroke: a participatory action research project." Journal of Clinical Nursing 14(3a): 3-12.	research in changing practice	facilitate nurses to take ownership of their moving and handling practice"	handling awareness, teamwork between nurses and physiotherapists, equipment and environmental issues were affecting moving and handling practice. Nurses identified that equipment, environment, communication and teamwork strategies would facilitate them in using rehabilitative moving and handling practice. Nurses in collaboration with physiotherapists directed changes in their practice. Participant staff members felt involved and valued, and reported changes in understanding, in their handling practice, and enhanced teamwork. Participatory action research creates a supportive environment, where those directly involved in moving and handling patients can investigate and direct changes in their practice. Thus it is a significant vehicle for delivering professional development in moving and handling practice"

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Moffitt, B. L. and M. Butler (2009). "Changing a medical unit culture." Clinical Nurse Specialist: The Journal for Advanced Nursing Practice 23(4): 187-191.	Effectiveness of staff led change	"The focus was to examine the effectiveness of staff-led initiatives to improve satisfaction and outcomes"	"This project involved empowering the staff to make the necessary changes to reach the outcomes. The project allowed nurses the opportunity to discuss issues regarding continuity of patient care, safe work environment, and improved patient outcomes. Serendipitous outcomes of the project have included unit staff nurses serving as ambassadors for the unit and hospital, a decrease in the change of shift report time, and a staff that desires empowerment. Throughout the project, the clinical nurse specialist functioned in all 3 spheres of influence (patient/client, nurses and nursing practice, and organization/system) to facilitate the commitment to change the environment"
Morris, A. and K. Davies (2010). "Early warning scoring systems: Observation of care in practice." British Journal of Nursing 19 (18):	Effect of observation and education program on the use of early warning scores and interventions	Use of early warning scoring systems	"The use of early warning scores, and indeed early interventions, have been implemented with consequent improvements in patient care"

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1180-1184.			
Nielsen, K., R. Randall, et al. (2010). "Does training managers enhance the effects of implementing team-working? A longitudinal, mixed methods field study." Human Relations 63(11): 1719-1741.	The effect of training managers on the uptake of a change in practice (team working)	"To isolate the effect of manager training on the success of the teamwork intervention"	"The results identified some significant, but modest, incremental positive effects that could be attributed to the manager training. The results also showed that significant organizational changes during the intervention had an impact on both the team intervention and the transfer of manager training"
Nyström, M. (2009). "Characteristics of health care organizations associated with learning and development: Lessons from a pilot study." Quality Management in Health Care 18(4): 285-294.	Organisational factors that may affect practice change	"Characteristics of health care organizations associated with an ability to learn from experiences and to develop and manage change were explored in this study"	"Strong support for a characteristic was defined as units having more than 4 sources describing the characteristic as an important success factor. Eighteen characteristics had strong support from at least 2 units. The strongest evidence was found for the following: (i) key actors have long-term commitment, provide support, and make sense of ambiguous situations; (ii) organizational systems encourage employee commitment, participation, and involvement; and (iii) change management

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			processes are employed systematically"
Paget, T. (2001). "Reflective practice and clinical outcomes: practitioners' views on how reflective practice has influenced their clinical practice." Journal of Clinical Nursing 10(2): 204-214.	Effect of reflective practice on clinical practice	Effect of reflective practice on clinical practice	"The results suggest that reflective practice is regarded highly and that most respondents could identify significant, long-term changes to clinical practice resulting from it"
Paley, G., J. Myers, et al. (2003). "Practice development in psychological interventions: Mental health nurse involvement in the Conversational Model of psychotherapy." Journal of Psychiatric and Mental Health Nursing 10(4): 494-498.	"This paper describes a mental health nurse led practice development initiative in psychotherapy" – identifies factors that are important to good quality evidence based practice	"This paper describes a mental health nurse led practice development initiative in psychotherapy"	"We conclude that good quality evidence-based practice requires careful planning and preparation, adequate financial resources from Trusts, as well as commitment and motivation from the staff expected to be involved in such initiatives"
Papadopoulos, T., Z. Radnor, et al. (2011). "The role of actor associations in understanding the implementation of Lean thinking in	Role of networks in process change	"Our purpose is to explore the dynamics of network emergence that give rise to the	"Actor Network Theory is useful for explicitly tracking how organisational players shift their positions and network allegiances over time, and for identifying objects and actions that are

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healthcare." International Journal of Operations and Production Management 31(2): 167-191.		outcomes of process improvement interventions"	effective in engaging individuals in networks which enable transition to a Lean process. It is important to attend to the dynamics of the process of change and devise appropriate timely interventions enabling actors to shift their own positions towards a desired outcome. Research limitations/implications: The paper makes the case for using theoretical frameworks developed outside the operations management to develop insights for designing process interventions"
Perry, L. (2006). "Promoting evidence-based practice in stroke care in Australia." Nursing Standard 20(34): 35-42.	Identification of different models and pathways for translation of evidence into practice and factors effecting this	"To explore approaches to the promotion of evidence-based practice from academic and clinical perspectives"	"Four distinct but not mutually exclusive models and common but variously applied pathways for translation of evidence into clinical practice were identified. Key influential factors included context and local culture, the nature of evidence and role of clinical expertise. Implementation and change management strategies were recognised as emerging priorities"

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Procter, S. (2002). "Whose evidence? Agenda setting in multi-professional research: Observations from a case study." Health, Risk and Society 4(1): 45-59.	How interpretation of the meaning of research influences changes in care	"The relationship between research and practice on a Nursing Development Unit (NDU) in a hospital in the UK. How do nurses develop and research patient-centred care? (2) What are the implications of their choice of methodology in relation to their stated aims of individualising care?"	"The paper demonstrates how conventions about research methodology and outcomes dominated the nurses' interpretation of research, the hospital research agenda and the literature on the research topics. These conventions shaped the construction of risk and safety within the hospital setting compromising practice developments designed to support the implementation of individualised care processes"
Pronovost, P. J., S. M. Berenholtz, et al. (2006). "Creating high reliability in health care organizations." Health Services Research 41(4 Pt 2): 1599-	Identifies interventions that change behaviours (model)	"To present a comprehensive approach to help health care organizations reliably	"This model includes (1) identifying evidence-based interventions that improve the outcome, (2) selecting interventions with the most impact on outcomes and converting to behaviors, (3) developing measures to evaluate

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1617.		deliver effective interventions"	reliability, (4) measuring baseline performance, and (5) ensuring patients receive the evidence-based interventions. The comprehensive unit-based safety program (CUSP) is used to improve culture and guide organizations in learning from mistakes that are important, but cannot be measured as rates. We present how this model was used in over 100 intensive care units in Michigan to improve culture and eliminate catheter-related blood stream infections--both were accomplished. Our model differs from existing models in that it incorporates efforts to improve a vital component for system redesign--culture, it targets 3 important groups--senior leaders, team leaders, and front line staff, and facilitates change management-engage, educate, execute, and evaluate for planned interventions"
Pryor, J. and A. Buzio (2010). "Enhancing inpatient rehabilitation	"This paper is a report of a study conducted to describe	Practice development project – nurses'	"Carefully and collaboratively designed and sensitively implemented work-based practice

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through the engagement of patients and nurses." Journal of Advanced Nursing 66(5): 978-987.	nurses' knowledge, experiences and perceptions of a rehabilitation nursing practice development project conducted in their workplace"	experiences	development initiatives can change the context and culture of inpatient care. The use of a facilitator with relevant clinical nursing expertise to engage staff individually and collectively with research findings and to reflect on their practice and skill development is worth exploring in similar initiatives"
Redfern, S. and S. Christian (2003). "Achieving change in health care practice." Journal of Evaluation in Clinical Practice 9(2): 225-238.	Modes by which practice development is effective Linearity vs complexity theory underpinning change process	Modes by which practice development is effective	"The findings revealed 'dissemination' of information to staff and 'adherence' by staff to new practice guidelines to be important intermediate outcomes in the process of change. The need emerged for a supportive organizational culture and commitment, recognition of the importance of change and a credible change agent. There was some evidence of linearity in the process of change in that a logical route appeared from dissemination of information to staff through adherence to the change guidelines to improvement in patient outcome in six of the nine centres. Linearity was less apparent in the

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			other three centres, where the process of change seemed more dynamic and chaotic. These three centres were affected more than the others by organizational barriers to change. Our conclusions support the view that the linear model of change can work in settings with high levels of certainty but complexity theory is more likely to underpin the process of change in organizations characterized by uncertainty"
Reed, J. (2005). "Using action research in nursing practice with older people: Democratizing knowledge." Journal of Clinical Nursing 14(5): 594-600.	When action research doesn't work	"This paper reports on an action research study which raised some questions about the processes of developing a sense of shared ownership in action research in a research environment which does not always have the appropriate mechanisms to	"While the principles of action research appear to offer much towards the development of a practice-rooted body of knowledge for nursing, unless some of the issues of ownership are resolved, it is unlikely to move beyond academic rhetoric"

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		support and sustain action research"	
Reed, J. and J. Turner (2005). "Appreciating change in cancer services - An evaluation of service development strategies." Journal of Health, Organisation and Management 19 (2): 163-176.	Identifies strategies and skills developed to enhance change	"The purpose of this paper is to report on an evaluative study which used appreciative inquiry (AI) to explore the processes of change during the Cancer Services Collaborative Improvement programme focussing on improving the patient's experience throughout the journey from diagnosis to treatment"	"The study identified a range of strategies and skills that participants had developed in order to support and facilitate service change"
Reilly, J., J. McIntosh, et al. (2002). "Changing surgical practice through	This study examines empirical evidence of the	"To evaluate the impact on infection	"Although the feedback of infection rate data impacted on the subsequent infection rates, the

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feedback of performance data." Journal of Advanced Nursing 38(6): 607-614.	effectiveness of two types of feedback in changing practice	rates of the passive feedback of surgical wound infection rate data to nurses and surgeons within an empirical rational approach to change, and the active feedback of data within a normative re-educative approach to change"	reduction was not statistically significant. However, a significant reduction in the infection rates was achieved following the introduction of guidelines for best surgical practice ($P < 0.05$). CONCLUSIONS: The findings indicate that if change in practice is to be achieved by the feedback of performance data, then the process of feedback should be active and within a normative re-educative approach to change"
Reinhardt, A. C. and T. Keller (2009). "Implementing interdisciplinary practice change in an international health-care organization." International Journal of Nursing Practice 15(4): 318-325.	System wide change in practice to wound care	"This article describes the successful system-wide change to evidence-based wound care practices in a large, Middle-Eastern health services organization using a multinational	"The result was a system-wide practice change accomplished through consensus-building and interdisciplinary learning while also utilizing the strengths to be found in an established organizational hierarchy"

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		workforce"	
Retsas, A. and M. Nolan (1999). "Barriers to nurses' use of research: An Australian hospital study." International Journal of Nursing Studies 36(4): 335-343.	Examines barriers to using research in clinical	"What factors are perceived by nurses in Australia to interfere with their ability to use research in their clinical practice?"	"The three most frequently cited barriers to using research were insufficient time on the job to implement research findings, insufficient time to read research and a lack of awareness of research findings"
Richer, M., J. Ritchie, et al. (2009). "'If we can't do more, let's do it differently!': using appreciative inquiry to promote innovative ideas for better health care work environments." Journal of Nursing Management 17(8): 947-955.	Use of appreciative enquiry to change practice and introduce innovative ideas	"To examine the use of appreciative inquiry to promote the emergence of innovative ideas regarding the reorganization of health care services"	"Nurses mostly proposed new ideas about work reorganization. Both groups adopted ideas related to interdisciplinary networks and collaboration. A forum was created to examine health care quality and efficiency issues in the delivery of cancer care. The appreciative inquiry process created an opportunity for team members to meet and share their successes while proposing innovative ideas about care delivery. Managers need to support the implementation of the proposed ideas to sustain the momentum

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			engendered by the appreciative inquiry process"
Ring, N., C. Malcolm, et al. (2005). "Nursing best practice statements: an exploration of their implementation in clinical practice." Journal of Clinical Nursing 14(9): 1048-1058.	Enablers and barriers to implementation of nurse initiated Best Practice Statements	"To explore implementation of the first five Best Practice Statements from the perspective of nurses involved in their development"	"Four main themes emerged from analysis of transcripts: variations in use of the Best Practice Statements; benefits to patients; benefits to practitioners; and, barriers and drivers to use. Amongst participants, personal users adopted the statements in their own practice but enablers also actively encouraged others to use the statements. Whether participants acted as enablers depended on individual, team and organizational factors. The ability of participants to act as leaders was influential in determining their ability both to facilitate local implementation and to encourage others to regard the Best Practice Statements as a priority for implementation"
Rivas, K. and S. Murray (2010). "Our shared experience of implementing action learning sets in an acute	Use of action learning sets to change practice	"Process used by Nurse Unit Manager and her senior nursing	"During the process, a workplace culture creative visioning exercise was also facilitated. A key finding of the exercise was that the process

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clinical nursing setting: Approach taken and lessons learned."		team to introduce action learning sets (ALSs) to the nursing staff of an inpatient medical unit"	enabled others to act while challenging the process and encouraging the heart. Effective leadership enabled staff involved to foster growth"
Ross, F., C. O'Tuathail, et al. (2005). "Towards multidisciplinary assessment of older people: exploring the change process." Journal of Clinical Nursing 14(4): 518-529.	Nursing leadership and change in practice	"This paper discusses the process of change that took place in an intervention study of standardized multidisciplinary assessment guidelines implemented in a female ward for older people in a District General Hospital in South London"	"Key themes emerged: working through others and across boundaries, managing uncertainty and unanticipated challenges. Adherence of ward staff to using the multidisciplinary assessment guidelines was high, with evidence of some dissemination to community staff at follow-up. Three years after the project finished the multidisciplinary assessment is still part of routine clinical practice. The analysis contributes to understanding about the nursing leadership of change within an interprofessional arena of practice. It highlights the importance of understanding the context in relation to the impact and sustainability of change and thus the utility of

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			conducting a diagnostic analysis in the early stages of implementation. This has implications for developing approaches to change in nursing and interprofessional practice in other settings"
Rowe, P. A. and M. V. Boyle (2005). "Constraints to Organizational Learning During Major Change at a Mental Health Services Facility." Journal of Change Management 5(1): 109-117.	The focus is the change process	"This paper explains what happened during a three years long qualitative study at a mental health services organization. The study focuses on differences between espoused theory and theory in use during the implementation of a new service delivery model"	"The study explores what occurred during the change process. Rather than blame participants of change for the poor outcomes, the study is set in a broader context of a policy environment--that of major health cutbacks"
Rycroft-Malone, J., G. Harvey, et al. (2004). "An exploration of the factors that influence the	Identify factors mediating change in practice ie to EBP	"The aim of the study was to address the following questions: *	"A number of key issues in relation to the implementation of evidence into practice emerged including: the nature and role of

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implementation of evidence into practice." Journal of Clinical Nursing 13(8): 913-924.		What factors do practitioners identify as the most important in enabling implementation of evidence into practice? * What are the factors practitioners identify that mediate the implementation of evidence into practice? * Do the concepts of evidence, context and facilitation constitute the key elements of a framework for getting evidence into practice?"	evidence, relevance and fit with organizational and practice issues, multi-professional relationships and collaboration, role of the project lead and resources"
Sauter, M. and F. Nodine (1989).	Education process to change	"To assess the impact	"Prior to the study, staff lacked commitment

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"Using the change process to implement nursing diagnoses." Journal of Nursing Staff Development 5(5): 211-217.	care	of implementing nursing diagnosis in a community hospital where only 32.5% of medical-surgical patients had individualized care plans"	toward written care plans and viewed time management as the major clinical barrier to completion. Staff were instructed in nursing process and nursing diagnosis through a mandatory continuing education series. A follow-up survey at 6 months revealed care plans completed according to NANDA standards in 82% of cases. The nursing staff verbalized an increased commitment and appreciation of nursing process and its influence on patient care"
Scheller, M. K. S. (1993). "A qualitative analysis of factors in the work environment that influence nurses' use of knowledge gained from CE programs." Journal of Continuing Education in Nursing 24(3): 114-122.	Identifies factors working against practice change	"This qualitative study examined nurses' perceptions of factors in the work environment that influence the use of knowledge gained from CE programs"	"This analysis suggests three important implications for educators and reemphasizes the need for participant involvement in the planning phase of continuing education programs"
Schuman, Z. D., M. Lynch, et al.	Factors that encourage	"We review the	"We describe our implementation strategies

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(2005). "Implementing institutional change: An institutional case study of palliative sedation." Journal of Palliative Medicine 8 (3): 666-676.	change	processes we found to be successful in hopes that they will also be efficacious for others wishing to produce similar change within their institutions"	(including education, multidisciplinary alliances, and the development and approval of a practice guideline). Finally, we discuss in detail the role of interpersonal interactions"
Simpson, F. and G. S. Doig (2007). "The relative effectiveness of practice change interventions in overcoming common barriers to change: A survey of 14 hospitals with experience implementing evidence-based guidelines." Journal of Evaluation in Clinical Practice 13 (5): 709-715.	Identification of practice change interventions that overcome barriers to practice change	"The purpose of this survey was to determine the optimal combination of practice change interventions needed to overcome barriers to practice change commonly encountered in the intensive care unit (ICU)"	"Interventions traditionally regarded as strong (academic detailing, active reminders) were ranked higher than those traditionally regarded as moderate (audit and feedback), or weak (posters, mouse mats). The high ranks of the site initiation visit (educational outreach, modest) and in-servicing (didactic lectures, weak) were unexpected, as was the relatively low rank of educationally influential, peer-nominated opinion leaders. Four hospitals reported the same doctor-related barrier as 'most common' and the remaining 10 hospitals reported three different doctor-related barriers, two nursing-related barriers and three

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			organizational barriers as most common"
Simpson, V., J. Curzio, et al. (1997). "Evidence-based practice: A case study." Journal of Research in Nursing 2(6): 426-432.	Strategies used to increase uptake of EBP	"Addressing issues of assessing and implementing evidence-based nursing and midwifery practice"	"This study describes how one trust addressed the issue of assessing and implementing evidence-based nursing and midwifery practice through the setting up of a Nursing/Midwifery Research and Practice Development (NMR&PD) Group, together with the introduction of evidence-based practice link nurses/midwives. Staffs' awareness of evidence-based practice (EBP) was established and from this an action plan was drawn up to assist with the implementation of EBR"
Sims, C. E. (2003). "Increasing clinical, satisfaction, and financial performance through nurse-driven process improvement." Journal of Nursing Administration 33(2): 68-75.	Nurse driven process improvement	Nurse led improvement	
Sjöström, H. T., E. Skyman, et al. (2003). "Cross-infection prevention,	Strategies to improve practice	"The primary aim of this practice	"The theoretical education started with questions regarding staffs expertise in

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basic hygiene practices and education within nursing and health care in Latvia: A Swedish-Latvian practice development project." Nurse Education Today 23(6): 404-411.		development project was to explore the level of knowledge of nursing and medical staff at the Infection Clinic at Liepaja regarding the spread of infectious diseases"	preventing the spread of infections. Areas covered were handwashing, hand disinfection, use of disposable gloves and protective clothing"
Smith, E. A. and M. C. Mireles (2011). "Community of competence™: Part II - Application of a new organizational concept to health care." Clinical Governance 16(1): 50-61.	Another method for encouraging practice development and change	"The paper aims to propose that Community of Competence™ (C of C), as a catalyst for change, can foster and accelerate a paradigm shift in how longstanding, complex problems in health care are perceived, interpreted, and resolved. When	"Results of anecdotal, observational, and documented findings validated the decision to continue using patient safety and patient welfare as the common, unifying superordinate goal in health care. The flexible structure and competency-based, interactive work environment of C of C support networking and sharing of unique competencies and knowledge to guide a focused, streamlined problem-solving processes. C of C has been used for more than seven years to analyze high-priority healthcare problems

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		multiple stakeholders within a C of C share a common or superordinate goal, group productivity increases as more effective and efficient use is made of human and material resources"	and to create comprehensive, realistic solutions. When members of a proven competence identify a superordinate goal, collaborate and openly share tacit and explicit knowledge, the efficiency, effectiveness, and quality of solutions increase"
Sprague, A. E., L. Oppenheimer, et al. (2008). "Knowledge to action: implementing a guideline for second stage labor." MCN: The American Journal of Maternal Child Nursing 33(3): 179-188.	Clinical guideline to change practice – identify difficulties	"To quantify practice changes associated with implementing a clinical practice guideline for the second stage of labor in term nulliparous women with epidural anesthesia and to describe the lessons learned about	"Bringing about practice change in obstetrics is complex. The measured change in this study was less than we expected. Greater success might have been achieved by enhancing feedback to care providers and more frequent audits of practice. We need to better understand the subtle influences in attitude and culture that prevented successful implementation in one site. For units considering a similar process, we recommend a commensurately greater level of presence in

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		knowledge translation"	the units to encourage compliance with the clinical practice guideline in order to achieve the desired level of practice change"
Taylor, R., L. Coombes, et al. (2002). "The impact of a practice development project on the quality of in-patient small group therapy." Journal of Psychiatric and Mental Health Nursing 9(2): 213-220.	Negative effect of practice development project on quality of care	Practice development in inpatient setting	"Analysis of the qualitative and quantitative data sets indicates that practice quality diminished rather than improved during the 6-mo study period. Factors that emerged from the data as having influenced this outcome were: increases in ward teams overall workload, inadequate staffing levels, and changes in expectations placed on those providing small group therapy. The findings are consistent with a national trend of deteriorating quality in inpatient care and point to some of the limitations of action learning as a practice development method"
Tee, S., J. Lathlean, et al. (2007). "User participation in mental health nurse decision-making: A co-operative enquiry." Journal of	"Co-operative inquiry is a valuable vehicle for developing professional practice in higher education	"This paper is a report of a study to encourage participants to work	"Factors inhibiting participation included stigmatizing and paternalistic approaches, where clinical judgments were made solely on the basis of diagnosis. Enhancing factors were a

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Advanced Nursing 60(2): 135-145.	and practice environments”	together to identify strategies for increasing user participation in clinical decisions and to evaluate the value of co-operative inquiry as a vehicle for supporting learning in practice”	respectful culture which recognized users''expertise' and communicated belief in individual potential. Inquiry benefits included insight into service users' perspectives, enhanced confidence in decision-making, appreciation of power issues in helping relationships and deconstruction of decision-making within a safe learning environment”
Tellis-Nayak, V. (2007). "A Person-Centered Workplace: The Foundation for Person-Centered Caregiving in Long-Term Care." Journal of the American Medical Directors Association 8(1): 46-54.	Role of managers and work setting in practice change	“This study seeks to understand what role managers and the work setting they create play in a nursing facility that seeks to make a transition to person-centered care”	“Management approach and the work environment are powerful predictors of CNA satisfaction, loyalty, and commitment. The work environment also correlates with how families and state surveyors evaluate quality in a nursing facility. Conclusion: The managers and the work setting they create hold primacy in the work life of the CNAs. Caring managers fashion a person-centered workplace conducive to turn workers into devoted caregivers. When the workplace adds quality to the life of caregivers, the

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			caregivers add quality to the life of the resident"
Thompson, C., D. McCaughan, et al. (2001). "The accessibility of research-based knowledge for nurses in United Kingdom acute care settings." Journal of Advanced Nursing 36(1): 11-22.	What enhances practice change (ie adoption of research evidence)	"To reveal the accessibility of those sources of information actually used by nurses, as well as those which they say they use"	"A strategy to increase the use of research evidence by nurses should harness the influence of clinical nurse specialists, link nurses and those engaged in practice development. These roles could act as 'conduits' through which research-based messages for practice, and information for clinical decision making, could flow. This role should be explored and enhanced"
Tiessen, B., C. Deter, et al. (2010). "Continuing the journey to a culture of patient safety: from falls prevention to falls management." Healthcare Quarterly 13(1): 79-83.	Identifies change in culture and patient care model	"Change management process undertaken in a small community hospital – change from a patient care model founded on a philosophy of falls prevention was transformed to one	"The patient care model founded on a philosophy of falls prevention was transformed to one based on a model of falls management. The change process culminated in a more elder-friendly environment complemented by a respect for patients' choices, even when those choices include personal risk. Our cultural transformation resulted in a patient safety culture characterized by (1) a restraints-free

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		based on a model of falls management"	physical environment and (2) a rate of patient falls accompanied by serious harm that is lower than the industry average. The first step on our journey to a culture of patient safety was completed over a three-year period"
Tingle, A. (2002). "Mental health nurses: changing practice?" Journal of Clinical Nursing 11(5): 657-663.	Nurses ability to change aspects of practice	"The extent to which newly qualified nurses were able to change aspects of practice, what factors inhibited changes and which personnel played a key role in facilitating change"	"Key factors which inhibited newly qualified nurses acting as change agents were lack of experience and confidence, as well as attitudes of other members of staff. Staff of a higher grade, immediate line managers and healthcare assistants all played a key role in facilitating change"
Tolson, D., J. Bennett, et al. (2009). "Facilitating collaborative development in practice." International Journal of Nursing Practice 15(5): 353-358.	Mechanisms that allow practice development	"The group work sought to explore the mechanisms, which could facilitate meaningful practice development	"The most highly ranked suggestions included creating a culture where practice development is seen as everyone's business and establishing a unified collaborative infrastructure. A range of enabling and inhibiting conditions were explored and the complexity of achieving

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		partnerships between nurses, academic nurses and people"	consensus decision-making processes that would allow realization of the policy rhetoric was exposed"
Tolson, D., J. Booth, et al. (2008). "Achieving evidence-based nursing practice: Impact of the Caledonian Development Model." Journal of Nursing Management 16(6): 682-691	Impact of a model designed to change practice	"To determine the impact of the Caledonian Development Model, designed to promote evidence-based practice. The model features practice-development activities, benchmarking, knowledge pooling and translation through membership of a community of practice and a virtual college"	"Eighty per cent of the patient-related criteria and 35% of the facilities criteria were achieved. The Revised Nursing Work Index indicated these nurses experienced greater autonomy (P = 0.019) and increased organizational support (P = 0.037). Focus groups revealed a deepening organizational support for the initiative over time, illuminated work-based learning challenges and overall enthusiasm for the approach.Implementation of the model effectively promoted evidence-based practice, most notably at the level of the individual patient"

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Tolson, D., M. McAloon, et al. (2005). "Progressing evidence-based practice: an effective nursing model?" Journal of Advanced Nursing 50(2): 124-133.	What contributes to attaining practice development	"This paper presents findings from telephone interviews completed with link nurses 2 years into the project to explore how participation progressed achievement of evidence-based practice where the link nurses worked"	"Five components (themes) were identified as facilitating the attainment of evidence-based practice. These focussed on confidence-building and the positive benefits of achieving vision and clarity for gerontological nursing. Membership of a national Community of Practice afforded status and strengthened sense of professional identity. The inclusive knowledge synthesis methodology used to prepare, pilot and support implementation of the best practice statement was highly valued. Progress towards evidence-based practice in all affiliated areas was reported. Major challenges for nurses in participating in the virtual college included the absence of a learning-at-work culture, lack of time and doubts about the legitimacy of internet-based learning.
Turrill, S. (2000). "A situational analysis: the potential to produce evidence-based nursing practice guidelines within a regional neonatal	Factors which impact on the ability to successfully change practice	"The aim was to examine the factors which impact on the ability to successfully	"Provision of appropriate resources in terms of time, staffing levels and facilities impact heavily on the ability of nurses to produce evidence-based guidelines documents and their

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intensive care unit." Journal of Nursing Management 8(6): 345-355.		produce evidence based nursing practice guidelines within a regional neonatal intensive care unit (NICU), in order to develop strategies to assist in the success of such a project"	motivations towards doing so. The emphasis given to academic, rather than practice-based, continuing education programmes may not always be relevant when considering ongoing development of quality of care. Lack of appropriate resource allocation has meant that a gap exists between the ideals set out by the recent introduction of NHS quality initiatives and the reality facing nursing staff attempting to put those strategies into practice"
Valente, S. (2011). "Rapid cycle change projects improve quality of care." Journal of Nursing Care Quality 26(1): 54-60.	Practice development program	"Transforming Care at the Bedside program was developed as a way to improve care on medical-surgical units, patients' and family members' experience of care, and teamwork among care team members and to increase	"Average turnover rates for this program's RNs decreased to about 3%, a 58% reduction in rate. The time RNs spent in direct patient care increased 10% compared to the control unit, and value-added care also increased from 10% to 15% over baseline. Patient and staff satisfaction improved"

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		satisfaction and retention of nurses"	
Walker, E. and B. J. Dewar (2001). "How do we facilitate carers' involvement in decision making?" Journal of Advanced Nursing 34(3): 329-337.	Practice change to include carers	"The aim of the study reported on in this paper was to investigate involvement in a specific health care context with a view to identifying both opportunities for change and practical, realistic ways of bringing about that change"	"The reported experiences of carers in this study high-lighted four markers of satisfactory involvement: feeling that information is shared; feeling included in decision making; feeling that there is someone you can contact when you need to; and feeling that the service is responsive to your needs. The majority of carers felt dissatisfied with the level of involvement. The situation we found echoed that found in other studies, i.e. the majority of informal carers (henceforth 'carers') interviewed were dissatisfied with the level of their involvement. However, our investigation, in which the views of health care professionals as well as those of carers were sought, provided invaluable insight into why this might be the case. Two main sources of difficulty were found: hospital systems and processes, and the relationship

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			between nursing staff and carers"
Wallace, L. M., M. Boxall, et al. (2004). "Organisational change through clinical governance: the West Midlands three years on." Clinical Governance: An International Journal 9(1): 17-30.	Role of clinical governance in practice change	Organisational change	"Patient outcomes and documented changes in clinical behaviour were both expected and reported in over three quarters at both periods. A more open culture was expected in 65 per cent at baseline and achieved in 84 per cent at time 2. Strategies for change continued to rely on both periods in optional, educative, audit and protocol procedures. The new approaches of critical incident review and consultant appraisal were welcomed. External review and league tables had adverse impacts where results were poor, but minimal impact if results were positive"
Walsgrove, H. and P. Fulbrook (2005). "Advancing the clinical perspective: a practice development project to develop the nurse practitioner role in an acute hospital trust." Journal of Clinical Nursing	Nurse practitioner and role development	"The aims of this project were to investigate awareness and foster understanding of the concept of the nurse	This project demonstrated how practice development and action research might be used together as a systematic process for developing and supporting professional roles that aim to improve the quality of patient care

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14(4): 444-455.		practitioner and to facilitate and support the development of nurse practitioner roles within an acute hospital trust"	and the effectiveness of health care services"
Walsh, K. and C. Moss (2010). "Blending practice development methods with social science research: An example of pushing new practice research boundaries." Journal of Research in Nursing 15(2): 117-134.	"The authors reveal how they blended practice development methods with collaborative action research to develop a reconnaissance study"	Practice development methods and collaborative action research	"The findings and outcomes of the study are affirming of the approach, methodological strategy and use of practice development methods to support engagement and puzzling as methods which support reconnaissance in relation to a complex clinical scenario such as 'avoidable'/'inappropriate' presentation of older persons in the emergency department"
Walsh, M. and A. Walsh (1998). "Practice development units: a study of teamwork." Nursing standard (Royal College of Nursing (Great Britain) : 1987) 12(33): 35-38.	Teamwork identified as essential for practice development	Teamwork	"The ward in this study was found to lack the necessary level of teamwork for successful PDU development and the researchers show how this information shaped trust plans. They recommend that units contemplating PDU accreditation should assess their level of

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			teamwork prior to proceeding with bids"
Ward, C. and B. McCormack (2000). "Creating an adult learning culture through practice development." Nurse Education Today 20(4): 259-266.	Factors that enabled practice development	"An account of a practice development strategy that aimed to create a learning culture as a sub-element of the overall programme of work"	"Working with individual project leaders, the intention was to shift the emphasis away from classroom based education, to learning at and from work. This was achieved through a combination of action research, the application of adult learning theory and facilitation. The paper describes the context of the development strategy, the facilitation processes adopted including the theoretical underpinnings and some 'tentative' outcomes achieved"
Ward, M. F., A. Titchen, et al. (1998). "Using a supervisory framework to support and evaluate a multiproject practice development programme." Journal of Clinical Nursing 7(1): 29-36.	Effect of combinations of different models of practice development and the need for careful supervision and context consideration	"The paper describes a multiproject practice development programme undertaken over a period of 1 year"	"The authors conclude that the use of combinations of different models for practice development has potential, but requires careful supervision. They also recommend that those involved in practice development are made fully aware of its local or micropolitics, and develop strategies to deal with change before it occurs, not after it has taken place"

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Waterman, H., R. Harker, et al. (2005). "Evaluation of an action research project in ophthalmic nursing practice." Journal of Advanced Nursing 52(4): 389-398.	This is a specific project focussing on patient positioning. It is included because it identifies that there was active involvement of an action research group throughout the project (is this why it was successful?)	"This paper reports the evaluation phase of an action research project that promoted face-down posturing of patients following vitreo-retinal surgery for macular hole to enhance patient outcomes"	"Throughout the project an action research group comprising of representatives of key stakeholders were actively involved in researching and changing practice. The evaluation suggests that improvements in the care of this group of patients have occurred. A 10-point plan to promote face-down posturing has been developed which will be of use to practitioners in other settings. Some aspects of practice remain less well-understood, for example, the psychological care of patients."
Watson, B., C. Clarke, et al. (2005). "Exploratory factor analysis of the research and development culture index among qualified nurses." Journal of Clinical Nursing 14(9): 1042-1047.	Factors associated with a culture that promotes practice change (ie research and development culture)	"This paper presents the exploratory factor analysis of a rating instrument for assessing the strength of organizational Research and Development (R&D) culture"	"Three latent factors were extracted accounting for 58.0% of the variance in the data. The factors were: R&D Support, describing the perceived support within the working environment for R&D activity; Personal R&D Skills and Aptitude, describing an individual's perception of their ability towards R&D activity; and Personal R&D Intention, describing an individual's willingness to engage in R&D activity. Each factor had good internal

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			reliability, as did the overall index”
White, E. and J. Winstanley (2010). "A randomised controlled trial of clinical supervision: Selected findings from a novel Australian attempt to establish the evidence base for causal relationships with quality of care and patient outcomes, as an informed contribution to mental health nursing practice development." Journal of Research in Nursing 15(2): 151-167.	RCT – demonstrates evidence for the efficacy of clinical supervision within the constraints of contextual factors	“to conduct a randomised controlled trial (RCT) of CS provided to a sample of nurses working in mental health settings.” (p. 155)	“Given due parsimony, therefore, the following appears to be the best available contemporary advice for clinical practice development and/or a framework for future research, sufficient to be tested in another environment, where the following conditions can be satisfied:. select a single, discrete clinical location;. Agree an explicit, unified, positive position on CS that is owned by all levels of management; . carefully identify and educationally prepare clinical supervisors to the standard demonstrated in this RCT; recruit all nurses in the clinical setting to participate in CS, according to standard protocols (size, frequency, length, ground rules, etc.); . allocate no more than nine supervisees to one supervisor; . retain almost all (>90%) of supervisees over the period of data collection (>1 year); . deliver sustained, efficacious CS (indicated by a median supervisee total MCSS score

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			of >136); . support supervisors through their own regular CS sessions; . measure, theorise, modify and re-test." (p.164)
Wilson, V., P. Keachie, et al. (2003). "Putting the action into learning: the experience of an action learning set." Collegian (Royal College of Nursing, Australia) 10(3): 22-26.	Use of an action learning set to develop practice	Action learning	
Wilson, V., B. McCormack, et al. (2006). "Re-generating the 'self' in learning: Developing a culture of supportive learning in practice." Learning in Health and Social Care 5(2): 90-105.	"Learning culture has a significant impact on how nurses go about their everyday practice. The implementation of PD processes enabled a cultural shift to occur. As a result of this, a supportive learning culture embedded within the workplace emerged. Learning about learning was	"To gain an in-depth understanding of how the implementation of practice-development strategies could enable the creation of a culture of supportive learning in practice"	"Preintervention findings highlighted that tensions existed between what people espoused about learning and what actually occurred in practice. Through the use of PD processes, participants in the study began to focus on the learning environment. Key themes identified in the data included 'learning about learning', 'movement from subservience to partnership', movement from rituals to reflective questions' and 'movement from self-immersed to working with one another'. Taking

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	seen as an important part of the context that enabled the development of the responsible self"		self-responsibility for learning and 'regenerating the self' in learning emerged as key issues underpinning these themes and are subthemes of 'values and beliefs about learning'. It is argued that developing 'responsible self ' is key to the creation of a culture of learning where practitioners are able to develop mutually supportive relationships in order to learn in and from their practice"
Wilson, V. J., B. G. McCormack, et al. (2005). "Understanding the workplace culture of a special care nursery." Journal of Advanced Nursing 50(1): 27-38.	"Uncovering the context (in particular the culture) of the Special Care Nursery in order to evaluate the emancipatory practice development processes and outcomes"	"This paper presents findings from the first phase of a research study focusing on implementation and evaluation of emancipatory practice development strategies"	"Four key categories were identified: Teamwork, Learning in Practice, Inevitability of Change and Family-Centred Care and collectively these formed a central category of Core Values and Beliefs. A number of themes were identified in each category, and reflected tensions that existed between differing values and beliefs within the culture of the unit. CONCLUSION: Understanding values and beliefs is an important part of understanding a workplace culture"

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Wright, J. and B. McCormack (2001). "Practice development: individualized care." Nursing standard (Royal College of Nursing (Great Britain) : 1987) 15(36): 37-42.	Ward leader as pivotal in successful practice development	"The development of a person-centred approach to working with older people. The main focus is on developing the ward leader as a key facilitator of practice development work"	"Registered nurses developed their skills and knowledge in clinical leadership and by the end of the project, nursing care had moved away from meeting the physical needs of the patients only, to a more individualized approach to patient care"
Wright, S. M. (2001). "Contribution of a lecturer-practitioner in implementing evidence-based health care." Accident and Emergency Nursing 9(3): 198-203.	Role of Lecturer practitioner in implementing evidence based care	Role of Lecturer practitioner in implementing evidence based care	"The article concludes that progress is dependent on all those involved, sharing common goals in the implementation of evidence based health care as it will continue to remain high on the agenda in the educational and service sectors. This drive towards clinical effectiveness and evidence based practice puts the LP in an ideal position to reduce the practice-theory gap by the nature of their integrated role"

REFERENCE	OUTLINE Citations are copied from corresponding abstracts in Endnote library unless page number from full paper included	FOCUS Citations are copied from corresponding abstracts in Endnote library unless page number from full paper included	FINDINGS/CONCLUSIONS Citations are copied from corresponding abstracts in Endnote library unless page number from full paper included
Yalden, J. B. McCormack, B. (2010). "Constructions of dignity: A pre-requisite for flourishing in the workplace?" International Journal of Older People Nursing 5(2): 137-147.	Changing practice	"To explore the relationship between nurses' understanding of dignity and how it is enhanced and developed in their practice environment" "This article focuses on dignity in the professional life of nurses in aged care"	"Constructions of dignity and subsequent actions taken by nurses on their own behalf to articulate their experiences of transforming practice are interconnected with dignity enhancing relationships and emancipatory ways of working in practice development. Dignity enhancing ways of working in an active learning group and workplace have been interlinked with actions that promote person-centredness in developing a palliative approach to care"
Yip, W. K., P. C. Tho, et al. (2010). "Implementation of practice change on checking of blood components by two registered nurses (RNs) or one RN and a doctor in an acute care hospital." Singapore Nursing Journal 37(4): 43.	Effect of a new training program on practice change	"Evaluation of the implementation of practice change on checking of blood components by two registered nurses (RNs) or one RN and a doctor in an acute	"Implementation of a new training programme on handling of blood transfusion. An evaluation study showed only minimal improvement post training. According to the study report, blood components were returned to the blood bank after one hour from being issued. Other factors that potentially contributed to this were noted"

REFERENCE	OUTLINE Citations are copied from corresponding abstracts in Endnote library unless page number from full paper included	FOCUS Citations are copied from corresponding abstracts in Endnote library unless page number from full paper included	FINDINGS/CONCLUSIONS Citations are copied from corresponding abstracts in Endnote library unless page number from full paper included
		care hospital”	

8.2 Appendix 2: Abstracts

Adams, J. (2009). "Nursing in a therapeutic community: the Fulbourn experience, 1955-1985." Journal of Clinical Nursing **18**(19): 2747-2753.
Aim. To explore the role of the mental health nurse in wards run on therapeutic community principles in one English provincial hospital.
Background. Under a pioneering Medical Superintendent, the restrictive regime for patients with mental health problems in Fulbourn Hospital was replaced by a new commitment to 'social therapy'. Ward doors were unlocked, patients were encouraged to undertake work-based activities and finally the wards were reorganised on 'therapeutic community' principles.
Design. This study used oral history methods to supplement evidence from published sources. A total of 27 oral history interviews were conducted between 2003-2008 and these data were analysed in the context of documentary material from local archives.
Results. The establishment of wards at Fulbourn run on therapeutic community lines posed considerable challenges to the customary working practices of their mental health nurses. The two themes highlighted in this paper were the symbolic meaning of the abandonment of nursing uniforms in favour of casual clothing and the hospital authorities' preparedness to accept the risks associated with implementing the philosophy of the therapeutic community.
Conclusions. Oral history has a unique role to play in recording the detailed aspects of nursing practice which are often difficult to reconstruct from documentary sources alone.
Relevance to clinical practice. Nurses played a key role in the transformation of the therapeutic milieu of Fulbourn Hospital and their experiences have relevance to current debates in mental health care.

Adams, T. and A. Richardson (2005). "Innovative practice: Developing a learning set within dementia care: A practice development project." Dementia: The International Journal of Social Research and Practice **4**(2): 307-312.
The project was underpinned by the idea of 'community of practice' which sees learning as occurring through the participation of members of the same community, in this case dementia care nurses, by sharing mutual ideas and knowledge about how practice may be accomplished. It was thus envisaged that a learning set would provide an excellent resource on the ward that would offer shared learning and enable participating nurses to address situations they were finding difficult to address within practice. Six hour-long sessions were arranged. The procedure for each session followed the same pattern. The facilitators listened to the nurse's account and, where necessary, asked the nurse to repeat and elaborate points that they were making. Following the process outlined in the 'The Dementia Learning Cycle', the facilitators helped the participants to identify what was helpful or unhelpful about the situation they were describing. The facilitators then helped the participants to identify what they could do to address the situation and worked with them on developing a nursing care plan. The nurses found that knowing about the personal and family history of clients helped the nurses to develop insights that were worthwhile in the construction of action plans. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Albrecht, S. (2010). "Understanding employee cynicism toward change in healthcare contexts." International Journal of Information Systems and Change Management **4**(3): 194-209.
As the healthcare sector continues to go through transformational change, it is important to identify organisational factors that impact on employee attitudes to change. There is limited empirical evidence about the determinants of cynicism toward change, particularly in the healthcare sector environment. In this paper, a model is proposed which identifies three key antecedents of cynicism toward change: change information, involvement with change and trust in senior management. Data were collected from two healthcare sector organisations to test the proposed model. The results of confirmatory factor analysis (CFA) and structural equations modelling (SEM) suggest that change information, involvement in change processes and trust in senior management influence cynicism toward change. More specifically, evidence is presented which suggests that involvement in change and trust in senior management directly influence

cynicism toward change, and that information about change and involvement in change directly influence trust in senior management. Collectively, the antecedent variables accounted for just over 50% of the variance in cynicism toward change. In general terms, the findings will prove helpful to human resource practitioners interested in diagnosing and managing attitudes to change of healthcare employees. © 2010 Inderscience Enterprises Ltd.

Alikhan, L. M., R. J. Howard, et al. (2009). "From a project to transformation: how "going against the flow" led to improved access and patient flow in an academic hospital." Healthcare Management Forum **22**(3): 20-26.
A results-driven approach to optimizing patient flow, grounded on quality improvement, change management and organizational learning principles, is described. Tactics included collaborative governance, performance management, rapid process improvements and implementation toolkits. Results included an 83.1% decrease in emergent volumes waiting for greater than 24 hours and a 49.1% improvement in emergency department length of stay for admitted patients. There were no adverse outcomes on other key indicators. Sustainability remains the challenge but early results are encouraging.

Anderson, M. E. (1996). Franciscan values in a medical center: From myth to reality a case study, US: ProQuest Information & Learning. **56:** 6019.
Health care delivery in the United States is evolving at an unprecedented rate as a result of a variety of market and social forces. As the delivery system moves to anticipate needs, many health care organizations are transforming their structures and are engaging in mergers and acquisitions. Research on a number of mergers suggests that organizational culture with its bedrock of values is perhaps the single most important factor determining the organization's capability for adaptation and renewal. While values can provide a common direction for an organization, the question asked in this research is: How do values inform and affect the delivery of health care? The particular values focused upon are derived from a Franciscan sponsoring group. They are articulated as the 4 C's: compassion, competence, collaboration and creativity. The process of value articulation and implementation was also studied. A case study was conducted of a 631 bed medical center committed to the integration of the 4 C's. A triangulation method using semi-structured interviews, observation and document analysis was employed. The findings demonstrated that the medical center possessed a strong culture and that the processes used in the articulation and implementation of the values were effective. Both managers and employees demonstrated that they were informed on the stated values and they believed that they affected their delivery of health care in a positive manner. Customer satisfaction responses supported that perception. Recommendations were made by the researcher to the administration of the medical center in the areas of mission and values implementation, change management and total quality improvement. The researcher also gave suggestions for further research. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Apker, J. (2004). "Sensemaking of change in the managed care era: A case of hospital-based nurses." Journal of Organizational Change Management **17**(2): 211-227.
This study explores how nurses working in a large, metropolitan hospital make sense of the managed care change. Findings from 24 nurse interviews suggest that nurse Sensemaking has generated interpretations of managed care change that are grounded in the caregiving role. Study results show that nurses view managed care with ambiguity. Nurses understand managed care change as instrumental in encouraging collaboration and affecting patient care quality. Implications are drawn regarding the importance of identity construction to the Sensemaking process and illustrate the paradox of change in the managed care era. Although nurses view collaboration and professional empowerment as positive outcomes of managed care, further analysis reveals that these values function ideologically, promoting managed care concerns over worker interests. Concertive control - a team-based process which shifts organizational control from management to employees - is explored as a way that workers act in accordance with management decisions and uphold traditional power structures. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Archibong, U. E. (2002). "Changing from task nursing to primary nursing in Nigeria -- the case of St. Luke's Specialist Hospital -- Anua." West African Journal of Nursing **13**(2): 118-131.
Despite the proliferation of research on primary nursing, most studies have investigated the effects of primary nursing on quality of care, job satisfaction and collegial relationships. Little attention has been given to what nurses actually do during the care process. The purpose of this paper is to bring to bear the process of changing from old practices to new ones with an attempt to describe exactly what nurses did during the change from traditional taskoriented nursing to practice of primary nursing in a model ward. Report on the nurses' perception of the change has been presented. The three major elements of the change were: the involvement of the nursing staff at the unit level; support from management and support and participation of patients and families. Although the other health care practitioners were not particularly positive towards change yet they were not resistant.

Armitage, P., J. Champney-Smith, et al. (1991). "Primary nursing and the role of the nurse preceptor in changing long-term mental health care: an evaluation." Journal of Advanced Nursing **16**(4): 413-422.
The main aims of this action research study were to implement primary nursing in two long-term psychiatric rehabilitation/continuing-care wards and to investigate the effects of the intervention on the quality of nursing care provision. This evaluation took the form of a quasi-experimental time series analysis. A package of measures together with a number of peripheral indicators was used before primary nursing was introduced on each ward and again after primary nursing had become established. The results showed that the implementation of primary nursing led to nurses being more accountable for care, residents who were seen to be more self-sufficient and independent and wards which had an improved environment for care and rehabilitation.

Awad, S. S., S. P. Fagan, et al. (2005). "Bridging the communication gap in the operating room with medical team training." American Journal of Surgery **190**(5): 770-774.
BACKGROUND: In the operating room (OR), poor communication among the surgeons, anesthesiologists, and nurses may lead to adverse events that can compromise patient safety. A survey performed at our institution showed low communication ratings from surgeons, anesthesiologists, and OR nursing staff. Our objective was to determine if communication in the operating room could be improved through medical team training (MTT). METHODS: A dedicated training session (didactic instruction, interactive participation, role-play, training films, and clinical vignettes) was offered to the entire surgical service using crew resource management principles. Attendees also were instructed in the principles of change management. A change team was formed to drive the implementation of the principles reviewed through a preoperative briefing conducted among the surgeon, anesthesiologist, and OR nurse. A validated Likert scale survey with questions specific to effective communication was administered to the nurses, anesthesiologists, and surgeons 2 months after the MTT to determine the impact on communication. Data are presented as mean +/- SEM. RESULTS: There was a significant increase in the anesthesiologist and surgeon communication composite score after medical team training (anesthesia pre-MTT = 2.0 +/- .3, anesthesia post-MTT = 4.5 +/- .6, P <.0008; surgeons pre-MTT = 5.2 +/- .2, surgeons post-MTT = 6.6+/-.3, P <.0004; nurses pre-MTT = 4.3 +/- .3, nurses post-MTT = 4.2 +/- .4, P = .7). CONCLUSIONS: Medical team training using crew resource management principles can improve communication in the OR, ensuring a safer environment that leads to decreased adverse events.

Baillie, L. and A. Gallagher (2010). "Evaluation of the Royal College of Nursing's 'Dignity: At the heart of everything we do' campaign: Exploring challenges and enablers." Journal of Research in Nursing **15**(1): 15-28.
Dignity in care has become a key policy, practice and political priority. This development has become more pressing as media, anecdotal and research reports have highlighted dignity deficits in care. In response to such reports and to concerns of the membership and general public, the Royal College of Nursing initiated a high-profile campaign (Dignity: at the heart of everything we do) involving engagement with stakeholders, a survey of members and the development and dissemination of educational and practice development materials. This article details findings from

part of the evaluation of the Royal College of Nursing dignity campaign, which used a qualitative case study design across seven UK sites. The study used interviews with 51 staff members, direct observation of the physical care environment and document analysis, and data were analysed using thematic analysis. The article focuses on two areas: enablers (staff receptivity and creativity; organisational support and leadership; and campaign educational materials) and challenges (time constraints; and staff attitudes and insight). © The Author(s) 2009.

Baker, A., G. Peacock, et al. (2009). "Applications of appreciative inquiry in facilitating culture change in the UK NHS." Team Performance Management **15**(5-6): 276-288.
Purpose - This paper aims to combine and compare the experiences of appreciative inquiry (AI) using AI methods for data creation, collection and analysis to describe a set of "rules of thumb" for the occasions when AI can add value in managing operational and cultural changes in healthcare organisations. Design/methodology/approach - The team that began to introduce AI to King's College Hospital met twice, each time using AI methods to collect and process narrative of their experiences of AI in their work. The eight members recalled as many of the AI-related experiences and applications in their professional lives as possible, big and small. The data were collected as key points and quotable quotes, and shared for reflection, and a second time to identify and record common features of success and those aspects which seemed to be responsible for that success. Findings - The paper identified ten groups of applications where AI offered solutions superior to others used, or where the currently applied methodology reached an impasse that was resolved by AI. It proposes that these applications are added to the growing list of uses of AI in change management and managing organisational behaviour. Originality/value - While there are many published descriptions of successful use of AI in organisational development projects, the paper is unable to identify a compendium of practical descriptions of the use of AI. The paper is therefore valuable for anyone in a management or change-management role with interest and some experience in AI in deciding how to use this methodology from day to day. © Emerald Group Publishing Limited.

Balfour, M. (2001). "Searching for sustainable change." Journal of Clinical Nursing **10**(1): 44-50.
• Change in nursing practice has been dogged by factors which have been perceived to be outside the autonomy of nurses. Consequently, projects have been initiated which have then faltered or even ceased altogether. • This paper reports on an action research study that was carried out in Newcastle from 1997 to 1999 and used the process within a focus group setting to rekindle and sustain an innovative change. • The aim of the study was to look at staff perceptions surrounding development of the practice of self-administration of medication for patients. • The findings support the view that all disciplines need to be involved in health service change. • Health service employees should have a knowledge of the theory associated with the change process and be open about their views of proposed alterations in practice. • They also need to have a sense of dissatisfaction with the present, a clear outline of what the problem is and the direction which they intend to take. • Change involves many complex issues. It should be worked through from a bottom-up approach and consist of repeated evaluation exercises which are akin to a cyclical strategy and include a reflective process. © 2001 Blackwell Science Ltd.

Baron, S. (2009). "Evaluating the patient journey approach to ensure health care is centred on patients." Nursing times **105**(22): 20-23.
BACKGROUND: In order to become more patient focused, the City Hospitals Sunderland NHS Foundation Trust developed the 'patient journey' approach, which was a 'comprehensive practice development/service improvement' model. AIM: For an 'outsider' (a newly qualified nurse with personal experiences as a patient) to implement a new patient journey in an unrelated hospital trust, to enable an impartial and independent evaluation of the model. METHOD: This was an action-research study, with data collected through a variety of sources such as matrix sampling, project team meetings, mapping and semi-structured qualitative interviews. RESULTS: Participants spoke extremely highly of the care received, while interviews revealed more insightful and sometimes distressing information. A number of changes to service delivery were made as a result, including the introduction of a dedicated telephone line giving patients direct contact with the vascular nurse practitioner. DISCUSSION: The most notable attributes of the patient journey

approach are: giving patients a 'voice'; enhancing collaborative multidisciplinary teamwork; shared ownership and decision-making; providing evidence to substantiate change; and achieving results. CONCLUSION: The City Hospitals Sunderland patient journey approach is an effective, patient-centred, collaborative service improvement model.

Bell, M. and S. Procter (1998). "Developing nurse practitioners to develop practice: the experiences of nurses working on a nursing development unit." Journal of nursing management **6**(2): 61-69.
AIM: To elicit nurses' accounts of their involvement with nursing research and their interpretations of the meaning of these projects for their practice. BACKGROUND: The links between research and practice development in health care are poorly understood and require further exploration in the light of the emerging research and development agenda within the National Health Service. METHODS: Semi-structured interviews were conducted with 15 qualified nurses working on a Nursing Development Unit. The interviews were tape recorded, transcribed and analysed thematically. FINDINGS: Data analysis identified two distinct groups--a core group of nurses actively engaged in the research projects and a peripheral group involved in data collection. The characteristics of the core group mirror the characteristics of those involved in nonresearch-based practice development activities. CONCLUSIONS: Engaging in research activities does not always result in the development of practice, however, there appears to be a link between practice development and critical thinking.

Bellman, L., C. Bywood, et al. (2003). "Advancing working and learning through critical action research: Creativity and constraints." Nurse Education in Practice **3**(4): 186-194.
Continuous professional development is an essential component within many health care 'Learning Organisations'. The paper describes the first phase of an initiative to develop a professional practice development framework for nurses in an NHS general hospital. The project was undertaken within a critical action research methodology. A tripartite arrangement between the hospital, a university and professional nursing organisation enabled clinical, educational and research support for the nurses (co-researchers) engaged in the project. Initial challenges were from some managers, educationalists and the ethics committee who did not appear to understand the action research process. A multi-method approach to data collection was undertaken to capture the change process from different stakeholders' perceptions. Triangulation of the data was undertaken. Despite organisational constraints, transformational leadership and peer support enabled the co-researchers to identify and initiate three patient-focused initiatives. The change process for the co-researchers included: enlightening personal journey, exploring the research-practice gap, enhancing personal and professional knowledge, evolving cultural change and collaborative working, empowering and disempowering messages. A hospital merger and corporate staff changes directly impacted on the project. A more flexible time-scale and longer term funding are required to enable continuity for trust-wide projects undertaken in dynamic clinical settings.

Bellman, L. M. (1996). "Changing nursing practice through reflection on the Roper, Logan and Tierney model: the enhancement approach to action research." Journal of Advanced Nursing **24**(1): 129-138.
To the clinical practitioner both nursing models and nursing research may currently be viewed as distant and elitist. In the current political climate neither may be highly valued by practitioners or managers. Yet, by facilitating group reflection on the nursing model identified in the ward philosophy and adopting the enhancement approach to action research, surgical nurses were empowered to effect change and, consequently, to enhance the quality of patient care in their ward. The study was undertaken in two phases over a 15-month period and utilized a multi-method approach. In phase 1 triangulation of the data enabled the practitioners/co-researchers to identify and reflect on patients' psychological needs within the independence/dependence continuum of the Roper et al. (1990) model. Phase 2 involved a collaborative approach to the planning, implementation and evaluation of innovations which resulted from reflection on practice. Nurse-doctor relationships including anaesthetist noncompliance were, though, a controversial issue. Collaborative practice was undermined by the co-researchers' ambivalence concerning

feedback from the medical staff. Overall, however, the individual contribution of each co-researcher was recognized and valued. They had both choice and control which enabled them to develop personally and professionally. Group reflection was seen as an essential feedback strategy during the change process.

Boomer, C. A. and B. McCormack (2010). "Creating the conditions for growth: A collaborative practice development programme for clinical nurse leaders." Journal of Nursing Management **18**(6): 633-644.
Aim: To evaluate a 3-year practice development (PD) programme for clinical nurse leaders. Background: The development of effective leaders is a key objective to progress the modernization agenda. This programme aimed to develop the participants alongside development of the culture and context of care. Methods: Programme evaluation methodology to determine the 'worth' of the programme, inform the experience of the participation, effect on workplace cultures and determine effectiveness of the process used. Results: Created the conditions for growth under two broad themes: process outcomes demonstrating growth as leaders contributing to cultural shifts; and general outcomes demonstrating practice changes. Conclusions: Developing communities of reflective leaders are required to meet demands within contemporary healthcare. PD provides a model to develop leaders to achieve sustainable changes and transform practice. Implications for nursing management: Active collaboration and participation of managers is crucial in the facilitation of and sustainability of cultural change. Approaches adopted to develop and sustain the transformation of practice need to focus on developing the skills and attributes of leaders and managers as facilitators. © 2010 The Authors. Journal compilation © 2010 Blackwell Publishing Ltd.

Booth, K., K. A. Luker, et al. (2003). "Macmillan cancer and palliative care specialists: their practice development support needs." International journal of palliative nursing **9**(2): 73-79.
This study explores the practice development support needs of specialist nurses working in cancer and palliative care, in order to assist in the improvement of cancer and palliative care services. Using a whole population survey, postal questionnaires were sent to 1144 Macmillan post holders in England, Scotland and Wales. There was a 75.7% response rate. Three focus groups consisting of a total of 21 respondents were also used as a secondary form of data collection to supplement and expand upon the questionnaire responses. The findings reveal substantial practice development needs, particularly in relation to organizational support and guidance, education support, resources and access to evidence. The study demonstrates that nurses felt unable to engage in improving care unless initiatives were supported in practical ways by their organizations.

Boström, A. M., A. Ehrenberg, et al. (2009). "Registered nurses' application of evidence-based practice: A national survey." Journal of Evaluation in Clinical Practice **15**(6): 1159-1163.
Background Evidence-based practice (EBP) is a worldwide approach to improving health care. There is, however, a shortage of studies examining whether or not newly graduated health care professionals are actually applying EBP in their daily work. Objectives To examine the application of EBP in clinical practice by registered nurses (RNs) 2 years post graduation and to explore whether the application of EBP differed with regard to the clinical settings where RNs were working. Method A cross-sectional design using a national sample. Data were collected in 2007 from 987 RNs (response rate 76%). Six items measuring respondents' self-reported extent of applying EBP were used. Results Of the 987 RNs, 19% formulated questions and performed searches in data bases, 56% used other information sources, 31% appraised the literature, 30% participated in practice development and 34% participated in evaluating clinical practice. A greater proportion of the RNs working in elder care applied EBP compared with the RNs working in hospitals, psychiatric care and primary care. Conclusions The RNs applied the components of EBP to a rather low extent 2 years post graduation despite EBP being an important objective in Swedish health care and educational programmes since the 1990s. These findings support other studies reporting the implementation of EBP in organizations as a complex and often slow process. The differences in the RNs extent of applying EBP in relation to their workplace indicate that contextual factors and the role of the RN in the organization are of importance for getting

EBP into practice. © 2009 Blackwell Publishing Ltd.

Bowers, L., C. Flood, et al. (2008). "A replication study of the City nurse intervention: Reducing conflict and containment on three acute psychiatric wards." Journal of Psychiatric and Mental Health Nursing **15**(9): 737-742.
Conflict and containment on acute inpatient psychiatric wards pose a threat to patient and staff safety, and it is desirable to minimize the frequency of these events. Research has indicated that certain staff attitudes and behaviours might serve to accomplish this, namely, positive appreciation, emotional regulation and effective structure. A previous test of an intervention based on these principles, on two wards, showed a good outcome. In this study, we tested the same intervention on three further wards. Two 'City nurses' were employed to work with three acute wards, assisting with the implementation of changes according to the working model of conflict and containment generation. Evaluation was via before-and-after measures, with parallel data collected from five control wards. While simple before-and-after analysis of the two experimental wards showed significant reductions in conflict and containment, when a comparison with controls was conducted, with control for patient occupancy and clustering of results by ward, no effect of the intervention was found. The results were therefore ambiguous, and neither confirm nor contradict the efficacy of the intervention. A further intervention study may need to be conducted with a larger sample size to achieve adequate statistical power. © 2008 Blackwell Publishing Ltd.

Bradley, E. H., M. Schlesinger, et al. (2004). "Translating research into clinical practice: making change happen." Journal of the American Geriatrics Society **52**(11): 1875-1882.
OBJECTIVES: To describe the process of adoption of an evidence-based, multifaceted, innovative program into the hospital setting, with particular attention to issues that promoted or impeded its implementation. This study examined common challenges faced by hospitals implementing the Hospital Elder Life Program (HELP) and strategies used to address these challenges. DESIGN: Qualitative study design based on in-depth, open-ended telephone interviews. SETTING: Nine hospitals implementing HELP throughout the United States. PARTICIPANTS: Thirty-two key staff members (physician, nursing, volunteer, and administrative staff) who were directly involved with the HELP implementation. MEASUREMENTS: Staff experiences implementing the program, including challenges and strategies they viewed as successful in overcoming challenges of implementation. RESULTS: Six common challenges faced hospital staff: (1) gaining internal support for the program despite differing requirements and goals of administration and clinical staff, (2) ensuring effective clinician leadership, (3) integrating with existing geriatric programs, (4) balancing program fidelity with hospital-specific circumstances, (5) documenting positive outcomes of the program despite limited resources for data collection and analysis, and (6) maintaining the momentum of implementation in the face of unrealistic time frames and limited resources. Strategies perceived to be successful in addressing each challenge are described. CONCLUSION: Translating research into clinical practice is challenging for staff across disciplines. Developing strategies to address common challenges identified in this study may facilitate the adoption of innovative programs within healthcare organizations.

Brooks, F. and P. Scott (2006). "Exploring knowledge work and leadership in online midwifery communication." Journal of Advanced Nursing **55**(4): 510-520.
Aim. This paper reports a study to answer the following question: if given a user-friendly online system, that enabled communication across the practice community, would midwives function as knowledge workers? Background. Globally, the demand for quality-led and innovative service delivery requires that nurses and midwives shift from being 'information workers', or passive receivers of managerial and organizational decisions, to become 'knowledge workers' who are able to create, lead and communicate service innovation and practice development. New communication technologies may offer a means for healthcare professionals to interact as knowledge workers and develop supportive communities of practice. Methods. An online discussion forum was implemented as a low-cost technological intervention, deploying existing hardware and a standard hospital intranet. The evaluation of the forum was constructed as case-study organizational research. The totality of online communication, both traffic and content, was

analysed over a 3-month period (193 messages downloaded 2003/2004), and 15 in-depth interviews were undertaken with forum users. Findings. Given simple, facilitative, innovative technology, supported by a positive working culture and guided by effective leadership, midwives could function as 'knowledge workers', critically reflecting upon their practice and translating knowledge into action designed to achieve change in practice. Participation occurred across all staff grades, and midwives were predominantly supportive and facilitative towards the contributions made by colleagues. Conclusion. Midwives may be well placed to exemplify the 'ideal' characteristics of the knowledge worker being demanded of modern healthcare professionals. The deployment of online interactive technologies as part of strategic vision to enhance knowledge work among healthcare professionals should be given attention within health systems. © 2006 The Authors.

Brown, R. (2000). "An assessment of the skills required to promote clinical effectiveness." All Ireland Journal of Nursing & Midwifery **1**(1): 22-29.
The move towards evidence-based practice and continuous quality improvement (clinical effectiveness) will only be realised if individual practitioners develop the skills and enthusiasm required to supportgood practice. Organisations must also put into place a strategic framework that links research, education, quality assurance and information services. The currentstudyset out to examine these variables in a sample of nurses, midwives and health visitors (n=261, response rate = 51%) from an integrated primary/secondary care trust in Northern Ireland. A questionnaire was administered to all 515 nursing practitioners in the trust and all data were coded and analysed using the software package EPINFO for windows, version 5.0.
The findings indicate that nurses who undertake post-registration education to degree level may be more confident in applying the skills required for the promotion of clinical effectiveness. However, only 35 per cent of all respondents have been involved in an audit project during the last two years, with more experienced nurses undertaking audit projects than staff nurses (28%) and health visitors (27%).
Forty four per cent of staff feel that research findings are not easily understood, while 42 per cent report that findings are not easily transferable into practice. Twenty seven per cent of staff have access to the internet while only 18 per cent of all respondents feel confident using computers to search for evidence-based information. Sixty two per cent of the sample agreed that active involvement in practice development is part of their job, while 90 per cent can identify person al benefit from the implementation of evidence-based practice. The necessity for work-based training and education through the application of nurse-education/service partnerships, in conjunction with the development of a supportive infrastructure is emphasised in the conclusions.

Burton, C. R., A. Fisher, et al. (2009). "The organisational context of nursing care in stroke units: A case study approach." International Journal of Nursing Studies **46**(1): 85-94.
Background: Internationally the stroke unit is recognised as the evidence-based model for patient management, although clarity about the effective components of stroke units is lacking. Whilst skilled nursing care has been proposed as one component, the theoretical and empirical basis for stroke nursing is limited. We attempted to explore the organisational context of stroke unit nursing, to determine those features that staff perceived to be important in facilitating high quality care. Design: A case study approach was used, that included interviews with nurses and members of the multidisciplinary teams in two Canadian acute stroke units. A total of 20 interviews were completed, transcribed and analysed thematically using the Framework Approach. Trustworthiness was established through the review of themes and their interpretation by members of the stroke units. Findings: Nine themes that comprised an organisational context that supported the delivery of high quality nursing care in acute stroke units were identified, and provide a framework for organisational development. The study highlighted the importance of an overarching service model to guide the organisation of care and the development of specialist and advanced nursing roles. Whilst multidisciplinary working appears to be a key component of stroke unit nursing, various organisational challenges to its successful implementation were highlighted. In particular the consequence of differences in the therapeutic approach of nurses and therapy staff needs to be explored in greater depth. Successful teamwork appears to depend on opportunities for the development of relationships between team members as much as the use

of formal communication systems and structures. A co-ordinated approach to education and training, clinical leadership, a commitment to research, and opportunities for role and practice development also appear to be key organisational features of stroke unit nursing. Recommendations for the development of stroke nursing leadership and future research into teamwork in stroke settings are made.

Caccia-Bava, M. D. C., V. C. K. Guimaraes, et al. (2009). "Testing some major determinants for hospital innovation success." International Journal of Health Care Quality Assurance **22 (5)**: 454-470.

Purpose: Hospitals have adopted new policies, methods and technologies to change their processes, improve services, and support other organizational changes necessary for better performance. The literature regarding the four major areas of strategic leadership, competitive intelligence, management of technology, and specific characteristics of the organization's change process propose their importance in successfully implementing organization innovation. While these factors may indeed be important to enhance hospital performance, the existing literature contains limited empirical evidence supporting their relationship to successfully implementing innovation in hospitals. This study aims to empirically test these relationships proposed in the literature by researchers in separate knowledge areas. Design/methodology/approach: A survey of 223 hospitals has been used to test an integrated model of these relationships. The response rate and the representativeness of the sample in terms of hospital size and geographical location were found satisfactory. The quality assurance/compliance managers for each hospital were the target respondents to questions, which require a corporate perspective while reducing the chance of bias for questions regarding top management leadership abilities. Findings: The results provide clear evidence about the importance of strategic leadership, competitive intelligence, management of technology, and specific characteristics of the hospital's change process to the hospitals success in implementing innovation. Practical implications: Given the importance of hospitals to change their processes, improve services, and support other organizational changes necessary for better performance, a great benefit is that the main factors for successful innovation have been brought together from scattered literature and tested among hospitals. Further, the items used for measuring the main constructs provide further insights into how hospital administrators should go about developing these areas within their organizations. Originality/value: This study is a first attempt at empirically testing the importance of strategic leadership, competitive intelligence, management of technology, and specific characteristics of the hospital's change process for the success of innovation efforts. Emerald Group Publishing Limited.

Carr, S. M. and C. L. Clarke (2010). "The manager's role in mobilizing and nurturing development: Entrenched and engaged approaches to change." Journal of Nursing Management **18**(3): 332-338.

Aims: Drawing on findings from the evaluation of a Health Action Zone (HAZ), this paper explores the manager's role in promoting and nurturing learning. Background: Initiating practice development is a core function of the manager's role. Learning must be nurtured to reach beyond individual to organizational learning and address knowledge exchange as well as creation. In the United Kingdom, HAZs were established to reduce health inequalities. They embraced a variety of service delivery approaches, all with an emphasis on developing new ways of working and innovation. Methods: Qualitative interviews of the HAZ coordinators, performance manager and staff delivering services. Results: Two alternative ways of engagement and entrenchment to practice were identified to developing new ways of working and learning from experience. Conclusions: Development of sustainable and enduring structures which facilitate learning at both individual and organizational levels are key to utilization of knowledge and accumulation of learning. Implications for nursing management: When entrenched and engaged experiential learning in practice are pursued, the role of the manager as a catalyst needs to be highlighted. A tool is proposed to facilitate reflection and promote action plan development. This tool has potential general application, but our experience is that it makes a specific contribution to public health and primary care.

Carrazzone, D. (2009). Educational strategies for advancing evidence based practice: providing best patient care, Fairleigh Dickinson University. **D.N.P.:** 76 p.
Nurses have generally relied on tradition rather than research to provide best patient care. Today, there is increasing recognition that best patient care is possible only through evidence-based practice (EBP). The Institute of Medicine (IOM) has recommended that all healthcare interventions by 2020 be evidence-based (2001); yet incorporating EBP into nursing practice remains a challenge for many organizations. Many suggestions, particularly the establishment of EBP educational programs and an EBP culture, have been proposed on how to bridge the gap between traditional and evidence-based nursing practice.
This EBP project focuses on a pilot study that was carried out on staff nurses in a hospital's surgical step-down unit. The aim of the study was to examine the effectiveness of a Basic EBP Educational Program in increasing the surgical step-down unit staff nurses knowledge and application of EBP. After a process of planned change in implementing EBP into the nursing practice of the staff nurses on the unit, the emphasis of a Basic EBP Educational Program was important in this pilot study to ensure successful implementation of changes. The EBP Educational Program was successful, benefiting the staff nurses on the surgical step-down unit as well as the patients. The outcome of this EBP project provides a template for implementing EBP within an organization.

Chaboyer, W., J. Johnson, et al. (2010). "Transforming care strategies and nursing-sensitive patient outcomes." Journal of Advanced Nursing **66**(5): 1111-1119.
Aim. This paper is a report of the effects of implementing 13 Transforming Care At the Bedside improvement strategies on medication errors, patient falls and pressure ulcers. Background. A number of international reports and research studies have led to a focus on safety and quality in health care. Transforming Care At the Bedside involves nursing managers and front-line staff together contributing to practice improvement. Method. An observational, time series study in two medical units in one Australian hospital was conducted. Statistical process control analysis was used to identify changes in the outcomes. Routinely collected, anonymous clinical incident reports were used to calculate the proportion of reported clinical incidents that were reported to result in patient harm in the 15 months prior to and 18 months after Transforming Care At the Bedside strategies were implemented, between February, 2005 and December, 2007. Results. The proportion of reported medication errors, falls and pressure ulcers that resulted in harm as reported in clinical incident reports were reduced from 46DT3% to 17DT1%, 97DT0% to 51DT0% and 91DT3% to 46DT6% respectively, representing an absolute reduction by about one half. Consistent, sustained improvement in the first two was demonstrated, but analysis showed wide variation in the third - pressure ulcers - which meant that the differences in this outcome may have occurred by chance. Conclusion. A rapid change management cycle such as Transforming Care At the Bedside can be a useful process when implementing numerous clinical changes in short succession.

Chreim, S., B. E. Williams, et al. (2010). "Change agency in a primary health care context: the case of distributed leadership." Health Care Management Review **35**(2): 187-199.
BACKGROUND: Integration of services across disciplines and organizations has been pursued increasingly in the primary care sector. Successful integration requires adept leadership of change. There have been questions about the extent to which studies on change agency that focus on a stand-alone leader are applicable in the complex setting of health care. It has been suggested that a model of collective leadership is more appropriate to this setting. PURPOSE: The objective is to understand the dynamics of collective or distributed leadership by attending to change agency roles in a context involving collaboration across health organizations. The study examines how change agency roles develop, evolve, interact, and complement each other. It also examines the bases of the change agents' ability to exercise influence. METHODOLOGY: A qualitative, longitudinal case study allowed us to map the evolution of a successful model of leadership. We tracked changes and agents' roles by engaging in extensive observations and conducting 74 interviews over a period of 4 years. FINDINGS: The findings point to the importance of the distributed change leadership model in contexts where legitimacy, authority,

resources, and ability to influence complex change are dispersed across loci. Distributed leadership has both planned and emergent components, and its success in bringing about change is associated with the social capital prevalent in the site. PRACTICE IMPLICATIONS: Change leaders need to build a winning coalition of agents with complementary skills and resources that support the change. Successful change leadership involves investing time in finding common ground across stakeholders and in building credibility and trust. Having an agent whose main responsibility is to manage the change process is likely to bring more success than asking busy health care practitioners to take on this charge because in the latter case, there is likelihood of dilution of change focus and momentum.

Cioffi, J., C. Leckle, et al. (2007). "Practice development: A critique of the process to redesign an assessment." Australian Journal of Advanced Nursing **25**(2): 70-77.
Objective: This paper presents a brief description of an activity to redesign a nursing assessment followed by a critique of the practice development process used. Setting: Adult acute care general hospital wards. Primary argument: Practice development can address shortfalls in clinical practice by using a systematic process to change practice so improving health care. Through the application of a professional development activity addressing assessment the described process provides the basis for a critique that gives directions for ongoing similar activities. Conclusions: Directions identified for ongoing practice development activities are: engage all staff in the change process who own the practice; appoint alternative persons with delegated authority for key facilitators; build professional development into the practice change; provide service users (eg patient representatives) with mentoring; develop transformational strategies that address not only the dominant organisational culture but also existing subcultures; and employ an emancipatory practice development process. The main recommendation for practice development in bureaucratic organisations is to develop and establish the evidence base necessary to ensure the process is effective.

Clark, T. and S. Holmes (2007). "Fit for practice? An exploration of the development of newly qualified nurses using focus groups." International Journal of Nursing Studies **44**(7): 1210-1220.
Previous research in the newly qualified has primarily focused upon their levels of competence at the time of registration rather than upon the way that this continues to develop over time. Though newly qualified nurses are expected to be competent and able to practice independently without direct supervision the reality is that, for most, their training has not equipped them with the knowledge, skills or confidence necessary for independent practice. This belief provided the foundations for this study designed to gain an understanding of the way that competence develops amongst nurses themselves and how this is seen by their managers and those working with them. It focused neither on what competencies nurses possessed nor on the level of overall competence but rather on the factors influencing the development of competence over time. Research design: This qualitative exploratory study relied upon a combination of focus groups and individual interviews to access information and perceptions not readily accessible through more quantitative means. Data collection: Data was collected using focus groups involving newly qualified staff, including both those on a development programme and those in substantive posts, experienced qualified nurses (preceptors) and practice development nurses. A total of twelve focus groups were conducted yielding a purposive sample of 105 volunteer participants; groups were continued until no new data emerged and saturation was achieved. Ward managers (5) were interviewed individually and their data was added to that obtained from the focus groups. Analysis: Content analysis of the transcripts enabled the material to be explored systematically to identify relevant themes and categories within the data thus helping to clarify descriptions of the major issues identified; these were returned to the participants to ensure validity in data interpretation. Findings: Ward managers appear to have low expectations of the newly qualified while 'new' nurses themselves believe that they are expected to be able to fulfil tasks that they feel ill-equipped to undertake. This emphasises the need for appropriate support to enable them to develop their knowledge, skills and confidence and enable independent practice. While staff development programmes benefit some, others gain equal value from supportive preceptorship in helping them to develop the clinical and managerial skills necessary in today's healthcare climate.

Clarke, C. and S. Procter (1999). "Practice development: Ambiguity in research and practice." Journal of Advanced Nursing **30**(4): 975-982.
Practice development activity occupies an ambiguous position in relation to both clinical practice and research. In practice, it is seen at times as an added extra to normal work despite arguably being an inherent part of professional practice. In research, it fails to demonstrate the rigour of being generalisable because of its explicit location in a specific care environment. The study reported in this paper explored the implications of this ambiguity for practitioners who seek to develop health care practice. Ten focus groups were held with health care researchers and practitioners concerning the processes of developing practice in the North East of England. The results demonstrate how people manage themselves and the uncertainty that surrounds the use of research in clinical practice. The paper argues for an appreciation of reflexive forms of research, such as action and practitioner research, which do not disassociate research and practice and in which practitioners have a role in knowledge creation as well as knowledge implementation.

Clarke, C. L. and J. Wilcockson (2001). "Professional and organizational learning: Analysing the relationship with the development of practice." Journal of Advanced Nursing **34**(2): 264-272.
Background. Organizational and professional learning are interrelated processes that underpin the contemporary drive for a quality evidence-based delivery of health care in the United Kingdom (UK). Design. A soft systems methodology was used to explore the pervasiveness of practice developments. Three case study sites were identified using matrix sampling and data collected through 29 individual interviews and two focus group interviews, with the interviews augmented with a tool designed to maximize analysis of the processes of developing practice. Findings. The resultant model of developing health care practice includes three processes: using and creating knowledge, understanding and practice of patient care, and effecting development. The whole model was underpinned by professional and organizational learning in which 'expert thinkers' engaged in double loop learning to reconceptualize care rather than just perpetuate existing patterns of care delivery.

Clarke, C. L. and J. Wilcockson (2002). "Seeing need and developing care: Exploring knowledge for and from practice." International Journal of Nursing Studies **39**(4): 397-406.
Examined the effects of practice development on the wider professional and organizational health community, and on patient care. 41 practitioners of various organizational positions and professions completed interviews. The Ss were associated with a mental health and primary care health promotion initiative, a nurse practitioner development, or a whole-organization practice development support mechanism. Additional collected data included Ss' created schematic maps of practitioner relationships. Results show that Ss relied on both external and contextual knowledge. Ss generally perceived that a culture encouraging decision making and risk taking was good for patient care. Practice development was perceived as having no particular end point. Findings suggest that practice is both a bottom-up and top-down process. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Clarke, D. J. and L. Copeland (2003). "Developing nursing practice through work-based learning." Nurse Education in Practice **3**(4): 236-244.
Developing nursing practice in any area demands skills, knowledge, support and a long term commitment to the achievement of best practice. It is easy to become overwhelmed by the competing demands for client care and service delivery. It is not always easy to see how good ideas, clinical concerns and professionally led objectives, can be realised in practice. Ongoing professional development activities, including formal educational programmes can contribute to individual staff members' ability to take on practice development projects. Too often however, educational programmes are seen as making little real difference to clinical practice. Work-based learning, a relatively new approach in higher education in the United Kingdom, presents opportunities for Universities and healthcare providers to work in partnership to realise the shared aims of developing nursing practice. Specific examples, drawn from the personal experiences of one of the authors, will examine the contribution of a work-based learning approach to integrating

learning and developing practice in the field of cancer care. The work-based learning approach can bring about tangible benefits for patients, practitioners and organisations, but only if the organisational and contextual factors which impact on practice and its development are properly considered and managed through effective partnerships.

Clarke, T., M. Kelleher, et al. (2010). "Starting a care improvement journey: Focusing on the essentials of bedside nursing care in an Australian teaching hospital." Journal of Clinical Nursing **19**(13-14): 1812-1820.

Aims and objectives: To evaluate and improve patient assessment practices, care practices, recognition of patient deterioration and communication in the acute ward environment. Background: A growing recognition of patient safety-related concerns in acute hospitals, a nursing shortage and a reduction in availability of skill and experience levels at the bedside led a group of clinicians to explore the issues that impacted on patient care at a ward level within their organisation. Design: Multimethod practice development study. This paper reports phase one of concept development. Method: A practice review was conducted using clinical audit processes that examined practice and documentation in relation to patient assessment parameters and care planning, specifically identifying whether changes in clinical parameters were identified and acted on. Results: Results highlighted a clear discrepancy between the care that was identified on the nursing care plan and the care the patient was receiving. Actions as a result of the disappointing audit results included changes to education programmes, strategies to improve critical discussion regarding clinical practices and the development of assessable domains of nursing care that were relevant and realistic to ward-based nurses. Conclusion: The results enabled the identification of eight domains of care and associated care outcomes that target strategies for care improvement. Emancipatory practice development methodology will be used to further progress this work and ensure successful implementation into clinical units. Relevance to clinical practice: This paper examines the critical discussions, audit processes and actions that took place, leading to the development of care outcomes for nurses. © 2010 The Authors. Journal compilation © 2010 Blackwell Publishing Ltd.

Coeling, H. V. E. and J. R. Wilcox (1990). "Using organizational culture to facilitate the change process." ANNA Journal **17**(3): 231-236.

Change in health care settings is occurring at an ever-increasing rate. One change is the implementation of new nursing care delivery systems. Although such changes are necessary responses to societal needs, they are not always welcomed by nursing personnel. Current organizational literature suggests that understanding a work group's culture can facilitate the change process. This article reports a qualitative research study that identified the work group culture of a renal unit and shows how the unit used an understanding of its unit culture to ease the change to primary nursing.

Crofts, L. (2006). "A leadership programme for critical care." Intensive & Critical Care Nursing **22**(4): 220-227.

This paper describes the genesis, design and implementation of a leadership programme for critical care. This was an initiative funded by the National Health Service (NHS) Nursing Leadership Project and had at the core of its design flexibility to meet the needs of the individual hospitals, which took part in it. Participation was from the multi-disciplinary critical care team. Six NHS hospitals took part in the programme which was of 20 days duration and took place on hospital sites. The programme used the leadership model of as its template and had a number of distinct components; a baseline assessment, personal development, principles of leadership and critical case reviews. The programme was underpinned by three themes; working effectively in multi-professional teams to provide patient focussed care, managing change through effective leadership and developing the virtual critical care service. Each group set objectives pertinent to their own organisation's needs. The programme was evaluated by a self-reporting questionnaire; group feedback and feedback from stakeholders. Programme evaluation was positive from all the hospitals but it was clear that the impact of the programme varied considerably between the groups who took part. It was noted that there was some correlation between the success of the programme and organisational 'buy in' as well as the organisational culture within which the

participants operated. A key feature of the programme success was the critical case reviews, which were considered to be a powerful learning tool and medium for group learning and change management.

Crouch, R., S. Haverty, et al. (1997). "Primary care in the A & E department: Meeting the challenge - A workshop series for A & E nurses." Nurse Education Today **17**(6): 481-486.
Accident and emergency (A & E) departments lie at the interface between primary and secondary care. Patients who attend the accident and emergency department with primary care needs have traditionally been seen as 'inappropriate' and labelled in pejorative terms. Over the past few years, however, new models of care have emerged through research and practice development for meeting the needs of this group of patients in A & E. For effective service development there is a need to challenge and change the traditional A & E culture. This paper describes an educational approach towards changing clinical practice, by disseminating research and practice development initiatives through a workshop series. It aimed to disseminate research in a relevant manner to practitioners and to develop the primary care orientation of a number of A & E departments in England and Scotland. The workshop series sought to influence clinical practice by sharing the experience of researchers and practitioners in a supportive learning environment. The use of this approach offered a means of bridging the gap between research and practice development. The paper outlines the rationale for the workshop series, its structure, aims and objectives, and the reported progress in relation to change management and service provision identified by the participants. The workshop series proved to be an effective means of disseminating experience of research, practice development and change management. © Harcourt Brace & Co Ltd 1997.

Currie, K. (2008). "Linking learning and confidence in developing expert practice." International Journal of Nursing Education Scholarship **5**(1).
This paper presents findings from a recent PhD grounded theory study exploring the practice development role of graduate specialist practitioners. A key finding within this theory is the influence of learning and confidence on the practitioner journey. The concept of confidence emerged repeatedly throughout the analysis and can be characterized as a motivational driver, a consequence of learning and gaining respect, and a condition for graduate specialist practitioners' moving on to impact in practice development. Analysis of the concept of confidence as it influences practice is limited in existing literature. This article seeks to address this gap by illustrating the centrality of learning and confidence in the development of expert specialist practices. It is anticipated that these findings will resonate with the experiences of clinicians and faculty internationally and heightened awareness of consequences of developing confidence can be utilized to strengthen the impact of a wide range of nursing programs. Copyright ©2008 The Berkeley Electronic Press. All rights reserved.

Currie, K., D. Tolson, et al. (2007). "Helping or hindering: The role of nurse managers in the transfer of practice development learning." Journal of Nursing Management **15**(6): 585-594.
Aim This paper reports selected findings from a recent PhD study exploring how graduates from a BSc Specialist Nursing programme, with an NMC-approved Specialist Practitioner Qualification, engage in practice development during their subsequent careers. Background The UKCC (1998) defines specialist practice as requiring higher levels of judgement, discretion and decision-making, with leadership in clinical practice development forming a core dimension of this level of practice. However, there is little evidence in the published literature that describes or evaluates the practice development role of graduate specialist practitioners. Methods This study applied a modified Glaserian approach to grounded theory methods. A preliminary descriptive survey questionnaire was posted to all graduates from the programme, response rate of 45% (n = 102). From these respondents, theoretical sampling decisions directed the selection of 20 participants for interview, permitting data saturation. Results The grounded theory generated by this study discovered a basic social process labelled 'making a difference', whereby graduate specialist practitioners are increasingly able to impact in developing patient care at a strategic level by coming to own the identity of an expert practitioner (Currie, 2006). Contextual factors strongly influence the practitioner journey, with organizational position and other people presenting

enabling or blocking conditions. Implications for nursing management The line manager plays a crucial role in helping or hindering graduate specialist practitioners to transfer their learning to the clinical setting and become active in practice development. Recommendations to enhance managerial support for the practice development role of graduate specialist practitioners are proposed. Adding to current knowledge This work adds to currently limited knowledge of the graduate specialist practitioners' role in the leadership of clinical practice development. In addition, the findings emphasize the potential influence of the workplace environment by analyzing organizational factors in the specific context of the graduate specialist practitioner attempting to develop practice. © 2007 The Authors. Journal compilation 2007 Blackwell Publishing Ltd.

Curzio, J. and M. McCowan (2000). "Getting research into practice: developing oral hygiene standards." British journal of nursing (Mark Allen Publishing) **9**(7): 434-438.
In 1997, the then Victoria Infirmary NHS Trust established a nursing research and practice development committee (NRPDC) to implement evidence-based practice in nursing care in response to its nursing strategy for 1998-2000. A survey of nursing projects was undertaken in 1996 and repeated in spring of 1998. Initially, 107 projects were identified which included 58 reviews of the literature. In 1998, 95 projects were identified with 42 reviews of literature. The number of research projects being undertaken by nurses in the trust increased from four to 15 and the number of audits increased from nine to 45. The NRPDC established a link nurse system to assist in developing practice at ward level and they have been offering a series of educational seminars. Oral hygiene was the first topic tackled trustwide, with a mouth care standard developed and staff knowledge subsequently surveyed 6 months after it was put into practice. Results demonstrated a good level of knowledge for general oral hygiene among trained and untrained staff. However, specialist oral care and care of stomatitis require some further updating. This survey has identified the increasing sophistication of the projects being undertaken by the nursing staff across the trust and the support they are receiving. This arrangement has provided the opportunity to demonstrate the impact of having a senior researcher available for advice at trust level. The NRPDC can improve the quality of evidence-based care delivered within the trust and it can provide a model for the implementation of evidence-based practice.

Dattée, B. and J. Barlow (2010). "Complexity and whole-system change programmes." Journal of Health Services Research and Policy **15**(SUPPL. 2): 19-25.
Objective: There has been growing interest in applying complexity theory to health care systems, both in policy and academic research discourses. However, its application often lacks rigour - authors discuss the properties of complex systems, state that they apply to health care and draw conclusions anchored around the idea of 'whole system change'. This paper explores the use of whole systems change in a programme to improve the delivery of unscheduled health care in Scotland. Methods: Qualitative case-studies of five health boards in Scotland reflecting different demographics, initial performance data and progress towards meeting programme targets. Results: The programme's collaborative approach was successful in moving to a culture of mutual understanding and greater awareness of the interdependencies between different functions within the hospitals. There was whole system working at the acute hospital level, leading to improved patient flows. But despite recognizing the need for whole system change overall, it proved hard to address relationships with stakeholders influencing wider out-of-hospital patient flows. This was exacerbated by the structure of the programme, which was designed much more around acute patient flows. Conclusions: The programme worked well to improve performance by focusing on interdependencies within a large part of the acute care subsystem but did not have the same impact at the overall health care system level. This has important implications for the design of policy and associated programmes which seek to effect whole system reform, or at least are realistic about the magnitude of change they can achieve. © The Royal Society of Medicine Press Ltd 2010.

Davies, J., F. Bickell, et al. (2011). "Attitudes of paediatric intensive care nurses to development of a nurse practitioner role for critical care transport." Journal of Advanced Nursing **67**(2): 317-326.

Aim. This paper is a report of a descriptive study of the attitudes and opinions of nurses before and after the introduction of independent Retrieval Nurse Practitioners into a critical care transport service for children.Background. Little is known about nurses' attitudes to advanced practice roles, particularly when these function as part of a team in a high-risk, remote setting (distant to the base hospital). Increasing knowledge in this area may give insight into ways of improving team working and enhancing quality of patient care.Method. A qualitative questionnaire was sent to nurses pre- (June 2006) and post- (July 2007) retrieval nurse practitioner introduction. Questionnaires were analysed using an adapted phenomenological method.Findings. The response rates were 62% (2006) and 48% (2007). The main themes that emerged included fear, communication, trust, team working, role conflict, role division and role boundaries. In the first survey, most nurses anticipated difficulties during retrieval with retrieval nurse practitioners and felt anxious about the prospect of being part of a team with an independent retrieval nurse practitioner. However, by the second survey (after retrieval nurse practitioner introduction), the majority reported confidence in the retrieval nurse practitioners' knowledge and skills.Conclusion. This advanced practice development has been a challenge for the nurses and the retrieval nurse practitioners, but initial anxieties and fears of a host of anticipated problems have been largely dispelled as enhanced communication and team working were reported. © 2010 Blackwell Publishing Ltd.

Davies, J. and F. Lynch (2007). "Pushing boundaries in paediatric intensive care: training as a paediatric retrieval nurse practitioner." Nursing in Critical Care **12**(2): 74-80.
Traditionally in the UK, the transportation of the critically ill child to a paediatric intensive care unit has been carried out by a medically led team of doctors and nurses. However, in countries such as the USA and Canada, appropriately trained nurse practitioners have proven to be competent in the transportation of these vulnerable children. This nurse-led team model has also been shown to be successful in the speciality of neonatal care in the UK. The impact of changes in the National Health Service (NHS) has led to an increased demand for the transportation of the child requiring paediatric intensive or high-dependency care, the lifting of restrictions on nursing practice and the reduction of doctors' hours in keeping with the European Working Time Directive. This has led to one NHS Trust in the UK developing the role of paediatric retrieval nurse practitioners (RNP): nurses who lead the retrieval team. The purpose of this article is to describe a pilot initiative to develop the role of RNPs. The comprehensive process of recruitment, training and assessment of competency will be detailed. Personal reflection on the project will also explore the pertinent nursing issues around; role impact and definition, conflict and change management, communication, legislation and personal and professional growth. Recommendations for future initiatives will also be explored. [References: 20]

DeLeskey, K. (2009). "The implementation of evidence-based practice for the prevention/management of post-operative nausea and vomiting." International Journal of Evidence-Based Healthcare **7**(2): 140-144.
Aim: To bring the research evidence for the prevention/management of post-operative nausea and vomiting into clinical practice in the surgical services department of a community hospital. Methods: Audit and feedback were used to lead organizational change at the project hospital. A team of key stakeholders was created and helped to bring change to the way post-operative nausea and vomiting was treated and managed at the institution. The Chief of Anesthesia, Assistant Chief Nursing Officer, Nurse Researcher, Director of Surgical Services, operating room manager, post-anaesthesia care unit manager, pre-admission testing nurse and author as team leader made up the change management team. Current compliance with the six criteria set forth as research evidence for the change was derived from a surgical chart audit. Strategies for changes to increase compliance were then developed by the team. For the next several months change management occurred. Results: There was a vast improvement in evidence-based practice following change management. Furthermore, post-operative nausea and vomiting decreased from 18% at the start to 5% nausea and 0% vomiting at the end. Conclusion: Change management using audit and feedback is effective in changing organizational practice and in improving patient outcomes following surgery. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Dempsey, J. (2008). "Risk assessment and fall prevention: practice development in action." Contemporary Nurse **29**(2): 123-134.
Amongst the health disciplines, nurses spend the most time with patients providing most of the supervision in care. Therefore, nurses have a primary role to play in contributing to knowledge surrounding the best methods of assessment of risk and prevention of adverse events. According to the Australian Incident Monitoring System (AIMS), the adverse event (38%) most frequently reported in acute hospital settings is patient falls (Evans et al 1998). The continuing rise in reported rates of falls in the acute medical wards of a tertiary hospital, on the Central Coast of New South Wales (NSW), Australia was the impetus for an action research project aimed at increasing nurses' sense of ownership of their fall prevention practice. This paper specifically reports the findings of a pilot project related to development of a fall risk assessment chart that was one of the cycles of the action research.

Dempsey, J. (2009). "Nurses values, attitudes and behaviour related to falls prevention." Journal of Clinical Nursing **18**(6): 838-848.
Aim. To test changes in adherence to nurses' falls prevention work resulting from improving attitudes and ownership of practice. Background. Workforce surveys indicate that nurses leave nursing because they cannot deliver the care they value. When challenged why, nurses claim no power of decision-making or authority to change their work with dissatisfaction and disengagement with work ensuing. Nurses espouse 'caring' but are observed taking risks with patients' safety reflecting poor congruence between values and behaviours. Attitudes and decision-making involvement are factors that influence work behaviours. Hence, increased adherence should be achieved by improving nurses' attitudes through active decision-making surrounding practice. Design. Mixed methods study. Methods. Mixed methods were employed during 2004 by surveying attitudes (self-esteem, professional values and work satisfaction) before and after re-engineering nurses' work using practice development (PD) to gain time to spend in prevention work. Practice behaviour was observed and measured at intervals during the study. Results. Initially, nurses had good self-esteem and professional values but were not satisfied with their work. Following the PD, self-esteem and professional values were unaffected; however, nurses expressed increased sense of ownership and greater satisfaction. Nurses were observed to engage in more prevention work. More effective ways of assessing and communicating risk and monitoring nurses' performance of prevention work were created and evaluated. Patients' environments were made safer and more patient-centred. Conclusion. Manipulation of attitudes and values is not warranted if attitudes and values are good. However, participation in work-related decision-making engages practitioners and leads to greater congruence between values and behaviour. Recommendations include promoting reflection and action to achieve cultural change and person-centred care. Relevance to clinical practice. This study is relevant to international readership as adds to what is known about nurses' practice behaviours related to falls prevention and will assist others when designing and implementing programs that address patient safety and optimise nurses' adherence.

Derham, C. (2007). "Achieving comprehensive critical care." Nursing in critical care **12**(3): 124-131.
The policy document, Comprehensive Critical Care, suggested that patients with critical care needs should expect the same standard of care wherever they are nursed, be that in a traditional critical care setting or in a general ward area. It is recognized that in order for this to occur, the developmental needs of ward nurses need to be met to enable them to care for patients with level 1 and level 2 needs. A second document, The Nursing Contribution to the Provision of Comprehensive Critical Care for Adults: A strategic Programme of Action, proposed a programme of action and outlined five priority areas to be considered to ensure the success of comprehensive critical care. Education, training and workforce development was one of the areas outlined, and thus, in response, the role of the practice development facilitator was created as a means of developing the critical care knowledge, skills and practice in ward areas. It became apparent that education and training alone were insufficient to ensure that the aims of comprehensive critical care were realized. The way in which the nurses approached and organized their work and the

availability of resources had a great impact on the ability of staff to care for these patients. It is argued that achieving comprehensive critical care is complex and that a multi-dimensional approach to the implementation of policy is essential in order to realize its aims.

Dickinson, A., C. Welch, et al. (2008). "No longer hungry in hospital: Improving the hospital mealtime experience for older people through action research." Journal of Clinical Nursing **17**(11): 1492-1502.
Aims and objectives. This study aimed to improve the mealtime experience of older people in a hospital setting through helping staff to make changes to their clinical practice and the ward environment. Background. Poor nutritional care has been a persistent and seemingly intractable problem for many years. Methods. We used an action research design for the study, drawing on techniques from practice development to support the action phase of the work, including action learning, role modelling good practice and reflection. The ward context was explored at the beginning and end of the study using focus groups, interviews, observation and benchmarking. Results. Ward staff made a number of changes to their nursing practice. The most significant was that all staff became engaged with, prioritized and were involved in the mealtime, ensuring that there was sufficient time and expertise available to assist patients with eating. Conclusions. This study demonstrates that it is possible to change nursing practice at mealtimes and that this change leads to improvements in patients' experience through ensuring they receive the help they need. Relevance to clinical practice. Although hospital mealtimes are frequently viewed as problematic, we have shown that nurses can be enabled to make changes to their practice that have a positive impact on both the mealtime experience and wider patient care. © 2007 Blackwell Publishing Ltd.

Dickinson, A., C. Welch, et al. (2005). "Hospital mealtimes: Action research for change?" Proceedings of the Nutrition Society **64**(3): 269-275.
Poor nutritional care within the hospital setting continues despite decades of work chronicling and measuring the problems. To address the problem changes in practice have been attempted to improve the patients' experience of mealtimes. In order to implement patient-centred mealtimes for older patients by changing the focus from institutional convenience to one that focuses on the requirements of the patients, an action research approach has been used that focuses on action and change, and thus appears to have much to offer those who seek to change practice. The present paper focuses on the first two phases in a three-phase approach. In phase one the nature of everyday mealtime care and the wider context are explored using focus groups, interviews and observations. The data fall into three main themes that all impact on patients' experiences of mealtimes: institutional and organisational constraints; mealtime care and nursing priorities; eating environment. Following feedback of phase 1 findings to staff and identification of areas of concern a model of practice development was selected to guide the change process of the second phase. Changes to mealtime nursing practice and the ward environment have been made, indicating that action research has the potential to improve the mealtime care of patients. © The Authors 2005.

Dobbins, M., B. Davies, et al. (2005). "Changing nursing practice: evaluating the usefulness of a best-practice guideline implementation toolkit... including commentary by Wall S." Canadian Journal of Nursing Leadership **18**(1): 34-48.
Purpose This pilot study describes the evaluation of an 88-page Toolkit that was developed to guide nursing leaders, including advanced practice nurses, managers and steering committees, who were responsible for coordinating implementation of selected best-practice guidelines (BPG) in their respective agencies. Methods: The self-administered questionnaire was mailed to all clinical resource nurses and steering committee members involved in implementing best-practice guidelines. The questionnaire evaluated the usefulness of the content of five chapters (and the case scenarios and worksheets included with each chapter). Results: Sixty-eight percent of respondents returned the questionnaire. More than 85% of them found the Toolkit helpful during the implementation process; 83% reported using it; 80% said they would use it again. The Toolkit was used primarily to identify, analyze and engage stakeholders, and to assess environmental readiness. Fifty-seven percent of respondents said they used the Toolkit to plan the

implementation strategy. Conclusions: The Toolkit assessed in this evaluation shows promise as a useful guide for those charged with BPG implementation. Like other guidelines that are based on evidence, the Toolkit will require occasional updates to ensure that the strategies proposed reflect current evidence.
Nursing leaders have a responsibility to keep up to date and to provide efficient and effective healthcare services. Best-practice guidelines or clinical practice guidelines are useful tools that synthesize the latest evidence and provide recommendations for care providers aiming to improve the quality of patient care (Grol 2001). Many leaders are challenged to know how and when to implement the increasing numbers of practice guidelines. The purpose of this article is to describe a pilot study to evaluate a Toolkit that was developed to guide nursing leaders in implementing selected best-practice guidelines (BPGs) in their respective agencies.

Dugdall, H., C. Lamb, et al. (2004). "Improving quality care through a nursing review team." Clinical Governance **9**(3): 155-161.
This project was organised in response to nursing teams experiencing sustained pressure, reflected by increased staff sickness, escalating complaints and emerging themes in clinical incident reports. A framework was developed to provide a structure that would enable a team of senior nurses to review nursing practice in any clinical speciality within the acute Trust. The aim was to highlight and report on areas of good practice, identifying and making recommendations in areas for improvement. The review process involved gathering information that helped to form a triangle of evidence. Interviews were conducted with the multi-disciplinary team in order to provide evidence. There has been evidence of improved morale at ward level that can be attributed to changes in practice and improved resource allocation. There is clear evidence of changes at service level enabling a more seamless system of care delivery. The framework and methodology developed for this review process can be adopted to make an initial assessment of nursing care within the clinical area. © Emerald Group Publishing Limited.

Eiloart, L. and S. Cooper (1994). "How to implement an audit to improve records." Nursing times **90**(35): 48-50.
This article describes the introduction of a ward-based nursing documentation audit, undertaken to improve the standard of nursing records. The benefits have included a heightened awareness of professional issues and the audit itself has acted as a catalyst for a number of nursing practice developments.

Elliott, L. (2010). "Supporting staff nurses to train as community specialist district nurse practitioners." Nursing times **106**(15): 14-15.
The removal of district nurses from the Nursing and Midwifery Council's recognised specialist practitioner list has resulted in many employers not commissioning district nurse courses and a lack of clarity about the skills required to be a team leader. This article discusses a practice development initiative to support learning through a practice based competency programme, to develop skills of local staff members.

Endacott, R. and D. Dawson (1997). "Clinical decisions made by nurses in intensive care--results of a telephone survey." Nursing in critical care **2**(4): 191-196.
A telephone survey of 89 GICUs in England was performed, using stratified quota sampling. 75 (84%) units reported changes in practice over the past 3 years. The reported changes were not only task orientated but also encompassed increased autonomy, organisational changes and increased workload. The absence of significant relationships between the activities suggests that nursing practice development is dependent on patient need and/or local factors. The lack of pattern suggests that it may be inappropriate to compare units for the purpose of nurse staffing.

Esler, R. O. and D. A. Nipp (2001). "Worker designed change achieves performance targets." Nursing Economics **19**(2): 56-61.
Unit-based teams including RNs, LPNs, nursing assis-tants, and unit secretaries were formed to redesign workflow and accountability for all patient care activities in order to improve financial performance. A sampling methodology was developed to collect data regarding the types of

activi-ties performed across all units and shifts. Tasks were grouped by 4 main categories: Hospitality, Functional, Technical, and Professional. The teams analyzed the data and distributed activities based upon the extent to which the assignment was patient focused, fair and equi-table among team members, legal and safe, efficient, and cost effective. Competency testing was per-formed to assure that the per-son assigned the task had appropriate training as well as the confidence and sup-port of others to complete such tasks. Implementation steps included a change management work-shop and unit-specific educa-tion regarding the new expec-tations of each team member.

Eve, J. D. (2004). "Sustainable practice: How practice development frameworks can influence team work, team culture and philosophy of practice." Journal of Nursing Management **12**(2): 124-130.
The current political agenda to adapt mental health services to meet contemporary needs is changing the way that psychiatric rehabilitation is organized and focused. This comparatively new branch of mental health services has over the past 20 years been subject to continual change, both through policy and clinical directive. The author argues that this consistent process of change has destabilized the clarity that is needed to offer the style of care and support that users of rehabilitation services require. Whilst broad aims of rehabilitation remain relatively clear the increasing options of principles and approaches towards rehabilitation have overwhelmed both service users and those working within the service. In this paper, author seeks to resolve these problems by providing an overview of a practice development framework that was applied to eight psychiatric rehabilitation teams over a 4 year period. The paper contains examples of equitable structures that have developed as a result of applying these frameworks. Attention is given to the creation of a representative council of service stakeholders and a paradigm of practice that has become integrated into the philosophical functioning of the teams. The tangible results of the process are ones of increased opportunity and fulfilment for those involved in the study.

Fiddler, M., G. Borglin, et al. (2007). "Developing a framework for admission and discharge: A nurse-led initiative within a mental health setting: Practice Development." Journal of Psychiatric and Mental Health Nursing **14 (7)**: 705-712.
Admission to a mental health inpatient setting is one important aspect of care which requires collaborative working between Community Mental Health Teams (CMHTs) and ward staff. However, links are not always formalized. The failure of effective gatekeeping coupled with inconsistent admission and discharge practices further complicates the situation for all those involved. A number of local changes, for example, adoption of a centralized bed bureau, together with policy changes, initiated a nurse-led practice development project. It was predicted that by creating a framework for more formalized communication between the different disciplines admission and discharge processes would be improved, thus enhancing service users' satisfaction and empowering all staff participating in the process. During the project, 132 service users were notified as potentially requiring admission. Admissions were avoided and diverted for 22 of them. The quality of the communication and information shared between the CMHTs and ward staff was significantly improved. Accessing inpatient beds, at times still remained problematic, as beds could only remain ring-fenced on 65% of occasions. This initiative, conducted within a 'real world setting', showed that it is possible to improve admission and discharge practices by creating a framework for a formalized communication process between disciplines. 2007 Blackwell Publishing Ltd.

Fielding, C., D. Rooke, et al. (2008). "Reflections on a 'virtual' practice development unit: Changing practice through identity development." Journal of Clinical Nursing **17**(10): 1312-1319.
Aims. This paper draws together the personal thoughts and critical reflections of key people involved in the establishment of a 'virtual' practice development unit of clinical nurse specialists in the south of England. Background. This practice development unit is 'virtual' in that it is not constrained by physical or specialty boundaries. It became the first group of Trust-wide clinical nurse specialists to be accredited in the UK as a practice development unit in 2004. Design and methods. The local university was asked to facilitate the accreditation process via 11 two-hour audio-recorded learning sessions. Critical reflections from practice development unit members,

leaders and university staff were written 12 months after successful accreditation, and the framework of their content analysed. Findings and discussion. Practice development was seen as a way for the clinical nurse specialists to realize their potential for improving patient care by transforming care practice in a collaborative, interprofessional and evolutionary manner. The practice development unit provided a means for these nurses to analyse their role and function within the Trust. Roberts' identity development model for nursing serves as a useful theoretical underpinning for the reflections contained in this paper. Conclusions. These narratives provide another example of nurses making the effort to shape and contribute to patient care through organizational redesign. This group of nurses began to realize that the structure of the practice development unit process provided them with the means to analyse their role and function within the organization and, as they reflected on this structure, their behaviour began to change. Relevance to clinical practice. Evidence from these reflections supports the view that practice development unit participants have secured a positive and professional identity and are, therefore, better able to improve the patient experience. © 2007 Blackwell Publishing Ltd.

Fitzgerald, L., E. Ferlie, et al. (2007). "Service improvement in healthcare: understanding change capacity and change context." Clinician in Management **15**(2): 61-74.
This article uses the stream of literature relating to receptive contexts for change to explore the variations in progress on change implementation between different organisations within healthcare. The aim of the article is to develop our understanding of change processes as they unfold in complex organisations. The article uses empirical data from 11 healthcare sites in the UK to explore how variations can be explained and what impacts on an organisation's capacity to manage changes effectively. Analysis of the data identified three contextual features common to all sites which impacted on progress in organisational change. These features were: DT the presence or absence of change leaders, at several levels throughout the organisation DT a coherent change strategy DT a sound foundation of relationships between managers and clinical professional groups. Using these empirical results, we review and refine the concept of 'receptive contexts' for change in healthcare and develop ideas about how contextual characteristics impact change implementation.

Fitzgerald, M., A. Pearson, et al. (2003). "Patterns of nursing: a review of nursing in a large metropolitan hospital." Journal of Clinical Nursing **12**(3): 326-332.
In this Clinical Practice Development (CPD) project we set out to identify and describe current approaches to the management and delivery of nursing care in an Australian Metropolitan Teaching Hospital. Using a simple descriptive design, data were collected to elicit patterns of care provided by nursing teams. We sought to demonstrate patterns described by nursing teams (interviews) and actual patterns of care (observation). As expected there was a degree of incongruence between the espoused and actual patterns of care. Interview data revealed that most study wards had a view of nursing that emphasizes meeting the total care needs of patients and their families through offering biopsychosocial and educative care. The observational data revealed that a relatively large proportion of time was expended on activities that were not regarded as important by staff when interviewed (e.g. documentation) while relatively small amounts of time were observed to be spent educating patients or communicating with relatives of patients. The identification of this type of gap creates a dissonance in clinicians that can be used to stimulate change through CPD. Clinicians used the information to stimulate discussion and to rewrite team value statements.

Flood, C., G. Brennan, et al. (2006). "Reflections on the process of change on acute psychiatric wards during the City Nurse Project." Journal of Psychiatric and Mental Health Nursing **13**(3): 260-268.
The intention of this paper is to discuss the process of therapeutic change on two acute psychiatric wards during a research project that aimed to reduce conflict and containment. Analysis of fieldwork notes, reflection, team discussion and supervision. The City Nurse Project successfully reduced patient aggression, self-harm and absconding. This paper reports on the reflections made over the course of the year as changes and developments to acute wards took place. Specifically discussed are the beneficial effects of an action research approach, the role of

the City Nurse, support for ward managers, education and training, clinical supervision as well as difficulties and barriers to the overall process of change. At an interim stage of the project, the staff have shown a willingness to engage in efforts to change and improve two acute wards. This paper shows the potential to improve acute wards and produce positive outcomes using a working model. © 2006 Blackwell Publishing Ltd.

Fortune, T., R. Ryan, et al. (2007). "Touching their lives: North Western Mental Health's approach to practice development in aged mental health." International Journal of Mental Health Nursing **16**(3): 147-155.
The ongoing development of mental health practice is an important issue for consumers, carers, and clinicians. This paper outlines a practice development project undertaken by North Western Mental Health. The aim of the project was to assist nurses and direct care staff working in a residential facility to provide individualized, sensitive, therapeutic, and responsive care for long-term clients with severe mental illness. A clinical nurse educator was engaged to help facilitate changes to both attitudes and practices in a specialist environment catering to those with psychiatric, cognitive, and physical health concerns. The project identified institutionalized routines and practices that were entrenched within the setting and, with support and guidance from a clinical nurse educator, encouraged enhancement of clients' experience and choice. Nurses' clinical reasoning skills were also extended through this process. The project encouraged all staff to develop and maintain an awareness of residents' experience of receiving care in a potentially disempowering environment. In particular, nurses were challenged to consider how nursing, realized to its full potential, can touch the lives of residents and families. © 2007 Australian College of Mental Health Nurses Inc.

Fowler, J., J. Hardy, et al. (2006). "Trialing collaborative nursing models of care: the impact of change." Australian Journal of Advanced Nursing **23**(4): 40-46.
OBJECTIVE: The aim of the project was to develop and trial a nursing Model of Care (MoC) and devise a framework to investigate the impact of nursing staff mix on patient outcomes and job satisfaction (nurses). SETTING AND SUBJECTS: In 2001-2002 a pilot project was undertaken to explore issues related to the delivery of patient care by nurses on two medical inpatient wards, one acute and one subacute, at a referral teaching hospital in New South Wales (NSW), Australia. The framework employed was an adaptation of, and based on, the Clinical Practice Improvement (CPI) model developed by NSW Health. PRIMARY ARGUMENT: Countries across the world are seeking solutions to a shortage of registered nurses and their ability to sustain quality care services. It becomes imperative that organisations develop strategies to attract and retain nurses in the health care system. CONCLUSIONS: Results of the project highlighted areas related to the quality of care delivery: clinical supervision; continuity of staffing; trust; employer of choice; more effective nurse to patient ratios; educational preparation; and recognition of prior experience.

Gamble, C., G. Dodd, et al. (2010). "Zoning: Focused support: A trust wide implementation project: Practice Development." Journal of Psychiatric and Mental Health Nursing **17**(1): 79-86.
Accessible summary Applying pragmatic risk management procedures to facilitate the sharing of clinical knowledge in and across mental health teams. Abstract Zoning: focused support is pragmatic risk management support procedure that enhances adherence to operational policies, provides a forum in which staff can receive support and visually facilitates the sharing of clinical knowledge. This paper presents a 3-year multi-method management project that sought to introduce zoning principles into all teams of an inner city Mental Health NHS Trust. By changing the language and culture of the organization findings indicate that there has been a positive attitudinal shift in how the approach is perceived. It is considered to be of value to staff, service users and their families and 73% of teams are now using it routinely. © 2009 Blackwell Publishing.

Garbett, R. (1996). "Nurse-led clinics. The growth of nurse-led care." Nursing times **92**(1): 29.
All four main winners in this year's NT/3M National Nursing Awards were from units which were either nurse or midwife-led. What is more, the winners all came from units providing services for

out-patients. This article examines some of the reasons why nurse-led initiatives in out-patient settings seem to be a growth area for practice development. It will also examine issues around the function and effectiveness of such units.

Garbett, R. (2001). "The experience of practice development: An exploratory telephone interview study." Journal of Clinical Nursing **10**(1): 94-102.
Practice development is a widely used term within British nursing. However, there is a lack of consistency and clarity in the way that the term is used. • A small-scale qualitative telephone interview study was therefore conceived to explore practitioners' views of practice development. • Qualitative telephone interviews were carried out with 26 nurses working in a range of settings and roles around the UK. Informants reported varying degrees of awareness of practice development roles and activities ranging from little awareness to being closely involved. • Most informants seemed to place more emphasis on issues of personal development and educational aspects of practice development than is found in the literature. • Practice development staff were seen as having a range of functions ranging from working with individual practitioners to the co-ordination of education and training within an organization. The credibility of practice development staff was closely related to their clinical experience and ability. © 2001 Blackwell Science Ltd.

Garbett, R., S. Hardy, et al. (2007). "Developing a qualitative approach to 360-degree feedback to aid understanding and development of clinical expertise." Journal of Nursing Management **15**(3): 342-347.
Aim: This paper presents one aspect of a 5-year multicentre action research study to develop an accreditation process for clinical nursing expertise. Part of the process consisted of the exploration, critique and refinement of qualitative 360-degree feedback as a tool for peer review. Background: Three hundred and sixty-degree feedback is widely used as a personal and professional development strategy. This part of the overall study challenged assumptions about the necessity for anonymity and structured questionnaires to collect data. The study involved 32 experienced clinical nurses drawn from a range of clinical settings supported by 'critical companions' (colleagues from clinical practice, education, management and research, recruited to provide supervision and support). Method(s): Study participants, facilitated by the project team (the authors), engaged in critiquing and refining 360-degree feedback as a process to help them examine and develop their practice. Conclusion(s): On the basis of our findings this approach to gathering 360-degree feedback facilitates the collection of evidence that aids professional development. There are indications that it may also contribute to improved working relationships. © 2007 Royal College of Nursing. Journal compilation 2007 Blackwell Publishing Ltd.

Garbett, R. and B. McCormack (2002). "Focus. A concept analysis of practice development." NT Research **7**(2): 87-100.
The term 'practice development' is widely but inconsistently used in British nursing, addressing a broad range of educational, research, and audit activity, but there appears to be little consensus as to what practice development actually involves. Such lack of clarity means that the increasing number of nurses whose work involves addressing practice development issues can have difficulty in focusing their efforts. To try to clarify the concept of practice development and to describe the focuses of practice development work and the approaches used, a concept analysis was conducted. Both primary and secondary data were gathered and analysed in the study. One hundred and seventy seven items of published literature were gathered and analysed. Focus group interviews were carried out involving 60 practice developers. In addition, 25 clinical nurses were interviewed about their experiences of being involved in practice development. This paper describes the identified purposes, attributes and outcomes of practice development. Practice development activities are described as addressing the effectiveness of care through the transformation of care practices and cultures. Practice development is described as a systematic, rigorous activity underpinned by facilitation processes. The outcomes of practice development can be described in terms of changes in the behaviours, values and beliefs of staff involved. Parallels between practice development and current policy imperatives are outlined.

Garret, R. and B. McCormack (2002). "The qualities and skills of practice developers." Nursing

standard (Royal College of Nursing (Great Britain) : 1987) **16**(50): 33-36.
Aim: To explore and describe the activities and approaches that constitute practice development by providing an insight into the qualities and skills exhibited by staff in practice development roles. Method: This involved examining 177 articles, plus data collected during focus group interviews with 60 staff around the UK and telephone interviews with 25 clinical staff. The focus groups and telephone interviews formed part of an earlier published study Garbett and McCormack (2002). Results: A range of skills and qualities were highlighted. These include being effective, having vision, being motivated, empathic, experiential, cognitive political, communicative, facilitative and possessing clinical skills. Conclusion: The work of practice developers is of central importance in the light of NHS policy developments, such as the NHS Plan or the response to the Bristol inquiry.

Gerrish, K. (2001). "A pluralistic evaluation of nursing/practice development units." Journal of Clinical Nursing **10**(1): 109-118.
Nursing/practice development units (N/PDU) are perceived as centres for pioneering, evaluating and disseminating innovative practice development and facilitating the professional development of practitioners. • This paper reports on a pluralistic evaluation research study of the nursing/ practice development unit accreditation programme provided by the University of Leeds, UK. Individual and focus group interviews were undertaken with key stakeholders involved in six nursing/practice development units. These included: clinical leaders, team members, executive nurses, trust board members, general medical practitioners, nursing/practice development unit steering group members, and accreditation panel members. Stakeholder perceptions of what constituted a successful nursing/practice development unit were elicited and then used to judge the success of the programme. • Seven criteria for judging the success of nursing/practice development units were identified. These were: achieving optimum practice; providing a patient-orientated service; disseminating innovative practice; team working; enabling practitioners to develop their full potential; adopting a strategic approach to change and autonomous functioning. • The findings highlighted differences between the rhetoric of a successful nursing/practice development unit and the reality in which they function. Whereas all the units were actively involved in innovative practice development, evaluation, dissemination and networking activities, several factors influenced the success of the units, in particular, the role of the clinical leader, the motivation and commitment of nursing/practice development unit members, financial resources, and the nature of support from managers, medical staff and education institutions. • Although the nursing/practice development units had made significant progress in developing both healthcare practice and practitioners, there is still a need to consider how the claim that nursing/practice development units benefit patients can be substantiated. © 2001 Blackwell Science Ltd.

Gerrish, K. and J. Clayton (2004). "Promoting evidence-based practice: An organizational approach." Journal of Nursing Management **12**(2): 114-123.
Aim: To examine factors influencing the achivement of evidence-based practice. Background: This paper reports on the approach taken by a large teaching hospital in England to promote evidence-based practice. A summary of initiatives spanning a 5 year period is presented in order to set the scene for a recent survey of nurses to review progress made. Consideration is given to how the findings from the survey have been used to inform policy and practice. Methods: A survey by self-completed questionaire was undertaken with a sample of clinical nurses (n = 330). The questionnaire examined the extent to which nurses utilised different sources of knowledge to inform their practice; perceived barriers to accessing evidence-based information and effecting change in practice; and a self-assessment of core skills necessary to underpin evidence-based practice. Findings: Nurses relied most heavily on experiential knowledge gained through their interactions with nursing colleagues, medical staff and patients to inform their practice. Organisational information in the form of policies and audit reports was drawn upon more frequently than research reports. Lack of time, resources and perceived authority to change practice influenced the extent to which nurses utilised formal sources of evidence. Whereas nurses were relatively well skilled at accessing and reviewing research evidence, they were less confident about their ability to change practice. Conclusion: Health care organisations need to consider multiple strategies to facilitate and promote evidence-based practice. Managerial support, facilitation, and a culture that is receptive to change are essential. (PsycINFO Database

Gerrish, K. and A. Ferguson (2000). "Nursing development units: factors influencing their progress." British journal of nursing (Mark Allen Publishing) **9**(10): 626-630.
Nursing development units (NDUs) have long been advocated as 'test-beds' for pioneering leading-edge practice development. This article reports on the findings of a study examining factors influencing the development of NDUs, and, more recently, established multidisciplinary practice development units (PDUs). Individual and focus group interviews were undertaken with key stakeholders involved in six NDUs/PDUs accredited by the University of Leeds. The findings from the study highlight a number of internal and external factors that have impacted upon the progress made by these units. Importantly, the role of the clinical leader, the staffing establishment, organizational infrastructures to facilitate dissemination and the nature of the support from managers and medical staff have all influenced the success of the NDUs/PDUs. In order to ensure the long-term viability of an NDU/PDU it is essential that practice development is planned and managed in a systematic and coordinated way with a full appraisal undertaken of the human, physical and financial resources necessary to implement and disseminate change and that the work of the NDU/PDU is incorporated in the trust's strategic plans in order to ensure organizational support.

Gertner, E. J., J. N. Sabino, et al. (2010). "Developing a culturally competent health network: a planning framework and guide." Journal of Healthcare Management **55**(3): 190-204; discussion 204-195.
The number of cultural competency initiatives in healthcare is increasing due to many factors, including changing demographics, quality improvement and regulatory requirements, equitable care missions, and accreditation standards. To facilitate organization-wide transformation, a hospital or healthcare system must establish strategic goals, objectives, and implementation tasks for culturally competent provision of care. This article reports the largely successful results of a cultural competency program instituted at a large system in eastern Pennsylvania. Prior to the development of its cultural competency initiative, Lehigh Valley Health Network, Allentown, Pennsylvania, saw isolated activities producing innovative solutions to diversity and culture issues in the provision of equitable care. But it took a transformational event to support an organization-wide program in cultural competency by strengthening leadership buy-in and providing a sense of urgency, excitement, and shared vision among multiple stakeholders. A multidisciplinary task force, including senior leaders and a diverse group of employees, was created with the authority and responsibility to enact changes. Through a well-organized strategic planning process, existing patient and community demographic data were reviewed to describe existing disparities, a baseline assessment was completed, a mission statement was created, and clear metrics were developed. The strategic plan, which focused on five key areas (demographics, language-appropriate services, employees, training, and education/communication), was approved by the network's chief executive officer and senior managers to demonstrate commitment prior to implementation. Strategic plan implementation proceeded through a project structure consisting of subproject teams charged with achieving the following specific objectives: develop a cultural material repository, enhance employee recruitment/retention, establish a baseline assessment, standardize data collection, provide language-appropriate services, and develop an education program. Change management and project management methodologies; defined roles and responsibilities; and specific, measurable, attainable, realistic, and time-bound goals were used in the implementation. This process has supported organizational change, thereby promoting high-quality, safe, and equitable care through widespread expectations of culturally competent care delivery across the entire network. Using this "ecologic approach" will ensure long-term success.

Gibson, J. M. E. (1998). "Using the Delphi technique to identify the content and context of nurses' continuing professional development needs." Journal of Clinical Nursing **7**(5): 451-459.
• In order to identify and prioritize the development needs of medical and surgical nurses, their possible approaches to learning, and the contextual factors influencing their professional development, a Delphi survey was carried out using a panel of 28 participants. • Current development needs included skills in essential clinical care, specialist nursing, changing roles,

patient care management, research and practice development. • Although there was ambivalence about changing nurses' clinical roles, participants expected roles to diversify in the future. • The need for responsiveness to change was emphasized, as was the need to maintain current areas of expertise. • Professional development activity could take many forms, but fostering an organizational climate in which development was inherent in everyday working practices was felt to be as valuable as formal course attendance. • Restricting factors included lack of time, resources, support and recognition. • The survey has enabled professional and practice development activities to be prioritized locally, and the method used could be readily applied to other settings. © 1998 Blackwell Science Ltd.

Guindon-Nasir, J. (2011). Transferring service excellence best practices from the hospitality industry to the healthcare industry, US: ProQuest Information & Learning. **71:** 3512.
This qualitative research study explores the transferring of service excellence best practices from the hospitality industry to the healthcare industry to implement a highly engaged customer-centric culture. The literature broadly investigates the impacts of benchmarking service excellence best practices from the hospitality industry to the healthcare industry. In response to various calls from the literature, this study goes beyond the mere benchmarking of best practices and seeks to understand if those best practices can be successfully transferred from a hospitality environment into an existing healthcare environment. This study highlights the factors that enabled the introduction, transfer, and implementation of The Ritz-Carlton service excellence best practices into the existing environment of Memorial Regional Medical Center. It reviews a number of frameworks in the change management and transfer of best practices literatures, and it leverages a qualitative approach featuring individual interviews and focus groups interviews with a range of different employees in the hospital to better understand the impact that the service excellence change had on them and their work environment. The findings suggest the transfer of service excellence best practices from the hospitality industry to the healthcare industry was successful, and there were specific factors that enabled The Ritz-Carlton service excellence best practices to be institutionalized into their culture. (PsycINFO Database Record (c) 2011 APA, all rights reserved)

Gustafson, D. H., F. Sainfort, et al. (2003). "Developing and testing a model to predict outcomes of organizational change." Health Services Research **38**(2): 751-776.
Objective: To test the effectiveness of a Bayesian model employing subjective probability estimates for predicting success and failure of health care improvement projects. Data Sources: Experts' subjective assessment data for model development and independent retrospective data on 221 healthcare improvement projects in the United States, Canada, and The Netherlands collected between 1996 and 2000 for validation. Methods: A panel of theoretical and practical experts and literature in organizational change were used to identify factors predicting the outcome of improvement efforts. A Bayesian model was developed to estimate probability of successful change using subjective estimates of likelihood ratios and prior odds elicited from the panel of experts. A subsequent retrospective empirical analysis of change efforts in 198 health care organizations was performed to validate the model. Logistic regression and ROC analysis were used to evaluate the model's performance using three alternative definitions of success. Data collection: For the model development, experts' subjective assessments were elicited using an integrative group process. For the validation study, a staff person intimately involved in each improvement project responded to a written survey asking questions about model factors and project outcomes. Results: Logistic regression chi-square statistics and areas under the ROC curve demonstrated a high level of model performance in predicting success. Chi-square statistics were significant at the 0.001 level and areas under the ROC curve were greater than 0.84. Conclusions: A subjective Bayesian model was effective in predicting the outcome of actual improvement projects. Additional prospective evaluations as well as testing the impact of this model as an intervention are warranted.

Haag-Heitman, B. (2008). "The development of expert performance in nursing." Journal for Nurses in Staff Development **24**(5): 203-211.
Developing expert nurses is essential for effective and quality-based healthcare outcomes, yet

little is understood about what conditions foster expert development. This study examined expert nurses' perceptions of personal and environmental influences on attainment of expert performance. Findings indicate the developmental importance of risk taking, deliberate practice, social models/mentors, and recognition. These results help inform nurses in staff development on processes and programs that enhance staff clinical practice development. © 2008 Lippincott Williams & Wilkins.

Hall, C. and L. Madsen (2009). "New graduates' medication rounds: An improvement in practice." Practice Development in Health Care **8**(3): 139-151.
The authors know of two recent deaths related to medicine (or drug) errors. New graduates of nursing administer medicines as a large part of their role, and medicine administration error is well documented. A plan was developed to address these errors in one acute care setting; this included a review of the literature, analysis of reported error, a focus group, a new graduate survey and evaluation. Three supervised medicine rounds, a practice oral medicine assessment and checking of graduates' charts was implemented. Comparison data (2007 and 2008) revealed a decrease in the number of medicine errors. Future graduates will be included in all phases of this evolving practice development, which has increased the effectiveness of patient care by decreasing potential harm. © 2009 John Wiley & Sons, Ltd.

Hall, J. E. (2006). "Professionalizing action research - A meaningful strategy for modernizing services?" Journal of Nursing Management **14 (3)**: 195-200.
Background: This paper outlines how a specific action research approach can be used to secure practice development in services which have found sustained change difficult. For the purpose of this paper discussion focuses upon using professionalizing action research (a form of action research) to secure transformation in acute inpatient mental health services. This speciality has experienced long-term difficultly in meaningful practice change. Not limited to this context parallels can be made with other health and social care services requiring significant modernization. Aim: The aim is to critically discuss the use of professionalizing action research as an approach to sustainable change. Discussion clarifies whether this method is a suitable vehicle for change, which is ideally suited to services which have a poor record of practice development. Methods: A review of action research and practice development literature forms the basis of this paper. The literature is sourced through bulletin boards, electronic databases and the British Library Classification Scheme. Keywords searched are action research, team learning, managing change and practice development. Following definition; the components of professionalizing action research are analysed using the themes of educative base, problem focus, improvement and involvement. Findings: The educative base of professionalizing action research is collaborative reflective practice which is used to initiate meaningful change, rooted in everyday practice. The benefit of this is that change actions are based in real-time situations. The problem focus component of professionalizing action research is used to emphasize the views of service users and carers. This is positive in terms of the patient and public involvement agenda although this theme does emphasize limitations of the approach. The final components are involvement and improvement, these are debated as pluralistic notions and the implications of this are acknowledged. Conclusion: Reviewing the literature and theoretical application indicates the value of professionalizing action research as a process for modernization. The strength of the approach lies in the opportunity for team learning and change which is grounded in the context of services and pursued through collaboration. 2006 Blackwell Publishing Ltd.

Hamilton, J. and C. Wilkie (2001). "An appraisal of the use of secondment within a large teaching hospital." Journal of Nursing Management **9**(6): 315-320.
Introduction This study was undertaken in a large teaching hospital in Sheffield. It explores the use of secondment as a vehicle for practice, service and career development. Aim To provide us with an understanding of the ways in which we utilize secondment opportunities, with a view to developing good practice guidelines that will help both the individual and the organization to maximize the potential in each secondment post. Method A survey of nursing staff who had been on secondment during the previous year. Questionnaires were used to gather data from the senior nurse in each specialty directorate to develop an organizational (seconder) perspective

and 20 secondees to provide an individual (secondee) perspective. Results Nurses tended to be seconded from clinical roles into specialist clinical roles or non-clinical roles, predominantly in areas of research, audit, practice development and teaching. Seconded posts were new roles for individuals and the majority were relocated to new work environments. Secondment was overwhelmingly seen as an opportunity, allowing individuals to develop new skills and knowledge, progress their career and gain a broader strategic perspective. However, there were a number of barriers to progress: lack of role definition for the organization and the individual; uncertainty about the future; falsely raised hopes that secondments would be extended; uncertainty about status; and difficulties adjusting to a new environment and culture within unrealistically short timeframes. Conclusions Secondment use has become widespread throughout the National Health Service (NHS) and is a very positive and popular vehicle for staff and service development. The potential benefits are high but must be offset against the risks. This paper introduces an organizational risk assessment matrix which can be used to inform the development of effective secondment ventures.

Hamilton Wyatt, G. K. (1988). Therapeutic touch: promoting and assessing conceptual change among health care professionals, MICHIGAN STATE UNIVERSITY. **PH.D.:** 208 p.
This study examined how health care educators can facilitate the conceptual change necessary for health care professionals to incorporate holistic interventions into their practice. The conceptual change model of Posner and Strike provided a framework for this study. The subjects were eleven registered nurses. The intervention was a two day advanced workshop on Therapeutic Touch. Data were obtained at four time intervals, using written surveys, case studies, audio tapes, and interviews. An inductive analysis resulted in twelve themes and revealed the additional variable of barriers to implementation in practice. The variable of orientation (holistic/dualistic) was also coded. The deductive analysis consisted of both process and outcome variables. The process variables were included in the workshop and were verified both by the subjects and a non-attending Therapeutic Touch instructor. These process variables were dissatisfaction with the existing concept, understanding, plausibility, and fruitfulness of the new concept. The outcome variables derived from a stage theory including two levels of three variables: knowledge, application, and acceptance of the new concept. To evaluate all the data, an alternative rating system was developed for the stage evaluation, including two new variables (barriers and orientation). The results of the outcome analysis demonstrated that the majority of the subjects began at a stage one or two and rose to a stage three one week after the workshop, and then reverted back to stage one or two, two months after the workshop. The factor of barriers strongly contributed to this shift back to stages one and two. Another result was that acceptance of the new concept was found at all three stages rather than only stage three, as proposed by the conceptual change model. A final finding was that conceptual change concerning Therapeutic Touch was maintained better than for holistic interventions.

Hansen, L., T. T. Goodell, et al. (2009). "Nurses' perceptions of end-of-life care after multiple interventions for improvement." American Journal of Critical Care **18**(3): 263-271.
Background: Nurses working in intensive care units may lack knowledge and skills in end-of-life care, find caring for dying patients and the patients' families stressful, and lack support to provide this care. Objectives: To describe nurses' perceptions of (1) knowledge and ability, (2) work environment, (3) support for staff, (4) support for patients and patients' families, and (5) stress related to specific work situations in the context of end-of-life care before (phase 1) and after (phase 2) implementation of approaches to improve end-of-life care. The approaches were a nurse-developed bereavement program for patients' families, use of a palliative medicine and comfort care team, preprinted orders for the withdrawal of life-sustaining treatment, hiring of a mental health clinical nurse specialist, and staff education in end-of-life care. Methods: Nurses in 4 intensive care units at a university medical center reported their perceptions of end-of-life care by using a 5-subscale tool consisting of 30 items scored on a 4-point Likert scale. The tool was completed by 91 nurses in phase 1 and 127 in phase 2. Results: Improvements in overall mean scores on the 5 subscales indicated that the approaches succeeded in improving nurses' perceptions. In phase 2, most of the subscale overall mean scores were higher than a desired criterion (<2.0, good). Analysis of variance indicated that some improvements occurred over time

differently in the units; other improvements occurred uniformly. Conclusions: Continued practice development is needed in end-of-life care issues. © 2009 American Association of Critical-Care Nurses.

Hanson, Y. and S. Honey (2008). "Essential steps to safe, clean care: The process of managing change." British Journal of Infection Control **9**(6): 10-14.
Healthcare associated infections cost the National Health Service around £1 billion each year and cause pain and reduced quality of life. Essential Steps to Safe, Clean Care was introduced by the Department of Health in 2006 and was aimed at organisations that provide and commission health and social services in community and non-acute settings. The engagement and empowerment of frontline clinical staff, especially the infection, prevention and control linkworkers, was central to the programme. This article describes the process by which Essential Steps was introduced and implemented in a teaching primary care trust and how the changes required were managed. © Infection Prevention Society 2008.

Hardcastle, J. E. (2004). "The meaning of effective education for critical care nursing practice: a thematic analysis." Australian Critical Care **17**(3): 114-122.
Continuing education and practice development are integral components of specialist nursing practice in environments such as intensive and critical care. Previous studies have examined the 'effectiveness' of various approaches to teaching and learning in critical care, yet few have considered how effective education affects the relationship between education and practice development. Using thematic analysis, this study explored the phenomenon of effective education (for critical care nursing practice) by asking: What does effective education for critical care nursing practice mean to nurses currently practising in the specialty? Eighty eight critical care nurses from the South Island of New Zealand provided written descriptions of what effective education for critical care nursing practice meant to them. Descriptive statements were analysed to reveal constituents, themes and essences of meaning. Four core themes of personal quality, practice quality, the learning process and learning needs emerged. Appropriateness or relevance for individual learning needs is further identified as an essential theme within the meaning of effective education for critical care nursing practice. Shared experiences of the phenomenon are made explicit and discussed with reference to education and practice development in the specialty. The study results lend support to education that focuses on individual learning needs, and identifies work based learning as a potential strategy for learning and practice development in critical care nursing. © 2004 Australian College of Critical Care Nurses Ltd. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd.).

Harrison, M. I. and J. Kimani (2009). "Building capacity for a transformation initiative: system redesign at Denver Health." Health Care Management Review **34**(1): 42-53.
BACKGROUND: This article examines the development of transformation initiatives-deliberate attempts to achieve systemic changes and rapid performance improvements. Accounts of transformation initiatives often reveal little about past organizational and contextual conditions that contributed to success. Instead, these accounts concentrate on change barriers. PURPOSE: We seek to restore balance to this field by examining how antecedent system capacities contributed to a successful transformation initiative. METHODOLOGY: This article presents a case study of the first 2 years of a system redesign initiative at an integrated safety-net health system and provides a historical analysis of developments during the decade preceding the redesign. FINDINGS: Beginning in the mid-1990 s, Denver Health benefited from strong municipal support for its development and expansion. Gradually, it developed its financial and human resources, organizational structure, change strategy, change-management capabilities, information technology, and physical plant. These antecedent capacities all contributed to the implementation of the 2004 system redesign and helped Denver Health overcome several constraints. IMPLICATIONS: Transformation initiatives may build on existing features and resources, even as they overcome or depart from others. The Denver Health case study helps researchers identify positive antecedents to transformation initiatives, assess the success of such initiatives in terms of implementation progress and outcomes, and recognize complementary contributions of incremental and episodic changes. The study alerts practitioners to the

importance of assuring that change efforts rest on solid organizational foundations.

Harvey, G., A. Loftus-Hills, et al. (2002). "Getting evidence into practice: The role and function of facilitation." Journal of Advanced Nursing **37**(6): 577-588.
Aim of paper. This paper presents the findings of a concept analysis of facilitation in relation to successful implementation of evidence into practice. Background. In 1998, we presented a conceptual framework that represented the interplay and interdependence of the many factors influencing the uptake of evidence into practice. One of the three elements of the framework was facilitation, alongside the nature of evidence and context. It was proposed that facilitators had a key role in helping individuals and teams understand what they needed to change and how they needed to change it. As part of the on-going development and refinement of the framework, the elements within it have undergone a concept analysis in order to provide theoretical and conceptual clarity. Methods. The concept analysis approach was used as a framework to review critically the research literature and seminal texts in order to establish the conceptual clarity and maturity of facilitation in relation to its role in the implementation of evidence-based practice. Findings. The concept of facilitation is partially developed and in need of delineation and comparison. Here, the purpose, role and skills and attributes of facilitators are explored in order to try and make distinctions between this role and other change agent roles such as educational outreach workers, academic detailers and opinion leaders. Conclusions. We propose that facilitation can be represented as a set of continua, with the purpose of facilitation ranging from a discrete task-focused activity to a more holistic process of enabling individuals, teams and organizations to change. A number of defining characteristics of facilitation are proposed. However, further research to clarify and evaluate different models of facilitation is required.

Hayman, B., L. Wilkes, et al. (2008). "Change process during redesign of a model of nursing practice in a surgical ward." Journal of Nursing Management **16**(3): 257-265.
Aim This paper reports a case study of nursing practice model redesign in a surgical ward at a large metropolitan acute care hospital in Sydney, Australia. Background Literature suggests that factors such as financial restraints and shortage of nurses necessitate redesign of nursing care. Method A descriptive case study design was used. The nursing practice model was changed from a patient allocation model to a team-nursing model and a new role of Clinical Activities Coordinator was introduced. Results This study has confirmed that people need to be able to empower themselves to ensure an effective change process. It was also apparent in the case study that the staff were resistant to the redesign. Conclusions Change is a difficult process, which needs to involve all stakeholders. The planning process needs to consider the characteristics of the context such as workload and skill required, and the measures such as patient and staff satisfaction and health outcomes.

Heyns, T. (2008). A journey towards emancipatory practice development, University of South Africa (South Africa). **D.Litt. et Phil.:** pages unknown.
Rapid changes in the healthcare environment increase the need for nurse practitioners to be motivated, knowledgeable and skilled in order to ensure quality patient care. Accident and emergency units are challenging environments and by ensuring that nurse practitioners work in an enabling environment, they should be motivated, skilled and knowledgeable and be able to think critically to enhance their own professional growth and emancipated practice. This in turn may increase the nurse practitioners' job satisfaction, which in turn encourage job retention and may influence patient outcomes positively.
A journey towards a shared vision, namely "emancipatory practice development", was undertaken in an accident and emergency unit of a Level III public hospital. Following the diagnosis of an emergency situation, action research was applied to change the perceived toxic environment to an enabling environment. The study was conducted within the critical social theory paradigm and descriptive, explorative and contextual in nature. Both qualitative and quantitative approaches were utilised.
Throughout the action research for practitioners project, collaboration enhanced the emancipation of the nurse leaders, as key drivers of the process, as well as the nurse practitioners. Short and long-term actions were planned, implemented and amended based on observations and reflection

following each cycle of the project. During this process a toxic environment was changed to an enabling environment, in which nurse practitioners were retained and additional spin-offs followed.
Guidelines for the application and implementation of the process as utilised in this study were compiled to guide others who experience similar challenges.
Key words. Action research, accident and emergency unit, emancipatory practice development, enabling environment, leadership development, nominal group technique, practice leaders, practice development group, professional development, toxic environment.

Hodge, A., L. Perry, et al. (2011). "Revision and evaluation of an 'advanced' nursing role in an Australian emergency department." Australasian Emergency Nursing Journal **14**(2): 120-128.
Background: Extended Practice Nurse roles have been initiated in various forms in many Australian Emergency Departments. Although common, evaluation of these roles is scarce in the literature. Methods: A four phase practice development project was launched to review contemporary models of Extended Practice Nurse, revise an existing Extended Practice Nurse model called the Advanced Clinical Nurse (ACN), develop and standardise a supporting education and accreditation structure, and implement an evaluative framework for the revised ACN model. Results: A standardised education and accreditation structure was implemented, an 8 h ACN rostered shift commenced, and a mixed method evaluative framework initiated. Compared to management without an ACN, where an ACN was involved, mean medical management time of limb injuries and mean total length of stay was 42 min and 48 min shorter, respectively. Mean time to analgesia by an ACN was 22 min. Improvement in satisfaction was documented within subacute and waiting room patients. Median 'time to treatment' by an ACN was 6 min. Conclusions: Preliminary evaluation of the revised ACN model indicated practice benefits within early care delivery and patient flow. Continued standardisation of Extended Practice Nurse roles within New South Wales, Australia is necessary. The evaluative framework enabled greater understanding of this ACN role. © 2011 College of Emergency Nursing Australasia Ltd.

Hohenhaus, S. M. (2009). "Coaching for Success: Sustaining Change in Emergency Care." Journal of Emergency Nursing **35 (2)**: 141-142.
Creating and sustaining successful critical programs and projects in the emergency department requires careful attention to change management techniques. Adding a formal coaching strategy helps ensure that ED team members are adapting well to expected changes in behavior and practice. Observation, demonstration, reinforcement, and good feedback are tools that the ED coach masters to assist in the process of managing successful change. 2009 Emergency Nurses Association. Published by Elsevier. All rights reserved.

Holland, D. E. and M. A. Hemann (2011). "Standardizing hospital discharge planning at the Mayo Clinic." Joint Commission Journal on Quality & Patient Safety **37**(1): 29-36.
Background: Improving the quality of patient coordination in the transition from hospital to home is a high-priority health care concern. The Centers for Medicare & Medicaid Services (CMS) Hospital Conditions of Participation in the Medicare Program require that hospitals have a discharge planning (DP) process in effect that applies to all patients. The impact of a practice change in DP practice on the quality of care coordination at discharge was evaluated from patients' perspectives. Methods: A multifactor, evidence-based DP practice change, which included merging of DP specialist roles and use of an early screen for DP decision support tool, was initiated in a large, Midwestern academic medical center and evaluated in a nonequivalent comparison group design with separate pre- and postpractice change samples. The three-item Care Transitions MeasureTM (CTM-3TM) was mailed to adults recently discharged from one medical and one surgical nursing unit before and after the practice change. Results: Response rates were 52.4% before (218/416) and 39.5% (153/387) after the practice change. There were no significant differences between characteristics of the pre- and postpractice change participants. The mean CTM-3 score of patients who received assistance from the nurse/social worker DP team improved by 14 points (67.2 to 81.2), although the data were skewed with a ceiling effect, rendering the results inconclusive. Conclusions: Although the CTM-3 results were

inconclusive, the practice change resulted in a clinically meaningful decrease in length of stay for a group of older patients at greater risk for complex discharge plans. The proactive approach to DP proved to be a valuable shift. The successes of the standardization of DP processes and improved multidisciplinary teamwork were important considerations for implementation throughout the organization.

Holman, C. and S. Jackson (2001). "A team education project: An evaluation of a collaborative education and practice development in a continuing care unit for older people." Nurse Education Today **21**(2): 97-103.
The team education project aims to improve the impact of education on practice. The principles of this approach are that all clinical disciplines are involved and education activities are based in the practice area. This project took place in a continuing care unit for older people and the design was negotiated with staff in the unit. Bereavement was identified as the focus for the project. An education programme which combined information giving with reflective workshops was implemented and evaluated. Emerging findings reflect the complex nature of loss and bereavement in the continuing care unit. Staff adopted the term 'living bereavement' to describe the reactions to the ongoing losses experienced by those living, working and visiting a continuing care unit. A core group of staff used the groups to reflect on practice and expand their understanding. Although the staff reported the groups were successful, it has been difficult to demonstrate any change in practice. A psychoanalytic approach to analyzing the organizational behaviour offered useful explanations relating to the difficulties in attempting change. © 2001 Harcourt Publishers Ltd.

Hyde, S., P. Fulbrook, et al. (2009). "A clinical improvement project to develop and implement a decision-making framework for the use of seclusion." International Journal of Mental Health Nursing **18**(6): 398-408.
The use of seclusion within acute psychiatric settings is contentious. As evidenced by its use in practice, seclusion continues to be supported by mental health-care professionals. However, there is a growing evidence base that indicates that it is viewed negatively by patients and causes symptoms of severe distress. In Australia and several other countries, the use of restraint and seclusion is now being questioned, and there are now policy directives to reduce or abandon these practices. Despite mental health-care professionals' awareness of the potential detrimental effects of seclusion, the practice is strongly embedded in Australian mental health settings. This paper describes an improvement project to develop and implement a clinical decision-making framework around the use of seclusion. The setting was an acute mental health-care facility servicing a large health district in south east Queensland, Australia. The impetus for this project was driven by concerns expressed by consumers of the service and our own need to reduce the incidence of seclusion and the length of time of seclusion events to below 4 hours' duration. This improvement project employed practice development and action research principles to engage colleagues in the development of the framework. The project duration was 6 months, and resulted in two decision-making frameworks around the use of seclusion: the decision to seclude and the decision to release. © 2009 Australian College of Mental Health Nurses Inc.

Iedema, R. and K. Carroll (2011). "The "clinalyst": Institutionalizing reflexive space to realize safety and flexible systematization in health care." Journal of Organizational Change Management **24**(2): 175-190.
Purpose: This paper aims to present evidence for regarding reflexive practice as the crux of patient safety in tertiary hospitals. Reflexive practice buttresses safety because it is the precondition for flexible systematization—that is, the process that involves frontline clinicians in designing, redesigning and flexibly enacting care processes. Design/methodology/approach: The paper presents an account of a collaborative video-ethnographic project with a multi-disciplinary team in an acute spinal unit. Video-ethnography was combined with video-reflexivity to provide practitioners with the opportunity to become involved in data interpretation and solution generation. Findings: The study reveals that an outsider analysts/catalyst (or clinalyst) is critical to engaging frontline practitioners in reflexivity. The clinalyst is able to elicit insights and perspectives that assist practitioners in revisiting and revising their processes and practices,

principally because video-based reflexivity connects "what we do" directly to "who we are". Practical implications: Because complexity will be an indelible part of health care work, health care organizations should invest in developing "reflexive space" where learning about complexity becomes possible. Instead of continuing to invest in research efforts seeking to derive and test staff compliance with guidelines and protocols, and training centred on simulation, these organization must begin to engage with the lived complexity of clinical work in order to skill up incoming clinicians. Originality/value: Enhancing clinical practitioners' capability to confront complexity in their practices is currently not a standard component of clinical training or work-based learning. Video-reflexive ethnography in tertiary health care is unique in involving clinicians in "making sense" of and deriving solutions from lived complexity. (PsycINFO Database Record (c) 2011 APA, all rights reserved)

Innes, B. S. (1989). Common characteristics of nurse change agents, SEATTLE UNIVERSITY. **ED.D.:** 521 p.
Like all areas of our society, health care is being significantly impacted by rapid technological and social change. If nursing is to take a leadership role in managing this change so as to optimize health care in the emerging system, nurses need to possess the necessary characteristics and skills to be successful change agents, or leaders of change. The primary purpose of this qualitative study was to identify common characteristics of nurse change agents, thereby developing the foundation for an operational definition of a change agent. This information could be used by nursing education to plan appropriate learning experiences to facilitate preparation of change agents, by nursing service in the selection of people to fill change agent roles, and by individuals aspiring to be change agents to prepare themselves for this role. The study sample consisted of fifty non-managerial nurses from seven hospitals who, through a nomination process, had been identified as change agents within their work settings. Data were collected through structured interviews. The sample contained thirty-three baccalaureate graduates, eight associate degree graduates, and nine diploma graduates. Data showed the typical nurse change agent to be a baccalaureate graduate with six-to-fifteen years of experience, who works on day shift. The person is actively involved in continuing education and has a history of work experience prior to nursing, organizational involvement and leadership experiences beginning in childhood years, and committee involvement in the workplace. In addition, a list of thirty-six frequently cited characteristics was developed. Heading this list were the abilities to assess and plan; anticipate consequences; make decisions in a timely manner; take risks appropriately; prioritize; delegate; be articulate, influential, and persuasive; get others involved; develop and maintain networks; use formal and informal systems; and demonstrate effective conflict and confrontation skills. An attempt to compare associate degree nurses and baccalaureate degree nurses on these characteristics was not feasible due to the disparate numbers in the two groups. Finally, information was gained about environmental factors which facilitate or hinder change attempts.

Jefferies, D., M. Johnson, et al. (2010). "Engaging clinicians in evidence based policy development: The case of nursing documentation." Contemporary Nurse **35**(2): 254-264.
A lack of consistent policy direction, revealed by a review of nursing and midwifery documentation, presented researchers with an opportunity to engage clinicians in the process of evidence based policy development. By utilising the framework informed by both practice development and the principles of evidence based practice, clinicians were taken through an education program and a series of activities to develop their skills in discerning how research evidence and other literature can inform policy development. The clinicians' involvement maximised their investment in the final policy. Clinicians synthesised all the evidence associated with nursing and midwifery documentation and produced a set of seven guiding principles that formed the basis of an area wide policy for nursing and midwifery documentation. The strength of this approach to policy development was that the clinician's experience ensured that the concerns of the clinicians were included in the policy. Difficulties in completing tasks outside meeting times were highlighted. © 1992-2011 eContent Management.

Jeffries, E. and L. Timms (1998). "Sharing good practice: developing network forums." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **12**(50): 33-34.

In this report the authors describe how bringing together nurses from different specialties to share innovations and developments can enhance personal, professional and practice development on a much wider scale.

Johns, C. and S. Kingston (1990). "Implementing a philosophy of care on a children's ward using action research." Nursing practice (Edinburgh, Scotland) **4**(1): 2-9.
This paper charts the progress of an action research project initially implemented to assist the staff of a pediatric ward in the development of primary nursing. The use of ward meetings to identify needs and clarify objectives is discussed; from this emerged a broader remit to implement the ward's philosophy of care. Five areas of clinical practice development were identified for work: development of a staff development strategy, identification of resource people, movement to primary nursing, development of standards of care, and development of the ward environment. Progress in these five areas is explored, and the use of evaluation strategies such as visual analogue scales, unstructured interviews and personal diaries are discussed. Description and discussion of some of the difficulties associated with this project are given. In conclusion, the authors address the issue of whether action research is in fact a specific methodology or a philosophy.

Johnson, S., J. Ostaszkiewicz, et al. (2009). "Moving beyond resistance to restraint minimization: a case study of change management in aged care." Worldviews on Evidence-Based Nursing **6**(4): 210-218.
AIM: This case study describes a quality initiative to minimize restraint in an Australian residential aged care facility. APPROACH: The process of improving practice is examined with reference to the literature on implementation of research into practice and change management. The differences between planned and emergent approaches to change management are discussed. The concepts of resistance and attractors are explored in relation to our experiences of managing the change process in this initiative. The importance of the interpersonal interactions that were involved in facilitating the change process is highlighted. IMPLICATIONS: Recommendations are offered for dealing with change management processes in clinical environments, particularly the need to move beyond an individual mind-set to a systems-based approach for quality initiatives in residential aged care.

Jones, M. (2009). "The side effects of evidence-based training." Journal of Psychiatric and Mental Health Nursing **16**(7): 593-598.
The mental health inpatient workforce has been targeted for continuing training to promote improved practice and enhance morale. The effects of intensive training and innovations in clinical practice on staff well-being are poorly understood. The aim of this paper is to measure the impact of a programme of team training and clinical practice development on levels of stress, job satisfaction and burnout in inpatient mental health workers. A repeated measures design was used in which participants acted as their controls. Participants were assessed before and after training using standardized measures of stress and burnout. During the training period, mean scores on all measures remained stable. Over the practice implementation period, there were significant increases in perceived stress and burnout and a significant reduction in job satisfaction. Training in novel psychosocial interventions had no impact on staff psychological well-being and satisfaction. Attempting to implement, these interventions did appear to have harmful effects. Intensive clinical support to sustain novel practices did not prevent these outcomes. © 2009 Blackwell Publishing.

Kaiser, D. and J. Dykstra (2004). PCAPI: Using lean concepts in a healthcare setting.
PCAPI stands for Patient Care and Access Process Initiative, which is a transformational change project that successfully used Lean principles to redesign and implement a new method of patient care delivery at Cincinnati Children's Hospital Medical Center. Multidisciplinary teams representing all areas of the hospital used the following Lean principles to structure their approach: 1. Allow the customer to identify the value (in this case the patient and family) 2. Map the value stream (current and redesigned process) 3. Track the flow 4. Understand and respond to the pull of the customer (patient) 5. Strive for perfection. Results Increased capacity and

efficiency is shown by a measured decrease in the length of time it takes to get patients from registration in the ED up to the nursing unit, and the realization of earlier discharge times on the day of discharge. Specific process changes/results that contirubted to the overall system measures will be detailed in the presentation. This massive transformational change project was fully integrated into hospital operations in a 2 year timeframe. The positive effects of the process changes are sustained because process measures are tracked and communicated across the organization through the PCAPI website to ensure compliance with the defined process. The results of this project will be sustained through ongoing operations because of this tracking mechanism, which holds the various stakeholders accountable for their part of the process.

Karlsen, R. (2007). "Improving the nursing documentation: Professional consciousness-raising in a Northern-Norwegian psychiatric hospital." Journal of Psychiatric and Mental Health Nursing **14**(6): 573-577.
The new Norwegian health legislation has increased the quality demands on nursing documentation. The staff at a psychiatric hospital has, together with us, explored their own way of producing written nursing documentation. In collaboration with them, we have analysed 32 patient journals which were made anonymous. We read through the documents with a critical view. We compared the findings with current professional quality standards. The actual language in the reports was analysed critically. The purpose was that the staff would become aware of unintentional consequences of their own parlance. We contributed by giving them a suitable analysis tool, which can be used for exploring own practice. The analysis tool became an aid in making the necessary qualitative improvements. This has made them change their practice. Today, the wards can exhibit documentation systems that to a large extent satisfy current professional and legal demands. An important change is the staff's specific contributions are made explicit. The staff has become more resource-oriented and the patient has, to a much larger extent than before, become an active participant in the development of the nursing plan. © 2007 The Author.

Kassean, H. K. and Z. B. Jagoo (2005). "Managing change in the nursing handover from traditional to bedside handover - A case study from Mauritius." BMC Nursing **4**(1).
Background: The shift handover forms an important part of the communication process that takes place twice within the nurses' working day in the gynaecological ward. This paper addresses the topic of implementing a new system of bedside handover, which puts patients central to the whole process of managing care and also addresses some of the shortcomings of the traditional handover system. Methods: A force field analysis in terms of the driving forces had shown that there was dissatisfaction with the traditional method of handover which had led to an increase in the number of critical incidents and complaints from patients, relatives and doctors. The restraining forces identified were a fear of accountability, lack of confidence and that this change would lead to more work. A 3 - step planned change model consisting of unfreezing, moving and refreezing was used to guide us through the change process. Resistance to change was managed by creating a climate of open communication where stakeholders were allowed to voice opinions, share concerns, insights, and ideas thereby actively participating in decision making. Results: An evaluation had shown that this process was successfully implemented to the satisfaction of patients, and staff in general. Conclusion: This successful change should encourage other nurses to become more proactive in identifying areas for change management in order to improve our health care system. 2005 Kassean and Jagoo; licensee BioMed Central Ltd.

Keady, J., S. Williams, et al. (2005). "Emancipatory practice development through life-story work: changing care in a memory clinic in North Wales." Practice Development in Health Care **4**(4): 203-212.
This paper outlines an approach to understanding and informing emancipatory practice development through the integration of constructivist approaches to its basic design, in this case biographical life-story work. Based on an on-going constructivist grounded theory study conducted by a specialist memory clinical nurse in North Wales, and using practitioner-research principles (Reed and Procter, 1995), the exchange of each participant's narrative account of their diagnostic experience (N = 6) led to the establishment of new assessment and diagnostic sharing

practices in the participating memory clinic. Through a reflexive process, three phases were identified that captured this journey, namely practice reflection, practice modification and practice transformation, and these phases were under-pinned by time and personal influence factors. We suggest that the integration of constructivist research into emancipatory practice development could be an important development of the approach and lead to practice change based on the experience of service users.

Khungern, J., M. Krairiksh, et al. (2006). "Hospital quality improvement: a case study of a general hospital under the Ministry of Public Health." Thai Journal of Nursing Research **10**(3): 191-200.
This study offers an alternative to the mainstream top-down approach common in hospital quality improvement programs. Over two years the researcher implemented a bottom-up approach that focused on staff capacity improvement through participatory action research (PAR). Hospital personnel worked together to solve their problems with the assistance of a skilled facilitator using the cyclical steps of PAR: Situational analysis, planning, action, and reflection. Qualitative data collection methods used included grand tour interviews, in-depth interviews, participant observation, a literature review, and group discussions in sessions of conferences and workshops. Data was analyzed by content analysis.
The setting was a 324 bed general hospital that is slowly changing its organizational structure, human resources management, and services. Before implementing PAR, hospital staff perceived quality improvement as merely another policy that created extra paperwork, as less important than their routine work and as the responsibility of only a few staff members. All administrative efforts were put into short course training sessions rather than continuous development and staff had few opportunities to participate in quality improvement activities. As a result, the process of quality improvement was conducted only intermittently and did not meet expectations for success. Important factors obstructing the improvement program were the organizational culture of deference to seniority and a lack of participation among relevant staff members.
After nine months of establishing rapport and conducting a situational analysis, hospital staff trusted the researcher and organized a discussion forum to present conclusions drawn from the analysis. Quality support team, documentation record team, intensive care unit team, and head department team were established from the forum to solve problems of the quality improvement process. They engaged in a process of reflection and worked together to implement 6 projects. As a result, they involved every department to set a new organizational vision, mission, strategic plan and action plan to improve hospital services in the next 3 years. They created new recording systems for quality improvement in the nursing department and reviewed work guidelines for managers at every level in the intensive care unit to increase efficiency and patient satisfaction. After thinking, acting and solving problems cooperatively, they created a forum for continuous quality improvement.
The true participation of the PAR process used in this study empowered the hospital staff and gave them greater confidence, commitment, and determination to overcome obstacles in the process of quality improvement. This learning process is an alternative approach to healthcare service quality improvement that can sustainable improve the health of Thai citizens in the future.

Kitson, A. (1996). "Clinical practice development and research activities in four district health authorities." Journal of Clinical Nursing **5**(1): 41-51.
This review is based on findings from a postal survey undertaken between March and September 1993 to elicit information from nurses in four district health authorities regarding development and research activity in which they were involved. • The objectives of the review were to obtain baseline information on the extent, variety and scope of work being carried out, to provide staff with a mechanism for networking good practice and to identify any areas of replication. • A snowball sampling technique was used to obtain information from nursing personnel. A total of 141 responses were received out of which 4% (n = 5) reported no activity. Response rates varied between organizations and specialist groups but were similar in terms of the number of small-scale clinical practice developments undertaken without identified support or supervision. • Fifty-five per cent (n = 75) of the reported developments related to the organization and management of services while 11% (n = 15) focused on consumer-related issues. Few studies identified dissemination strategies and there was generally a lack of clarity over expected benefits of the

study in terms of measurable outcomes to the organization, nursing staff or patients. Funding for clinical practice development and research in nursing was found to be very sparse; the reasons for this were not identified. • Overall the review confirmed statements from other sources (DoH, 1993a,b) that nursing development and research tends to be small scale and unsupported with nursing staff trying hard to implement research findings or be innovative in their practice without the necessary expertise and support. Such findings have implications for the current drive to implement research into practice. © 1996 Blackwell Science Ltd.

Landaeta, R. E., J. H. Mun, et al. (2008). "Identifying sources of resistance to change in healthcare." International Journal of Healthcare Technology and Management **9 (1)**: 74-96.
The continuous introduction of new healthcare technologies, as well as the proliferation of new processes that guarantee better treatment and care of patients, suggests that the pace of the healthcare environment has been accelerating in recent years. Therefore, it is very important to identify and address sources of resistance to change before, during, and after change efforts are made in healthcare. This research applied a phenomenology approach to evaluate 24 known sources of resistance to change in a change effort at a section of Sentara Leigh Hospital in Norfolk, Virginia. The results of this investigation suggest that there are sources of resistance to change that are specific only to the healthcare sector. This finding is important because it provides a foundation that can be used to extend our understanding of both healthcare organisations and sources of resistance to change. Copyright 2008 Inderscience Enterprises Ltd.

Lee, L., V. White, et al. (2001). "An audit of oral care practice and staff knowledge in hospital palliative care." International journal of palliative nursing **7**(8): 395-400.
Mouth care is considered one of the most basic of nursing activities, and palliative care patients are especially vulnerable to oral problems (Macmillan Practice Development Unit, 1995). This article describes a project on developing oral care practice and staff knowledge, by nursing staff and Macmillan nurses at a hospital in central England. A baseline audit (audit I) was carried out to examine all aspects of current oral care practice and nursing knowledge, including assessment, implementation, prescribing and evaluation of care. Oral care guidelines and a programme of ward-based teaching were then introduced. Several months later a follow-up audit (audit II) was conducted. Results showed an improvement in all aspects of oral care and staff knowledge. Additional benefits of this process included improved professional relationships and the promotion of further audits in hospital palliative care. Recommendations include the need for further nursing research into oral care to build the evidence base further. Additionally, it is suggested that nurses must recognize their important and central role in improving this aspect of palliative care. Education and training is pivotal to this process.

Lee, N. J. (2011). "An evaluation of CPD learning and impact upon positive practice change." Nurse Education Today **31**(4): 390-395.
This paper explores positive practice change in nursing and health care practice following continuing professional development (CPD). It is derived from a commissioned evaluation study within the United Kingdom (UK). Evaluation data was gathered using semi structured discussions with CPD participants, a convenience sample of line managers and University module leaders. Findings suggest that professional peer attitudes and support, when harnessed effectively in the practice setting, strongly enhance positive change. Conversely a lack of engagement with practice peers, a lack of strategic support and not knowing how to access support hinder change. The study found that learning need was often explored through personal development planning and appraisal, however there was little systematic follow up, review and support following learning. Interestingly the individual personal drive and enthusiasm of practitioners was perceived as the strongest factor helping practice change, while policy drivers and national health targets were secondary. Possible strategies to enhance positive practice change are explored. © 2010 Elsevier Ltd.

Lindsay, G. and D. Wheatley (1998). "Implementing research in nurse-led care." Nursing times **94**(50): 46-47.
In response to research showing that people waiting for cardiac surgery had a high prevalence of

uncorrected coronary heart disease risk factors, a nurse-led shared care scheme was developed. A randomised controlled trial of the service demonstrated significant improvements in risk factors among the intervention group. The study is used as an example of how research findings have been used to identify an area for practice development.

Lukas, C. V., S. K. Holmes, et al. (2007). "Transformational change in health care systems: an organizational model." Health Care Management Review **32**(4): 309-320.
Background: The Institute of Medicine's 2001 report Crossing the Quality Chasm argued for fundamental redesign of the U.S. health care system. Six years later, many health care organizations have embraced the report's goals, but few have succeeded in making the substantial transformations needed to achieve those aims.
Purposes: This article offers a model for moving organizations from short-term, isolated performance improvements to sustained, reliable, organization-wide, and evidence-based improvements in patient care.
Methodology: Longitudinal comparative case studies were conducted in 12 health care systems using a mixed-methods evaluation design based on semistructured interviews and document review. Participating health care systems included seven systems funded through the Robert Wood Johnson Foundation's Pursuing Perfection Program and five systems with long-standing commitments to improvement and high-quality care.
Findings: Five interactive elements appear critical to successful transformation of patient care: (1) Impetus to transform; (2) Leadership commitment to quality; (3) Improvement initiatives that actively engage staff in meaningful problem solving; (4) Alignment to achieve consistency of organization goals with resource allocation and actions at all levels of the organization; and (5) Integration to bridge traditional intra-organizational boundaries among individual components. These elements drive change by affecting the components of the complex health care organization in which they operate: (1) Mission, vision, and strategies that set its direction and priorities; (2) Culture that reflects its informal values and norms; (3) Operational functions and processes that embody the work done in patient care; and (4) Infrastructure such as information technology and human resources that support the delivery of patient care. Transformation occurs over time with iterative changes being sustained and spread across the organization.
Practice Implications: The conceptual model holds promise for guiding health care organizations in their efforts to pursue the Institute of Medicine aims of fundamental system redesign to achieve dramatically improved patient care.

Masso, M., G. Robert, et al. (2010). "The Clinical Services Redesign Program in New South Wales: Perceptions of senior health managers." Australian Health Review **34**(3): 352-359.
Objective.This study explores the views of senior managers regarding their experience of participating in the Clinical Services Redesign Program (CSRP) in New South Wales and the impact of that Program. Methods.Semi-structured interviews were conducted in 2007 with 42 senior managers working in the NSW health system. Results. Managers reported being increasingly oriented towards efficiency, achieving results and using data to support decision-making. The increased focus on managing performance was accompanied by concerns about the narrowness of the indicators being used to manage performance and how these are applied. The value placed by interviewees on the use of 'competition' as a lever for improving services varied. Leadership was repeatedly identified as important for long-term success and sustainability. No one was confident that the CSRP had yet been sufficiently embedded in day to day practice in order for it to keep going on its own. Conclusion. Our findings are generally consistent with the extensive literature on change management, performance management and leadership. Some cultural change has taken place in terms of observed patterns of behaviour but it is unrealistic to think that CSRP can on its own deliver the desired deeper cultural changes in the values and assumptions underpinning the NSW Health system. There is some evidence of dysfunctional aspects of performance management but no call for the focus on performance or redesign to be abandoned. What is known about the topic There has been growing interest internationally in the potential of industrial process improvement models (such as business process re-engineering, Six Sigma and Lean Manufacturing) to secure sustained improvements in the efficiency of healthcare services. Such approaches are often accompanied by the implementation of a rigorous

performance management system. However, overall results in the healthcare sector have been mixed with outcomes sometimes falling short of stated ambitions. To date, in-depth research into the use of such approaches and systems in Australia has been limited. What does this paper add This paper reports on research in New South Wales to evaluate one such approach: the 3-year Clinical Services Redesign Program that aims to achieve transformational, sustainable, system-wide change by 'undertaking deep seated structural and cultural reform of traditional work practices'. The original CSRP business case envisaged a radical rather than incremental approach to system change, in keeping with a 're-engineering' ethos. The qualitative findings presented here are based on interviews in 2007 with 42 senior health managers working at different levels of the health system. These interviews explored the experience of participating in the CSRP and elicited views as to the perceived impact of the Program from a managerial perspective. The findings are related to theories of system level change and compared with the emerging evidence-base relating to large-scale improvement strategies in healthcare. What are the implications for practitioners Managers support the principle of managing performance by setting targets, with concerns primarily about the narrow focus of the selected targets, how the targets are applied locally and the nature of their central monitoring. Targets need to be well defined and measure the processes and outcomes that really matter. The principle of linking performance with service redesign was also supported. However, interviewees did not believe that changing culture to achieve sustainable change could be brought about by a single centrally-led change program. Significantly, leadership was seen as a critical factor in improving performance but needs to be considered within a broad framework (i.e. a system of leadership) that relies on more than just the attributes of individuals. Finally, management development should not be overlooked, or seen as less important than leadership development. Improvement projects frequently fail in implementation and this is as much a management issue as a leadership is ue. © 2010 AHHA.

McAllister, M., W. Moyle, et al. (2009). "'I can actually talk to them now': Qualitative results of an educational intervention for emergency nurses caring for clients who self-injure." Journal of Clinical Nursing **18**(20): 2838-2845.
Aim and objectives. This Australian study evaluated the effectiveness of a solution-focused education intervention in extending and improving emergency nursing responses to patients who present because of self-injury. Background. Emergency nurses commonly report lack of training and feeling unskilled in managing people who present because of self-harm. Most educational interventions have provided content knowledge, yet rarely have they focused on conveying the value of health promotion strategies such as proactive skills and coping strategies. Design. A mixed method pretest-posttest group design was used. Methods. Nurses (n = 36) were interviewed to examine differences in professional identity, awareness of self-injury and clinical reasoning. Results. The qualitative results are presented in this paper and these showed improvements in knowledge and understanding of self-harm, self-belief in nurses' capacity to positively influence clients and the value of health promotion skills. The intervention produced a positive attitudinal shift towards clients and an expressed intention to act in ways that were more person-centred and change oriented. Conclusions. The solution-focused education intervention appears to show promise as an intervention for enabling nurses to value their unique contribution to providing a health service that is more proactive and health-promoting. Relevance to clinical practice. Interactive education bringing psychosocial skills to technical nursing staff builds confidence, competence and more person-focused care. © 2009 Blackwell Publishing Ltd.

McCann, E. and L. Bowers (2005). "Training in cognitive behavioural interventions on acute psychiatric inpatient wards." Journal of Psychiatric and Mental Health Nursing **12**(2): 215-222.
There has been a drive towards addressing the types of care and therapeutic interventions available to people with serious mental illness, which is reflected in the latest government mental health policy initiatives. Recent evidence strongly supports the implementation of psychological and social interventions for people with psychosis, and in particular the use of cognitive behavioural techniques. Until now, the main focus has been on people living in the community. This study examines the delivery of psychosocial interventions training to qualified psychiatric nurses and unqualified staff on seven acute psychiatric admission wards in London, UK. The

approach had the strength of on-site delivery, follow-up role modelling of the interventions and clinical supervision. Despite this, in some cases the training was less successful, mainly because of staffing and leadership weaknesses. The impact of training in these methods and the implications for mental health education and practice development are discussed. © 2005 Blackwell Publishing Ltd.

McCormack, B., J. Dewing, et al. (2009). "Practice development: Realising active learning for sustainable change." Contemporary Nurse **32**(1-2): 92-104.
This paper explores the concept of practice development in the context of professional development and strategies for facilitating learning in practice. In this paper we present the background to the methodology of emancipatory and transformational practice development. Key concepts underpinning a contemporary defi nition of practice development are unravelled and nine principles for effective practice development proposed. An example of a large-scale national practice development programme with older people residential settings in the Ireland is presented to illustrate the processes in action. The fi ndings of the fi rst year of the programme are offered and these fi ndings demonstrate the ways in which practice development systematically uncovers the deeply embedded characteristics of practice cultures - characteristics that often inhibit effective person-centred practice to be realised. © eContent Management Pty Ltd.

McCormack, B. and R. Garbett (2003). "The characteristics, qualities and skills of practice developers." Journal of Clinical Nursing **12**(3): 317-325.
There is a growing interest in practice development as a systematic process for the development of quality patient care. Whilst there is a range of accounts of practice development in the literature, little work has been undertaken to develop an understanding of the systems and processes involved and there is even less on the roles involved in practice development. This paper explores in particular the characteristics, qualities and skills of practice developers, i.e. professionals who have formal responsibility for developing practice in organizations. The paper represents part of a larger study exploring the conceptual basis of the term 'practice development'. Data for this part of the project were collected through literature analysis, seven focus groups involving 60 practice developers and telephone interviews with 25 practising nurses with experience of working with practice developers. The data were analysed using cognitive mapping processes. Four role functions are presented in the paper, as well as qualities and skills needed to operationalize the identified role functions. A clear picture of the skills and qualities required by practice developers emerges from the data.

McCormack, B. and R. Garbett (2003). "The meaning of practice development: evidence from the field." Collegian (Royal College of Nursing, Australia) **10**(3): 13-16.
This paper sets out to explore the meaning of practice development. The data from which this exploration is derived is largely drawn from an empirical research project that set out to explore practice development through concept analysis. The paper argues for a model of practice development that is focused on achieving increased effectiveness in patient-centred care. It argues that one-off changes in practice are not the same as a sustained systematic development of practice that focuses on achieving cultural changes in practice settings, ie the context of practice. It will be argued that facilitation is a key concept underpinning practice development work, but that in itself, facilitation is a misunderstood and abused concept. Finally, the consequences of practice development activity will be outlined and the need for further research in this area highlighted.

McCormack, B., B. Karlsson, et al. (2010). "Exploring person-centredness: A qualitative meta-synthesis of four studies." Scandinavian Journal of Caring Sciences **24**(3): 620-634.
Person-centredness as a concept is becoming more prominent and increasingly central within some research literature, approaches to practice and as a guiding principle within some health and social care policy. Despite the increasing body of literature into person-centred nursing (PCN), there continues to be a ‘siloed’ approach to its study, with few studies integrating perspectives from across nursing specialties. The purpose of this paper is to present the results of a study undertaken to explore if the secondary analysis of findings from four different and

unrelated research studies (that did not have the main aim of researching person-centredness) could inform our understanding of person-centred nursing. A qualitative meta-synthesis was undertaken of the data derived from the four unrelated research studies undertaken with different client groups with long-term health conditions. A hermeneutic and interpretative approach was used to guide the analysis of data and framed within a particular person-centred nursing framework. Findings suggest 'professional competence' (where competence is understood more broadly than technical competence) and knowing 'self' are important prerequisites for person-centred nursing. Characteristics of the care environment were also found to be critical. Despite the existence of expressed person-centred values, care processes largely remained routinised, ritualistic and affording few opportunities for the formation of meaningful relationships. Person-centred nursing needs to be understood in a broader context than the immediate nurse–patient/family relationship. The person-centred nursing framework has utility in helping to understand the dynamics of the components of person-centredness and overcoming the siloed nature of many current perspectives. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

McDaniel, C. (1998). "Enhancing nurses' ethical practice: development of a clinical ethics program." The Nursing clinics of North America **33**(2): 299-311.
There is increasing attention paid to ethics under managed care; however, few clinical-based ethics programs are reported. This paper reports the assessment and outcomes of one such program. A quasi-experimental research design with t-tests is used to assess the outcome differences between participants and control groups. There are twenty nurses in each; they are assessed for comparability. Differences are predicted on two outcomes using reliable and valid measures: nurses' time with their patients in ethics discussions, and nurses' opinions regarding their clinical ethics environments. Results reveal a statistically significant difference ($p < .05$) between the two groups, with modest positive change in the participants. Additional exploratory analyses are reported on variables influential in health care services.

McGrath, K. M., D. M. Bennett, et al. (2008). "Implementing and sustaining transformational change in health care: lessons learnt about clinical process redesign.[Erratum appears in Med J Aust. 2008 Apr 7;188(7):422]." Medical Journal of Australia **188**(6 Suppl): S32-35.
*Clinical process redesign has enabled significant improvements in the delivery of health care services in emergency departments and elective surgery programs in New South Wales and at Flinders Medical Centre in South Australia, with tangible benefits for patients and staff. *The principles used in clinical process redesign are not new; they have been applied in other industries with significant gains for many years, but have only recently been introduced into health care systems. *Through experience with clinical process redesign, we have learnt much about the factors critical to the success of implementing and sustaining this process in the health care setting. *The key elements for success are leadership by senior executives, clinical leadership, team-based problem solving, a focus on the patient journey, access to data, ambitious targets, strong performance management, and a process for maintaining improvement.

McMurray, A., W. Chaboyer, et al. (2010). "Implementing bedside handover: strategies for change management." Journal of Clinical Nursing **19**(17/18): 2580-2589.
Aims and objectives. To identify factors influencing change in two hospitals that moved from taped and verbal nursing handover to bedside handover. Background. Bedside handover is based on patient-centred care, where patients participate in communicating relevant and timely information for care planning. Patient input reduces care fragmentation, miscommunication-related adverse events, readmissions, duplication of services and enhances satisfaction and continuity of care. Design. Analysing change management was a component of a study aimed at developing a standard operating protocol for bedside handover communication. The research was undertaken in two regional acute care hospitals in two different states of Australia. Method. Data collection included 532 semi-structured observations in six wards in the two hospitals and 34 in-depth interviews conducted with a purposive sample of nursing staff involved in the handovers. Observation and interview data were analysed separately then combined to generate thematic analysis of factors influencing the change process in the transition to bedside handover. Results

and conclusion. Themes included embedding the change as part of the big picture, the need to link the project to standardisation initiatives, providing reassurance on safety and quality, smoothing out logistical difficulties and learning to listen. We conclude that change is more likely to be successful when it is part of a broader initiative such as a quality improvement strategy. Relevance to clinical practice. Nurses are generally supportive of quality improvement initiatives, particularly those aimed at standardising care. For successful implementation, change managers should be mindful of clinicians' attitudes, motivation and concerns and their need for reassurance when changing their practice. This is particularly important when change is dramatic, as in moving from verbal handover, conducted in the safety of the nursing office, to bedside handover where there is greater transparency and accountability for the accuracy and appropriateness of communication content and processes.

McSherry, R., A. Artley, et al. (2006). "Research awareness: An important factor for evidence-based practice?" Worldviews on Evidence-Based Nursing **3**(3): 103-115.
Background: Despite the growing body of literature, the reality of getting evidence into practice remains problematic. Objective: The purpose of this study was to establish levels of research awareness amongst registered health care professionals (RHCPs) and the influence of research awareness on evidence-based practice activities. Design and Methods: This was a descriptive quantitative study. A convenience sample of 2,126 registered RHCPs working in a large acute hospital in Northeast England, the United Kingdom was used. A self-completion Research Awareness Questionnaire (RAQ) was directed towards measuring RHCP: attitudes towards research, understanding of research and the research process, and associations with practising using an evidence base. Data were entered into a Statistical Package for Social Science (SPSS) database and descriptive and inferential statistics were used. Findings: A total of 843 questionnaires were returned. Seven hundred and thirty-three (91%) RHCPs overwhelmingly agreed with the principle that evidence-based practice has a large part to play in improving patient care. This point was reinforced by 86% (n = 701) of respondents strongly agreeing or agreeing with the idea that evidence-based practice is the way forward to change clinical practice. Significant associations were noted between levels of confidence to undertake a piece of research and whether the individual had received adequate information about the research process, had basic knowledge and understanding of the research process, or had research awareness education or training. Conclusions: The study shows that RHCPs, regardless of position or grade, have a positive attitude towards research but face many obstacles. The key obstacles are lack of time, support, knowledge, and confidence. To address these obstacles, it is imperative that the organisation adopts a structured and coordinated approach to enable and empower individuals to practice using an evidence base. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Mitchell, E. A., A. Conlon, et al. (2005). "Towards rehabilitative handling in caring for patients following stroke: a participatory action research project." Journal of Clinical Nursing **14**(3a): 3-12.
Aim of the study. This study aimed to facilitate nurses to take ownership of their moving and handling practice.
Objectives. To (i) facilitate nurses in sharing their insights in moving and handling patients following stroke, (ii) enable nurses to identify facilitators of safer moving and handling practice, and (iii) empower nurses in collaboration with physiotherapists to direct changes in their practice.
Background. Traditional top down moving and handling training has had variable impact on nursing practice. A moving and handling incident in a stroke unit demonstrated that there were professional development needs for staff in the stroke unit in relation to their moving and handling practice in the care of patients following stroke.
Methods. An insider participatory action research approach was utilized. Data were analysed from focus group meetings, brainstorming sessions, observational studies, and from written reflective accounts.
Findings. Peer pressure, communication, rehabilitative handling awareness, teamwork between nurses and physiotherapists, equipment and environmental issues were affecting moving and handling practice. Nurses identified that equipment, environment, communication and teamwork strategies would facilitate them in using rehabilitative moving and handling practice. Nurses in

collaboration with physiotherapists directed changes in their practice. Participant staff members felt involved and valued, and reported changes in understanding, in their handling practice, and enhanced teamwork.
Conclusion. Participatory action research creates a supportive environment, where those directly involved in moving and handling patients can investigate and direct changes in their practice. Thus it is a significant vehicle for delivering professional development in moving and handling practice.
Relevance to clinical practice. Professional development initiatives in moving and handling practice must incorporate processes that enhance inter-disciplinary teamwork and value and utilize the views and experiences of the staff who move and handle patients.

Mitchell, P. H. (1991). Clinical and organizational impact of multiple changes in critical care: a case study, UNIVERSITY OF WASHINGTON. **PH.D.:** 147 p.
This research evaluated the impact of a natural cluster of change in one community hospital division on clinical and organizational performance of the hospital's critical care units. The divisional changes were comprised of multiple changes in physical facilities of the critical care units, technology and divisional leadership. Their combined impact was evaluated by comparing post change data to an existing database of nurse and physician perceptions of the critical care units and of patient care outcomes. Variables of interest included selected indices of critical care unit clinical performance (mortality and patient satisfaction with nursing care) and critical care unit organizational performance (nursing retention, nurse and physician ratings of unit effectiveness, patient length of stay, and nurse perceptions of the work environment and beliefs about role in patient welfare). These effects were interpreted from differing theoretical points of view: the system-structural viewpoint that emphasizes the value of formal structure in stabilizing organizations during change, and the strategic choice perspective that emphasizes the social creation of meaning surrounding organizational events. Data were obtained through paper and pencil surveys, interviews, participant observation, and medical records, with data collected in 1986-87 compared to those obtained in 1990. Because the first line nursing managers remained constant, the system-structural perspective predicted that the multiple divisional changes would have no effect on clinical and organizational performance. These hypotheses were supported in that patient mortality ratio remained below 60 percent of predicted; patient satisfaction with nursing care remained high; nursing retention did not drop significantly; nursing satisfaction did not change significantly. Patient length of stay did decrease significantly, which is consistent with improved efficiency of unit functioning. There was also support for the hypotheses derived from the strategic choice perspective. This view, as expressed in the concept of constructed organizational meaning, posits that unit-level attributes, such as beliefs and values will change to the extent that environmental changes induce differences in the meaning that staff assign to these changes. Unit nurses' aggregate ratings of beliefs about the meaning and importance of their work did not change over time, despite the influx of a large number of new staff nurses. Interviews suggested that staff devoted considerable energy to maintaining the values of high standards of patient care, hard work and of being part of a professional team. The data affirm the importance of individual actors in mediating change, but within a context of stable organizational structures.

Moffitt, B. L. and M. Butler (2009). "Changing a medical unit culture." Clinical Nurse Specialist: The Journal for Advanced Nursing Practice **23**(4): 187-191.
This project addresses the redesign of a unit after merging a medical and oncology unit in a small community hospital where quality of patient care and outcomes are emphasized. The focus was to examine the effectiveness of staff-led initiatives to improve satisfaction and outcomes. The purpose of the project was to increase patient, physician, and staff satisfaction and to improve patient outcomes. This project involved empowering the staff to make the necessary changes to reach the outcomes. The project allowed nurses the opportunity to discuss issues regarding continuity of patient care, safe work environment, and improved patient outcomes. Serendipitous outcomes of the project have included unit staff nurses serving as ambassadors for the unit and hospital, a decrease in the change of shift report time, and a staff that desires empowerment. Throughout the project, the clinical nurse specialist functioned in all 3 spheres of influence

(patient/client, nurses and nursing practice, and organization/system) to facilitate the commitment to change the environment. The clinical nurse specialist and staff desired to make a positive impact on patient outcomes.

Morris, A. and K. Davies (2010). "Early warning scoring systems: Observation of care in practice." British Journal of Nursing **19 (18)**: 1180-1184.
This article describes the outcomes of an observation of care in an acute setting undertaken as part of the Royal College of Nursing Clinical Leadership Programme. Positive responses of staff and managers to the findings and a subsequent education programme have ensured that the use of early warning scores, and indeed early interventions, have been implemented with consequent improvements in patient care.

Nielsen, K., R. Randall, et al. (2010). "Does training managers enhance the effects of implementing team-working? A longitudinal, mixed methods field study." Human Relations **63**(11): 1719-1741.
The introduction of team-working often has positive effects on team members but places significant new demands on managers. Unfortunately, little research has examined whether the impact of the intervention may be enhanced by providing managers with training during the change process. To test this possibility we carried out a longitudinal intervention study (with a 'no training' comparison group) in a part of the Danish elderly care sector that was implementing teamwork. Kirkpatrick's (1998) training evaluation model was used to examine the effects of training team managers in issues such as teamwork, transformational leadership and change management on the outcomes of team implementation. We used a combination of quantitative and qualitative research methods to isolate the impact of manager training on the success of the teamwork intervention. The results identified some significant, but modest, incremental positive effects that could be attributed to the manager training. The results also showed that significant organizational changes during the intervention had an impact on both the team intervention and the transfer of manager training. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Nyström, M. (2009). "Characteristics of health care organizations associated with learning and development: Lessons from a pilot study." Quality Management in Health Care **18**(4): 285-294.
Characteristics of health care organizations associated with an ability to learn from experiences and to develop and manage change were explored in this study. Understanding of these characteristics is necessary to identify factors influencing success in learning from the past and achieving future health care quality objectives. A literature review of the quality improvement, strategic organizational development and change management, organizational learning, and microsystems fields identified 20 organizational characteristics, grouped under (a) organizational systems, (b) key actors, and (c) change management processes. Qualitative methods, using interviews, focus group reports, and archival records, were applied to find associations between identified characteristics and 6 Swedish health care units externally evaluated as delivering high-quality care. Strong support for a characteristic was defined as units having more than 4 sources describing the characteristic as an important success factor. Eighteen characteristics had strong support from at least 2 units. The strongest evidence was found for the following: (i) key actors have long-term commitment, provide support, and make sense of ambiguous situations; (ii) organizational systems encourage employee commitment, participation, and involvement; and (iii) change management processes are employed systematically. Based on the results, a new model of "characteristics associated with learning and development in health care organizations" is proposed. © 2009 Wolters Kluwer Health | Lippincott Williams & Wilkins.

Paget, T. (2001). "Reflective practice and clinical outcomes: practitioners' views on how reflective practice has influenced their clinical practice." Journal of Clinical Nursing **10**(2): 204-214.
* There has been a recent increasing interest in reflective practice in nursing. There is a wealth of literature about its apparent advantages and benefits, but very little empirical research into clinical outcomes consequent to reflective practice.
* This study attempts an initial exploration into this area. A retrospective, three-phase, multi-method study in a single department of nursing was conducted. The research sample comprised

students and former students of the department who had previously participated in an assessed reflective practice course or module.
* Years of experience, speciality or academic level did not have a significant influence, but the effectiveness of the facilitator was an important factor.
* The results suggest that reflective practice is regarded highly and that most respondents could identify significant, long-term changes to clinical practice resulting from it.

Paley, G., J. Myers, et al. (2003). "Practice development in psychological interventions: Mental health nurse involvement in the Conversational Model of psychotherapy." Journal of Psychiatric and Mental Health Nursing **10**(4): 494-498.
This paper describes a mental health nurse led practice development initiative in psychotherapy. Four mental health nurses have been trained to deliver the Conversational Model of psychotherapy (also known as psychodynamic-interpersonal (PI) psychotherapy) a non-cognitive behavioural therapy (CBT) with a robust evidence base. We report on the robust range of both processes and outcome measures being used to evaluate this initiative. We conclude that good quality evidence-based practice requires careful planning and preparation, adequate financial resources from Trusts, as well as commitment and motivation from the staff expected to be involved in such initiatives.

Papadopoulos, T., Z. Radnor, et al. (2011). "The role of actor associations in understanding the implementation of Lean thinking in healthcare." International Journal of Operations and Production Management **31**(2): 167-191.
Purpose: The importance of networks in effecting the outcomes of change processes is well-established in the literature. Whilst extant literature focuses predominantly on the structural properties of networks, our purpose is to explore the dynamics of network emergence that give rise to the outcomes of process improvement interventions. Through the use of actor-network theory (ANT), the purpose of this paper is to explore the dynamics in the implementation of a process improvement methodology in the complex organisational setting of a UK National Health Service Trust. The paper illustrates the utility of ANT in articulating the dynamic nature of networks underpinning socio-technical change, and our analysis provides insights for the management process change initiatives. Design/methodology/approach: This is a rich qualitative study in the Pathology Unit of a UK National Health Service Trust, using ANT as the theoretical lens for tracking the emergence and transformation of networks of individuals over the course of a management intervention to promote "Lean thinking" for process performance improvements. Findings: ANT is useful for explicitly tracking how organisational players shift their positions and network allegiances over time, and for identifying objects and actions that are effective in engaging individuals in networks which enable transition to a Lean process. It is important to attend to the dynamics of the process of change and devise appropriate timely interventions enabling actors to shift their own positions towards a desired outcome. Research limitations/implications: The paper makes the case for using theoretical frameworks developed outside the operations management to develop insights for designing process interventions. Originality/value: By understanding the role of shifting networks managers can use timely interventions during the process implementation to facilitate the transition to Lean processes, e.g. using demonstrable senior leadership commitment and visual communication. © Emerald Group Publishing Limited.

Perry, L. (2006). "Promoting evidence-based practice in stroke care in Australia." Nursing Standard **20**(34): 35-42.
AIM: To explore approaches to the promotion of evidence-based practice from academic and clinical perspectives by visiting acute stroke units and collaborating centres of the Joanna Briggs Institute, an international network of academic centres. METHOD: A semi-structured interview schedule was developed, piloted and used to guide interviews with academic and clinical staff in five state capital cities in Australia. Data were analysed and findings reviewed by clinical and academic participants. FINDINGS: Four distinct but not mutually exclusive models and common but variously applied pathways for translation of evidence into clinical practice were identified. Key influential factors included context and local culture, the nature of evidence and role of

clinical expertise. Implementation and change management strategies were recognised as emerging priorities. CONCLUSION: A range of methods to advance research synthesis, dissemination and knowledge transfer into clinical practice were demonstrated and may warrant consideration for the UK.

Procter, S. (2002). "Whose evidence? Agenda setting in multi-professional research: Observations from a case study." Health, Risk and Society **4**(1): 45-59.
This paper presents findings from a study that investigated the relationship between research and practice on a Nursing Development Unit (NDU) in a hospital in the UK. The over-arching aim of the NDU was to promote individualised patient care. This requires the experiences and life goals of the patient, including the patient's and family construction of risk, to inform the care planning process. Two projects, undertaken by nurses on the ward, one on inpatient self-medication and the other on the management of falls, are analysed as case studies in order to address the questions: (1) How do nurses develop and research patient-centred care? (2) What are the implications of their choice of methodology in relation to their stated aims of individualising care? The paper demonstrates how conventions about research methodology and outcomes dominated the nurses' interpretation of research, the hospital research agenda and the literature on the research topics. These conventions shaped the construction of risk and safety within the hospital setting compromising practice developments designed to support the implementation of individualised care processes.

Pronovost, P. J., S. M. Berenholtz, et al. (2006). "Creating high reliability in health care organizations." Health Services Research **41**(4 Pt 2): 1599-1617.
OBJECTIVE: The objective of this paper was to present a comprehensive approach to help health care organizations reliably deliver effective interventions. CONTEXT: Reliability in healthcare translates into using valid rate-based measures. Yet high reliability organizations have proven that the context in which care is delivered, called organizational culture, also has important influences on patient safety. MODEL FOR IMPROVEMENT: Our model to improve reliability, which also includes interventions to improve culture, focuses on valid rate-based measures. This model includes (1) identifying evidence-based interventions that improve the outcome, (2) selecting interventions with the most impact on outcomes and converting to behaviors, (3) developing measures to evaluate reliability, (4) measuring baseline performance, and (5) ensuring patients receive the evidence-based interventions. The comprehensive unit-based safety program (CUSP) is used to improve culture and guide organizations in learning from mistakes that are important, but cannot be measured as rates. CONCLUSIONS: We present how this model was used in over 100 intensive care units in Michigan to improve culture and eliminate catheter-related blood stream infections--both were accomplished. Our model differs from existing models in that it incorporates efforts to improve a vital component for system redesign--culture, it targets 3 important groups--senior leaders, team leaders, and front line staff, and facilitates change management-engage, educate, execute, and evaluate for planned interventions.

Pryor, D. B., S. F. Tolchin, et al. (2006). "The clinical transformation of Ascension Health: eliminating all preventable injuries and deaths." Joint Commission Journal on Quality & Patient Safety **32**(6): 299-308.
BACKGROUND: In 2002 Ascension Health, a 67-hospital not-for-profit health care system, articulated a call to action to provide excellent clinical care with no preventable injuries or deaths by July 2008. It embarked on a journey of clinical transformation. Transformational change implies a much greater pace of change than that reflected in traditional, incremental change processes. THE JOURNEY BEGINS: Progressing from vision to action plan required setting the clinical transformation agenda, identifying challenges to this agenda, and establishing measurements of progress. Environmental changes that must be addressed to successfully implement a transformational change process include culture, making the business case, infrastructure investments, standardization, and how we work together. TAKING ACTION: Improvement activities focused on eight priorities for action, including preventable mortality and areas such as adverse drug events, falls, and surgical complications. "Alpha" sites would develop the best clinical and implementation practices for eliminating the preventable adverse events

related to these areas. EARLY RESULTS: The observed decrease in the mortality rate among non-end-of-life-care patients was 21% ($p < .001$), exceeding the 15% goal set for July 2008 and corresponding to 1,200 deaths prevented across the system. The alpha sites reported initial results in June 2004, with more than 50% reductions in adverse events for all the priorities for action areas.

Pryor, J. and A. Buzio (2010). "Enhancing inpatient rehabilitation through the engagement of patients and nurses." Journal of Advanced Nursing **66**(5): 978-987.
Aim.: This paper is a report of a study conducted to describe nurses' knowledge, experiences and perceptions of a rehabilitation nursing practice development project conducted in their workplace. Background.: Several studies over the past two decades have led to increasing clarity about the nursing role in rehabilitation. Practice development is a useful vehicle for using the findings of such studies to enhance person-centred practice in rehabilitation settings. Method.: This qualitative study, in which grounded theory informed data collection and analysis, involved interviews with 21 nurses working in an inpatient rehabilitation unit in Australia about their knowledge, experiences and perceptions of a rehabilitation nursing practice development project conducted in their workplace. The three rounds of interviews were conducted as follows: 1) December 2005-January 2006; 2) June-July 2006; and 3) October 2006. Findings.: Practice development was an effective vehicle for developing rehabilitation nursing practice. While collaboration and leadership were critical to the effectiveness of the project, the use of a clinically credible practice development facilitator and a focus on the development of collective nursing practice also seem to have been important. Through the introduction of new activities, both patient and nurse engagement in rehabilitation was enhanced and, as a consequence, the nurses developed a deeper appreciation of their role in rehabilitation. Conclusion.: Carefully and collaboratively designed and sensitively implemented work-based practice development initiatives can change the context and culture of inpatient care. The use of a facilitator with relevant clinical nursing expertise to engage staff individually and collectively with research findings and to reflect on their practice and skill development is worth exploring in similar initiatives.

Redfern, S. and S. Christian (2003). "Achieving change in health care practice." Journal of Evaluation in Clinical Practice **9**(2): 225-238.
This study evaluated a practice development programme consisting of nine projects together known as STEP (South Thames Evidence-Based Practice Project). The aim of STEP was to establish and assess evidence-based practice in nursing and other health care practice areas. Objectives of the independent evaluation were to identify and assess outcomes from the process of change and investigate the association between these intermediate outcomes and patient outcomes. Outcomes were measured before and after the changes were introduced. Data collection methods included interviews with the change agents and other stakeholders, and a questionnaire to staff in each centre. Patient outcome data were collected from each centre. The findings revealed 'dissemination' of information to staff and 'adherence' by staff to new practice guidelines to be important intermediate outcomes in the process of change. The need emerged for a supportive organizational culture and commitment, recognition of the importance of change and a credible change agent. There was some evidence of linearity in the process of change in that a logical route appeared from dissemination of information to staff through adherence to the change guidelines to improvement in patient outcome in six of the nine centres. Linearity was less apparent in the other three centres, where the process of change seemed more dynamic and chaotic. These three centres were affected more than the others by organizational barriers to change. Our conclusions support the view that the linear model of change can work in settings with high levels of certainty but complexity theory is more likely to underpin the process of change in organizations characterized by uncertainty.

Reed, J. (2005). "Using action research in nursing practice with older people: Democratizing knowledge." Journal of Clinical Nursing **14**(5): 594-600.
Aim. This paper reports on an action research study which raised some questions about the processes of developing a sense of shared ownership in action research in a research

environment which does not always have the appropriate mechanisms to support and sustain action research. Background. Action research has gained popularity in nursing and healthcare research, offering a way of developing practice-based knowledge, which can assist in changing practice and democratizing inquiry. Methods. There are other organizational constraints on action research which arise at different levels, and which also require discussion. These can be issues about communication and ownership at a practice level and issues of funding and project management procedures. This paper reports on a study in which these issues came to the fore, and offers some thoughts on how they can affect the processes of action research. Conclusion. While the principles of action research appear to offer much towards the development of a practice-rooted body of knowledge for nursing, unless some of the issues of ownership are resolved, it is unlikely to move beyond academic rhetoric. Relevance to clinical practice. If nursing is to engage in action research, this must be done critically and reflectively and careful attention paid to developing an inclusive and collaborative approach to knowledge and practice development. Furthermore, to develop in nursing and health care research, it must find ways to meet the requirements of funding bodies. © 2005 Blackwell Publishing Ltd.

Reed, J. and J. Turner (2005). "Appreciating change in cancer services - An evaluation of service development strategies." Journal of Health, Organisation and Management **19 (2)**: 163-176.
Purpose - The purpose of this paper is to report on an evaluative study which used appreciative inquiry (AI) to explore the processes of change during the Cancer Services Collaborative Improvement programme instituted by the Department of Health in the UK. This was a three-stage programme which expanded from nine pilot projects to a national service change, focussing on improving the patient's experience throughout the journey from diagnosis to treatment. Design/methodology/approach - The paper uses AI questions in interviews with a range of CSC staff who had had different roles and length of involvement. Findings - The study identified a range of strategies and skills that participants had developed in order to support and facilitate service change. Practical implications - The paper offers a discussion of skills and strategies that can facilitate change in health care across clinical areas, and a discussion of the use of AI as a method of evaluation. Originality/value - This study is one of the first to use AI in health care evaluation in the UK, and thus makes a contribution to understanding change from an AI perspective. Emerald Group Publishing Limited.

Reilly, J., J. McIntosh, et al. (2002). "Changing surgical practice through feedback of performance data." Journal of Advanced Nursing **38**(6): 607-614.
BACKGROUND: Changing health care practice is commonly attempted by feedback of performance data measured by clinical audit. However, empirical evidence of the effectiveness of clinical audit in changing practice is limited. Few studies have attempted to evaluate practice development or clinical outcomes within the conceptual framework of change theory. Several published studies have used passive feedback in an attempt to promote a change in practice. Sending information to health care workers on their performance is one of the simplest ways of attempting to change performance. AIMS: To evaluate the impact on infection rates of the passive feedback of surgical wound infection rate data to nurses and surgeons within an empirical rational approach to change, and the active feedback of data within a normative re-educative approach to change. METHODS: A prospective cohort study over a 3-year period of all surgical patients undergoing clean elective surgery (n = 2241). Patients were monitored whilst an inpatient and up to 30 days postoperatively by an independent observer to determine surgical wound infection rates. The method employed was 'gold standard' surveillance, whereby patients were followed up into the community setting. INTERVENTIONS: Interventions of feedback and withdrawal of feedback of infection rate data and introduction of guidelines for evidence-based surgical practice within a change theory framework were monitored by the incidence of infection during the periods of the particular intervention. RESULTS: Although the feedback of infection rate data impacted on the subsequent infection rates, the reduction was not statistically significant. However, a significant reduction in the infection rates was achieved following the introduction of guidelines for best surgical practice ($P < 0.05$). CONCLUSIONS: The findings indicate that if change in practice is to be achieved by the feedback of performance data, then the process of feedback should be active and within a normative re-educative approach to change.

Reinhardt, A. C. and T. Keller (2009). "Implementing interdisciplinary practice change in an international health-care organization." International Journal of Nursing Practice **15**(4): 318-325.
The current emphasis on adopting evidence-based practice often results in the need to change interdisciplinary practice. This article describes the successful system-wide change to evidence-based wound care practices in a large, Middle-Eastern health services organization using a multinational workforce. Elements within this change initiative are identified that stimulated experimentation and collaboration among members of this organization's workforce while also preserving culturally determined expectations for authority and decision-making. The result was a system-wide practice change accomplished through consensus-building and interdisciplinary learning while also utilizing the strengths to be found in an established organizational hierarchy. This description of practice change among the members of a multicultural, multinational workforce provides lessons for managing a diversity of perspectives, creating consensus and accomplishing change in an environment where multiple cultural values intersect.

Retsas, A. and M. Nolan (1999). "Barriers to nurses' use of research: An Australian hospital study." International Journal of Nursing Studies **36**(4): 335-343.
Although research is recognised as an essential basis for nursing knowledge and practice development, there is considerable agreement that nurses do not use research as often as they could. The question is, what factors are perceived by nurses in Australia to interfere with their ability to use research in their clinical practice? Using factor analysis procedures, barriers to the use of research by 149 nurses working in an Australian hospital were grouped under three main factors, viz. the perceived usefulness of research to clinical practice; the perceived ability of the practitioner to generate change to practice based on research and the accessibility of research to the practitioner. The three most frequently cited barriers to using research were insufficient time on the job to implement research findings, insufficient time to read research and a lack of awareness of research findings. In order to improve the ability of nurses to apply research to their practice, fundamental changes need to occur within the education system, so as to improve the teaching of research to students of nursing and qualified practitioners, within the health care system where nursing research is expected to be applied and among clinical nurses.

Richer, M., J. Ritchie, et al. (2009). "'If we can't do more, let's do it differently!': using appreciative inquiry to promote innovative ideas for better health care work environments." Journal of Nursing Management **17**(8): 947-955.
Aim: To examine the use of appreciative inquiry to promote the emergence of innovative ideas regarding the reorganization of health care services.
Background: With persistent employee dissatisfaction with work environments, experts are calling for radical changes in health care organizations. Appreciative inquiry is a transformational change process based on the premise that nurses and health care workers are accumulators and producers of knowledge who are agents of change.
Methods: A multiple embedded case study was conducted in two interdisciplinary groups in outpatient cancer care to better understand the emergence and implementation of innovative ideas.
Results: The appreciative inquiry process and the diversity of the group promoted the emergence and adoption of innovative ideas. Nurses mostly proposed new ideas about work reorganization. Both groups adopted ideas related to interdisciplinary networks and collaboration. A forum was created to examine health care quality and efficiency issues in the delivery of cancer care.
Conclusion: This study makes a contribution to the literature that examines micro systems change processes and how ideas evolve in an interdisciplinary context. Implications for nursing management The appreciative inquiry process created an opportunity for team members to meet and share their successes while proposing innovative ideas about care delivery. Managers need to support the implementation of the proposed ideas to sustain the momentum engendered by the appreciative inquiry process.

Ring, N., C. Malcolm, et al. (2005). "Nursing best practice statements: an exploration of their

implementation in clinical practice." Journal of Clinical Nursing **14**(9): 1048-1058.
AIMS AND OBJECTIVES: To explore implementation of the first five Best Practice Statements from the perspective of nurses involved in their development. BACKGROUND: Best Practice Statements were introduced in Scotland to encourage consistent evidence-based nursing practice. As a new initiative, research was required to investigate their clinical implementation. DESIGN AND METHODS: In this descriptive study, semi-structured interviews of a purposive sample of nurses (n = 15) were undertaken. Content analysis was used to identify themes emerging from the interview data. FINDINGS: Four main themes emerged from analysis of transcripts: variations in use of the Best Practice Statements; benefits to patients; benefits to practitioners; and, barriers and drivers to use. Amongst participants, personal users adopted the statements in their own practice but enablers also actively encouraged others to use the statements. Whether participants acted as enablers depended on individual, team and organizational factors. The ability of participants to act as leaders was influential in determining their ability both to facilitate local implementation and to encourage others to regard the Best Practice Statements as a priority for implementation. CONCLUSIONS: This exploratory study highlighted examples of patients and practitioners benefiting from the Best Practice Statements. Such findings suggest these statements could become a useful tool in promoting evidence-based nursing practice. However, implementation of the Best Practice Statements varied between participants and their organizations. Nurses who were most effective in promoting local implementation of the Best Practice Statements adopted facilitator and leadership roles within their organizations. RELEVANCE TO PRACTICE: By relating research findings to the literature on guideline and research utilization, this study gives further insight into the implementation of evidence-based practice by nurses. In particular, it supports the conclusion that to be truly effective, initiatives to promote evidence-based practice require nurses to act as local facilitators and leaders.

Rivas, K. and S. Murray (2010). "Our shared experience of implementing action learning sets in an acute clinical nursing setting: Approach taken and lessons learned." Contemporary Nurse **35**(2): 182-187.
This paper outlines the process employed by a Nurse Unit Manager and her senior nursing team to introduce action learning sets (ALSs) to the nursing staff of an inpatient medical unit. During the process, a workplace culture creative visioning exercise was also facilitated. A key finding of the exercise was that the process enabled others to act while challenging the process and encouraging the heart. Effective leadership enabled staff involved to foster growth. © 1992-2011 eContent Management.

Ross, F., C. O'Tuathail, et al. (2005). "Towards multidisciplinary assessment of older people: exploring the change process." Journal of Clinical Nursing **14**(4): 518-529.
AIMS AND OBJECTIVES: This paper discusses the process of change that took place in an intervention study of standardized multidisciplinary assessment guidelines implemented in a female ward for older people in a District General Hospital in South London. This study was one of nine implementation projects in the South Thames Evidence-Based Practice Project. BACKGROUND: The relationship between the worlds of research and healthcare practice is uneasy and contested and, as such, is a breeding ground for challenging questions about how evidence can be used to foment change in clinical practice. Recent literature on change highlights the importance of understanding complexity, which informed our approach and analysis. METHODS: A multifaceted approach to change that comprised evidence-based guidelines, leadership (project leader) and change management was evaluated before and after the implementation by telephone interviews with patients, a postal survey of community staff and interviews with ward staff. A diagnostic analysis of current assessment practice informed the change process. The project leader collected data on adherence. RESULTS: This paper draws on descriptive and qualitative data and addresses the links between contextual issues and the processes and pathways of change, informed by theoretical ideas from the change literature. Key themes emerged: working through others and across boundaries, managing uncertainty and unanticipated challenges. Adherence of ward staff to using the multidisciplinary assessment guidelines was high, with evidence of some dissemination to community staff at follow-up. Three

years after the project finished the multidisciplinary assessment is still part of routine clinical practice. CONCLUSIONS: The analysis contributes to understanding about the nursing leadership of change within an interprofessional arena of practice. It highlights the importance of understanding the context in relation to the impact and sustainability of change and thus the utility of conducting a diagnostic analysis in the early stages of implementation. This has implications for developing approaches to change in nursing and interprofessional practice in other settings. RELEVANCE TO CLINICAL PRACTICE: Using research to change practice needs clinical leaders who are supported by the organization and have the skills to implement research evidence, manage uncertainty and build trust with a range of other professionals.

Rowe, P. A. and M. V. Boyle (2005). "Constraints to Organizational Learning During Major Change at a Mental Health Services Facility." Journal of Change Management **5**(1): 109-117.
This paper explains what happened during a three years long qualitative study at a mental health services organization. The study focuses on differences between espoused theory and theory in use during the implementation of a new service delivery model. This major organizational change occurred in a National policy environment of major health budget cutbacks. Primarily as a result of poor resourcing provided to bring about policy change and poor implementation of a series of termination plans, a number of constraints to learning contributed to the difficulties in implementing the new service delivery model. The study explores what occurred during the change process. Rather than blame participants of change for the poor outcomes, the study is set in a broader context of a policy environment--that of major health cutbacks. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Rycroft-Malone, J., G. Harvey, et al. (2004). "An exploration of the factors that influence the implementation of evidence into practice." Journal of Clinical Nursing **13**(8): 913-924.
BACKGROUND: The challenges of implementing evidence-based practice are complex and varied. Against this background a framework has been developed to represent the multiple factors that may influence the implementation of evidence into practice. It is proposed that successful implementation is dependent upon the nature of the evidence being used, the quality of context, and, the type of facilitation required to enable the change process. This study sets out to scrutinize the elements of the framework through empirical enquiry. AIMS AND OBJECTIVES: The aim of the study was to address the following questions: * What factors do practitioners identify as the most important in enabling implementation of evidence into practice? * What are the factors practitioners identify that mediate the implementation of evidence into practice? * Do the concepts of evidence, context and facilitation constitute the key elements of a framework for getting evidence into practice? DESIGN AND METHODS: The study was conducted in two phases. Phase 1: Exploratory focus groups (n = 2) were conducted to inform the development of an interview guide. This was used with individual key informants in case study sites. Phase 2: Two sites with on-going or recent implementation projects were studied. Within sites semi-structured interviews were conducted (n = 17). RESULTS: A number of key issues in relation to the implementation of evidence into practice emerged including: the nature and role of evidence, relevance and fit with organizational and practice issues, multi-professional relationships and collaboration, role of the project lead and resources. CONCLUSIONS: The results are discussed with reference to the wider literature and in relation to the on-going development of the framework. Crucially the growing body of evidence reveals that a focus on individual approaches to implementing evidence-based practice, such as skilling-up practitioners to appraise research evidence, will be ineffective by themselves. RELEVANCE TO CLINICAL PRACTICE: Key elements that require attention in implementing evidence into practice are presented and may provide a useful checklist for future implementation and evaluation projects.

Sauter, M. and F. Nodine (1989). "Using the change process to implement nursing diagnoses." Journal of Nursing Staff Development **5**(5): 211-217.
The purpose of this study was to assess the impact of implementing nursing diagnosis in a community hospital where only 32.5% of medical-surgical patients had individualized care plans. Of these care plans, only 13% correctly identified North American Nursing Diagnosis Association (NANDA) nursing diagnoses. Prior to the study, staff lacked commitment toward written care

plans and viewed time management as the major clinical barrier to completion. Staff were instructed in nursing process and nursing diagnosis through a mandatory continuing education series. A follow-up survey at 6 months revealed care plans completed according to NANDA standards in 82% of cases. The nursing staff verbalized an increased commitment and appreciation of nursing process and its influence on patient care.

Scheller, M. K. S. (1993). "A qualitative analysis of factors in the work environment that influence nurses' use of knowledge gained from CE programs." Journal of Continuing Education in Nursing **24**(3): 114-122.
Continuing education (CE) programs for nurses often result in improved quality of patient care and personal and professional growth of participants. These outcomes are not achieved when nurses perceive barriers to putting knowledge from CE programs practice. This qualitative study examined nurses' perceptions of factors in the work environment that influence the use of knowledge gained from CE programs. Fourteen themes were identified from analysis of in-depth interviews of eight RNs and observations of their work environment, a 40-bed general medical unit. Factors identified by the nurses were rated on a Likert-type scale and these factors were represented in diagrammatic form, consistent with Lewin's (1951) Field Theory analysis. An in-depth analysis of two qualitative themes is presented here. This analysis suggests three important implications for educators and reemphasizes the need for participant involvement in the planning phase of continuing education programs.

Schuman, Z. D., M. Lynch, et al. (2005). "Implementing institutional change: An institutional case study of palliative sedation." Journal of Palliative Medicine **8 (3)**: 666-676.
Palliative sedation is used in the rare patient who has intractable distress at the end of life. Implementation of palliative sedation, however, may meet resistance from various clinicians and other hospital staff. To ensure that our patients had access to this important treatment modality, we found it necessary to engage in a process of institutional change that resulted in acceptance of the use of palliative sedation in the non-ICU setting. In this paper, we will review the processes we found to be successful in hopes that they will also be efficacious for others wishing to produce similar change within their institutions. We first will review the theoretical foundations described in organizational development and change management literature. Next we describe our implementation strategies (including education, multidisciplinary alliances, and the development and approval of a practice guideline). Finally, we discuss in detail the role of interpersonal interactions. Three clinical cases are used to demonstrate the change in attitudes, processes, and outcomes. Mary Ann Liebert, Inc.

Simpson, F. and G. S. Doig (2007). "The relative effectiveness of practice change interventions in overcoming common barriers to change: A survey of 14 hospitals with experience implementing evidence-based guidelines." Journal of Evaluation in Clinical Practice **13 (5)**: 709-715.
Aims and objectives: Changing practice to reflect current best evidence can be costly and time-consuming. The purpose of this survey was to determine the optimal combination of practice change interventions needed to overcome barriers to practice change commonly encountered in the intensive care unit (ICU). Design: A survey instrument delivered by mail with email follow-up reminders. Setting: Fourteen hospitals throughout Australia and New Zealand. Subjects: Individuals responsible for implementing an evidence-based guideline for nutritional support in the ICU. Survey: Practice change interventions were ranked in order of effectiveness and barriers to change were ranked in order of how frequently they were encountered. Results: A response rate of 100% was achieved. Interventions traditionally regarded as strong (academic detailing, active reminders) were ranked higher than those traditionally regarded as moderate (audit and feedback), or weak (posters, mouse mats). The high ranks of the site initiation visit (educational outreach, modest) and in-servicing (didactic lectures, weak) were unexpected, as was the relatively low rank of educationally influential, peer-nominated opinion leaders. Four hospitals reported the same doctor-related barrier as 'most common' and the remaining 10 hospitals reported three different doctor-related barriers, two nursing-related barriers and three organizational barriers as most common. Conclusions: When designing a multifaceted, multi-centre change strategy, the selection of individual practice change interventions should be based

on: (1) an assessment of available resources; (2) recognition of the importance of different types of barriers to different sites; (3) the potential for combinations of interventions to have a synergistic effect on practice change, and (4) the potential for combinations of interventions to actually reduce workload. 2007 The Authors.

Simpson, V., J. Curzio, et al. (1997). "Evidence-based practice: A case study." Journal of Research in Nursing **2**(6): 426-432.
This study describes how one trust addressed the issue of assessing and implementing evidence-based nursing and midwifery practice through the setting up of a Nursing/Midwifery Research and Practice Development (NMR&PD) Group, together with the introduction of evidence-based practice link nurses/midwives. Staffs' awareness of evidence-based practice (EBP) was established and from this an action plan was drawn up to assist with the implementation of EBR The project is in its infancy, although early feedback is encouraging. The authors are optimistic that by establishing a framework for nurses to review care in a professional and sound manner they will feel more confident and comfortable with the concept of EBP.

Sims, C. E. (2003). "Increasing clinical, satisfaction, and financial performance through nurse-driven process improvement." Journal of Nursing Administration **33**(2): 68-75.
Providers and regulatory agencies are increasing their demands for hospitals to document clinical quality and customer satisfaction at a decreased cost. Nurse leaders search for ways to meet these requirements while retaining their most valuable resource: healthcare workers (especially nurses). First-line leadership struggles with balancing quality, cost-effectiveness, and staff retention. The author discusses the planning, methodology, implementation, and outcomes of a staff driven process improvement initiative.

Sjöström, H. T., E. Skyman, et al. (2003). "Cross-infection prevention, basic hygiene practices and education within nursing and health care in Latvia: A Swedish-Latvian practice development project." Nurse Education Today **23**(6): 404-411.
The primary aim of this practice development project was to explore the level of knowledge of nursing and medical staff at the Infection Clinic at Liepaja regarding the spread of infectious diseases. Arrangements were also made for some of the Latvian health care staff to visit the Infection Clinic in Gothenburg to increase their knowledge about basic hygiene and to enable them to study the research in this area. Later we were able to formulate this new knowledge into written guidelines. The theoretical education started with questions regarding staffs expertise in preventing the spread of infections. Areas covered were handwashing, hand disinfection, use of disposable gloves and protective clothing. This revealed a need for development of both theoretical and practical knowledge in this area. However, hygiene practices improved after the theoretical education and the visits to the Infection Clinic in Gothenburg. On our return visit to Liepaja dispensers, of liquid soap together with hand disinfectants were evident at every wash basin on the unit. Disposable gloves were also routinely used for the dressing of wounds and invasive procedures. Furthermore, disposable coats and masks were used when caring for highly infectious patients. The key cultural differences were the lack of nursing documentation and the relative absence of a dialogue directly between the nurse and the patient.

Smith, E. A. and M. C. Mireles (2011). "Community of competence™: Part II - Application of a new organizational concept to health care." Clinical Governance **16**(1): 50-61.
Purpose - The paper aims to propose that Community of Competence™ (C of C), as a catalyst for change, can foster and accelerate a paradigm shift in how longstanding, complex problems in health care are perceived, interpreted, and resolved. When multiple stakeholders within a C of C share a common or superordinate goal, group productivity increases as more effective and efficient use is made of human and material resources. Design/methodology/approach - The authors used the logical step-by-step process of systems thinking to see the whole picture, from beginning to end. Continuously cycling trial solutions back through the entire system improved the depth and breadth of results. Participants in each of the three ongoing projects used the safety and welfare of patients, the only true customers of health care, as a superordinate goal. This sole

focus expedited and clarified decision making and provided valuable information on best practices for use in improving the safety and overall quality of patient-centered care. Findings - Results of anecdotal, observational, and documented findings validated the decision to continue using patient safety and patient welfare as the common, unifying superordinate goal in health care. The flexible structure and competency-based, interactive work environment of C of C support networking and sharing of unique competencies and knowledge to guide a focused, streamlined problem-solving processes. Originality/value - C of C has been used for more than seven years to analyze high-priority healthcare problems and to create comprehensive, realistic solutions. When members of a proven competence identify a superordinate goal, collaborate and openly share tacit and explicit knowledge, the efficiency, effectiveness, and quality of solutions increase. © 2011 Emerald Group Publishing Limited.

Sprague, A. E., L. Oppenheimer, et al. (2008). "Knowledge to action: implementing a guideline for second stage labor." MCN: The American Journal of Maternal Child Nursing **33**(3): 179-188.
PURPOSE: To quantify practice changes associated with implementing a clinical practice guideline for the second stage of labor in term nulliparous women with epidural anesthesia and to describe the lessons learned about knowledge translation. The main clinical practice guideline recommendation was waiting up to 2 hours before pushing after full dilatation. DESIGN AND METHODS: Pre- and post-evaluation of clinical outcomes and knowledge translation strategies associated with implementing the second stage of labor clinical practice guideline at two birthing units within a large teaching hospital. RESULTS: The implementation of the clinical practice guideline resulted in a significant increase in median waiting time before pushing of 33 minutes at Site 1. This change was also reflected in the twofold increase in the proportion of women waiting longer than 120 minutes before pushing at this site. There was no change in waiting time at Site 2. The duration of the second stage did not change significantly at either site. The median pushing time decreased at both sites but was only statistically significant at Site 1. CLINICAL IMPLICATIONS: Bringing about practice change in obstetrics is complex. The measured change in this study was less than we expected. Greater success might have been achieved by enhancing feedback to care providers and more frequent audits of practice. We need to better understand the subtle influences in attitude and culture that prevented successful implementation in one site. For units considering a similar process, we recommend a commensurately greater level of presence in the units to encourage compliance with the clinical practice guideline in order to achieve the desired level of practice change.

Taylor, R., L. Coombes, et al. (2002). "The impact of a practice development project on the quality of in-patient small group therapy." Journal of Psychiatric and Mental Health Nursing **9**(2): 213-220.
In 1993, a mental health service in Southeast England initiated a practice development project that aimed at continuously improving the quality of inpatient small group therapy provided within its 4 acute wards. Data collected for this evaluation focused on the quality dimensions of effectiveness, relevance to need, social acceptability, accessibility, efficiency and economy, and equity. Data were collected at 3 points in time over a 6-mo evaluation period to provide a picture of change within each ward. The quantitative data gathered were mainly obtained through 2 self-report questionnaires that were developed specifically for the study. The qualitative data gathered were collected using semistructured interviews. Analysis of the qualitative and quantitative data sets indicates that practice quality diminished rather than improved during the 6-mo study period. Factors that emerged from the data as having influenced this outcome were: increases in ward teams overall workload, inadequate staffing levels, and changes in expectations placed on those providing small group therapy. The findings are consistent with a national trend of deteriorating quality in inpatient care and point to some of the limitations of action learning as a practice development method. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Tee, S., J. Lathlean, et al. (2007). "User participation in mental health nurse decision-making: A co-operative enquiry." Journal of Advanced Nursing **60**(2): 135-145.
Aim. This paper is a report of a study to encourage participants to work together to identify strategies for increasing user participation in clinical decisions and to evaluate the value of co-

operative inquiry as a vehicle for supporting learning in practice. Background. Service user participation in the clinical practice decisions of mental health nurses is considered essential for good practice. Methods need to be found which enable opportunities for shared learning, facilitate practice development and empower service users. Method. A co-operative inquiry design engaged all participants (n = 17) as co-researchers and involved repeated cycles of action and reflection, using multiple data collection methods. The research was conducted over a two year period in 2004-2005, with mental health nursing students collaborating with service users. Findings. Factors inhibiting participation included stigmatizing and paternalistic approaches, where clinical judgments were made solely on the basis of diagnosis. Enhancing factors were a respectful culture which recognized users''expertise' and communicated belief in individual potential. Inquiry benefits included insight into service users' perspectives, enhanced confidence in decision-making, appreciation of power issues in helping relationships and deconstruction of decision-making within a safe learning environment. Conclusion. Learning from novel approaches which enable nursing students to develop their reflective and reflexive ability is essential to avoid practice which disempowers and potentially harms service users' recovery. Co-operative inquiry is a valuable vehicle for developing professional practice in higher education and practice environments. © 2007 Blackwell Publishing Ltd.

Tellis-Nayak, V. (2007). "A Person-Centered Workplace: The Foundation for Person-Centered Caregiving in Long-Term Care." Journal of the American Medical Directors Association **8**(1): 46-54.

Objective: This study seeks to understand what role managers and the work setting they create play in a nursing facility that seeks to make a transition to person-centered care. Design: The study uses a human-relations framework to test 3 propositions: Managers play a critical role in the satisfaction, loyalty and commitment (ie, the engagement) of their staff; managers construct a person-centered workplace that deepens staff engagement; and engaged staff promote the well-being of the residents. Setting and participants: The study draws on responses of Certified Nurse Assistants (CNAs) and families of residents collected in 2 satisfaction surveys conducted in 156 nursing facilities. It also uses state inspection survey data from the same facilities. Measurements: The analysis uses measures of satisfaction, loyalty, and commitment as well as 6 scales of quality; 3 as they pertain to staff and 3 as they pertain to families. Data reduction, correlational, and risk analyses assess how managers and the work environment affect CNA engagement and the quality of caregiving. Results: Management approach and the work environment are powerful predictors of CNA satisfaction, loyalty, and commitment. The work environment also correlates with how families and state surveyors evaluate quality in a nursing facility. Conclusion: The managers and the work setting they create hold primacy in the work life of the CNAs. Caring managers fashion a person-centered workplace conducive to turn workers into devoted caregivers. When the workplace adds quality to the life of caregivers, the caregivers add quality to the life of the resident. © 2007 American Medical Directors Association.

Thompson, C., D. McCaughan, et al. (2001). "The accessibility of research-based knowledge for nurses in United Kingdom acute care settings." Journal of Advanced Nursing **36**(1): 11-22.

Background. The successful dissemination of the results of the National Health Service (NHS) research and development strategy and the development of evidence based approaches to health care rely on clinicians having access to the best available evidence; evidence fit for the purpose of reducing the uncertainties associated with clinical decisions. Aim. To reveal the accessibility of those sources of information actually used by nurses, as well as those which they say they use. Design. Mixed method case site, using interview, observational, Q sort and documentary audit data in medical, surgical and coronary care units (CCUs) in three acute hospitals. Results. Three perspectives on accessibility were identified: (a) the humanist - in which human sources of information were the most accessible; (b) local information for local needs - in which locally produced resources were seen as the most accessible and (c) moving towards technology - in which information technology begins to be seen as accessible. Nurses' experience in a clinical specialty is positively associated with a perception that human sources such as clinical nurse specialists, link nurses, doctors and experienced clinical colleagues are more accessible than text based sources. Clinical specialization is associated with different approaches

to accessing research knowledge. Coronary care unit nurses were more likely to perceive local guidelines, protocols and on-line databases as more accessible than their counterparts in general medical and surgical wards. Only a third of text-based resources available to nurses on the wards had any explicit research base. These, and the remainder were out of date (mean age of textbooks 11 years), and authorship hard to ascertain. Conclusion. A strategy to increase the use of research evidence by nurses should harness the influence of clinical nurse specialists, link nurses and those engaged in practice development. These roles could act as 'conduits' through which research-based messages for practice, and information for clinical decision making, could flow. This role should be explored and enhanced.

Tiessen, B., C. Deter, et al. (2010). "Continuing the journey to a culture of patient safety: from falls prevention to falls management." Healthcare Quarterly **13**(1): 79-83.
This article documents the change management process undertaken in a small community hospital on one stage of the journey toward a patient safety culture. On this part of the journey, the patient care model founded on a philosophy of falls prevention was transformed to one based on a model of falls management. The change process culminated in a more elder-friendly environment complemented by a respect for patients' choices, even when those choices include personal risk. Our cultural transformation resulted in a patient safety culture characterized by (1) a restraints-free physical environment and (2) a rate of patient falls accompanied by serious harm that is lower than the industry average. The first step on our journey to a culture of patient safety was completed over a three-year period.

Tingle, A. (2002). "Mental health nurses: changing practice?" Journal of Clinical Nursing **11**(5): 657-663.
Project 2000 envisaged that the nurse practitioner of the future should act as an "agent for change", using research evidence to address those aspects of practice deemed detrimental to patient care. A Department of Health funded study investigating the careers of nurse diplomates provides information on the extent to which newly qualified nurses were able to change aspects of practice, what factors inhibited changes and which personnel played a key role in facilitating change. Key factors which inhibited newly qualified nurses acting as change agents were lack of experience and confidence, as well as attitudes of other members of staff. Staff of a higher grade, immediate line managers and healthcare assistants all played a key role in facilitating change.

Tolson, D., J. Bennett, et al. (2009). "Facilitating collaborative development in practice." International Journal of Nursing Practice **15**(5): 353-358.
The promotion of stakeholder partnerships features within practice development work and is intuitively appealing, but in reality meaningful partnerships can be problematic. We report the findings of four parallel Nominal group Technique Interviews undertaken with groups of professional (nurses from practice and academia) and lay stakeholder representatives during a seminar event. The group work sought to explore the mechanisms, which could facilitate meaningful practice development partnerships between nurses, academic nurses and people. The most highly ranked suggestions included creating a culture where practice development is seen as everyone's business and establishing a unified collaborative infrastructure. A range of enabling and inhibiting conditions were explored and the complexity of achieving consensus decision-making processes that would allow realization of the policy rhetoric was exposed. © 2009 Blackwell Publishing Asia Pty Ltd.

Tolson, D., J. Booth, et al. (2008). "Achieving evidence-based nursing practice: Impact of the Caledonian Development Model." Journal of Nursing Management **16**(6): 682-691.
Aim To determine the impact of the Caledonian Development Model, designed to promote evidence-based practice. Background The model features practice-development activities, benchmarking, knowledge pooling and translation through membership of a community of practice and a virtual college. Methods Twenty-four nurses, from 18 practice sites formed three communities of practice, each selecting evidence-based guidance to implement. A modified group supervision framework empowered nurses to champion local implementation. Outcomes were determined at 6 months. Results Eighty per cent of the patient-related criteria and 35% of the

facilities criteria were achieved. The Revised Nursing Work Index indicated these nurses experienced greater autonomy (P = 0.019) and increased organizational support (P = 0.037). Focus groups revealed a deepening organizational support for the initiative over time, illuminated work-based learning challenges and overall enthusiasm for the approach. Conclusion Implementation of the model effectively promoted evidence-based practice, most notably at the level of the individual patient. Implications for nursing management Time and budgetary constraints necessitate smart, value for money approaches to developing evidence-based practice and improved care standards. This work demonstrates an effective model that strikes a balance between individual and group learning, virtual and real-time activities, coupled with resource pooling across organizations and sectors. © 2008 Blackwell Publishing Ltd.

Tolson, D., M. McAloon, et al. (2005). "Progressing evidence-based practice: an effective nursing model?" Journal of Advanced Nursing **50**(2): 124-133.
AIMS: This paper presents findings from telephone interviews completed with link nurses 2 years into the project to explore how participation progressed achievement of evidence-based practice where the link nurses worked. BACKGROUND: In 2001, an innovative practice development initiative was launched in Scotland. A national network of experienced nurses from across the country was recruited to form the inaugural Community of Practice. This involved describing gerontological nursing, pioneering a nurse-sensitive methodology to craft care guidance that reflects the agreed practice model, and constructing a virtual college based on a situated learning model. METHODS: A volunteer sample of link nurses took part in telephone interviews exploring experiences of using the virtual college and the extent to which the description of gerontological nursing and the first best practice statement on nutrition had influenced practice. FINDINGS: Five components (themes) were identified as facilitating the attainment of evidence-based practice. These focussed on confidence-building and the positive benefits of achieving vision and clarity for gerontological nursing. Membership of a national Community of Practice afforded status and strengthened sense of professional identity. The inclusive knowledge synthesis methodology used to prepare, pilot and support implementation of the best practice statement was highly valued. Progress towards evidence-based practice in all affiliated areas was reported. Major challenges for nurses in participating in the virtual college included the absence of a learning-at-work culture, lack of time and doubts about the legitimacy of internet-based learning. CONCLUSION: The evaluation indicates the potential merits of e-practice development, particularly for nurses who feel geographically and professionally isolated or disenchanted with available continuing professional development opportunities. Participation in the virtual college appeared to enrich practice and foster a culture of change.

Tolson, D., J. McIntosh, et al. (2007). "Developing a managed clinical network in palliative care: a realistic evaluation." International Journal of Nursing Studies **44**(2): 183-195.
Background: The attainment of evidence-based practice is at the fore of the international practice development agenda. It is therefore imperative that robust evaluation methodologies are available to scrutinise new approaches to service development. Objectives: This paper reflects on the merits and challenges of realistic evaluation design in the establishment of a new managed clinical network (MCN) approach to implementing a guideline concerned with the care of individuals with cancer-related pain. Design and methods: There were three evaluation points scrutinising three versions of the MCN approach to care. At each stage, steps were taken to identify the context, mechanisms and outcomes associated with the version of the model under scrutiny. Findings from patient-centred case studies fed into realistic evaluation interviews with the management group. Setting: A rural primary care setting in Scotland. Participants: Three older men, their families, and the doctors and nurses providing direct care participated, along with 13 members of the network management group. Results: The investigation highlighted the level of practitioner effort required to introduce the MCN approach to care. Progress was much slower than anticipated, at times frustrated by inexperience in change management and unfamiliarity with leading practice development projects and supporting practitioner learning. Issues to do with the age appropriateness of the evidence base in relation to the care of frail older people were also apparent. The professional group that experienced most role change were district nurses and community pharmacists. Conclusion: The collaborative approach nurtured by the realistic

evaluation framework was found particularly helpful and there was consensus that the evaluation had become integral to the intervention itself. There were a number of methodological challenges and a need to limit the depth of 'realistic unravelling'. However, as a formative approach, in the messy world of interdisciplinary practice development, realistic evaluation proved a worthy design.

Turrill, S. (2000). "A situational analysis: the potential to produce evidence-based nursing practice guidelines within a regional neonatal intensive care unit." Journal of Nursing Management **8**(6): 345-355.

Aims: This paper describes a study which was undertaken to determine the factors which may influence the production of nursing practice guideline (NPG) documents. The aim was to examine the factors which impact on the ability to successfully produce evidence based nursing practice guidelines within a regional neonatal intensive care unit (NICU), in order to develop strategies to assist in the success of such a project.

Background: Recent government recommendations have highlighted the increasing importance of quality in practice. Supporting infrastructures may not be in place within Trusts and specialist areas to allow for nurses in clinical practice to produce evidence-based guideline documents, in response to these recommendations.

Method: A situational analysis was utilized, via the application of documentary evidence and semi-structured interviews, to support and give meaning to the construction of a clearer understanding of the project, with the primary focus being from the perspective of the nurses completing the documents.

Findings: Provision of appropriate resources in terms of time, staffing levels and facilities impact heavily on the ability of nurses to produce evidence-based guidelines documents and their motivations towards doing so. The emphasis given to academic, rather than practice-based, continuing education programmes may not always be relevant when considering ongoing development of quality of care.

Conclusion: Lack of appropriate resource allocation has meant that a gap exists between the ideals set out by the recent introduction of NHS quality initiatives and the reality facing nursing staff attempting to put those strategies into practice.

Valente, S. (2011). "Rapid cycle change projects improve quality of care." Journal of Nursing Care Quality **26**(1): 54-60.

Transforming Care at the Bedside program was developed as a way to improve care on medical-surgical units, patients' and family members' experience of care, and teamwork among care team members and to increase satisfaction and retention of nurses. Average turnover rates for this program's RNs decreased to about 3%, a 58% reduction in rate. The time RNs spent in direct patient care increased 10% compared to the control unit, and value-added care also increased from 10% to 15% over baseline. Patient and staff satisfaction improved.

Walker, E. and B. J. Dewar (2001). "How do we facilitate carers' involvement in decision making?" Journal of Advanced Nursing **34**(3): 329-337.

Background. Government health care policy urges service providers to involve service users in the decision-making process. Research studies have recommended changes to current health care practice to facilitate this involvement. However, carers' organizations continue to highlight a gap between policy and practice in relation to involvement. Aim. The aim of the study reported on in this paper was to investigate involvement in a specific health care context with a view to identifying both opportunities for change and practical, realistic ways of bringing about that change. This was a qualitative case study using a case study design. The field site selected was a respite and assessment (23 bedded) ward within the Psychiatric Unit of a hospital specializing in the care of older people. Informal carers (n = 20) and members of the multidisciplinary team (n = 29) were interviewed about their views and experiences. The interviews were audiorecorded and transcribed. Family meetings, multidisciplinary team meetings and ward routines were the focus of non-participant observation. Field notes from these observations, together with the interview data were analysed using constant comparative method. Results and Conclusions. The reported experiences of carers in this study high-lighted four markers of satisfactory involvement:

feeling that information is shared; feeling included in decision making; feeling that there is someone you can contact when you need to; and feeling that the service is responsive to your needs. The majority of carers felt dissatisfied with the level of involvement. The situation we found echoed that found in other studies, i.e. the majority of informal carers (henceforth 'carers') interviewed were dissatisfied with the level of their involvement. However, our investigation, in which the views of health care professionals as well as those of carers were sought, provided invaluable insight into why this might be the case. Two main sources of difficulty were found: hospital systems and processes, and the relationship between nursing staff and carers. The argument made is that practitioners themselves must notice and challenge these barriers if carer involvement is to be facilitated.

Wallace, L. M., M. Boxall, et al. (2004). "Organisational change through clinical governance: the West Midlands three years on." Clinical Governance: An International Journal **9**(1): 17-30.
Clinical governance is an organisational approach to improving the quality of clinical services. A survey was conducted of 33/40 NHS trusts 2.5 to three years after a baseline survey of the 46 trusts was conducted in the West Midlands region. Reported outcomes were achieved more often than expected at baseline. Patient outcomes and documented changes in clinical behaviour were both expected and reported in over three quarters at both periods. A more open culture was expected in 65 per cent at baseline and achieved in 84 per cent at time 2. Strategies for change continued to rely on both periods in optional, educative, audit and protocol procedures. The new approaches of critical incident review and consultant appraisal were welcomed. External review and league tables had adverse impacts where results were poor, but minimal impact if results were positive. Conclusions are drawn about more effective means of catalysing change.

Walsgrove, H. and P. Fulbrook (2005). "Advancing the clinical perspective: a practice development project to develop the nurse practitioner role in an acute hospital trust." Journal of Clinical Nursing **14**(4): 444-455.
AIMS: The aims of this project were to investigate awareness and foster understanding of the concept of the nurse practitioner and to facilitate and support the development of nurse practitioner roles within an acute hospital trust. BACKGROUND: A limited understanding of and minimal support for the development of the nurse practitioner (NP) role were identified within an acute hospital trust in the south of England. This was the impetus for pursuing the project outlined in this paper. THEORETICAL PERSPECTIVE: The project used practice development theory synonymously with action research methodology comprising of four action research cycles. METHOD: Data were collected in a variety of ways within the four overlapping cycles using formal and informal methods, which were analysed concurrently during the project. Techniques included questionnaires, semi-structured interviews, meetings, discussions and the project leader's field notes' diary. OUTCOMES: A better understanding of the concept and support for NP posts were enhanced across the trust. A Nurse Practitioner Development Group (NPDG) was established, which helped to facilitate the development of NP posts. An example of such a post was established within a NP-led gynaecology pre-operative assessment clinic, which was a pilot project and constituted Action Research cycle 3. CONCLUSION: It is concluded that the development of NP roles, with the support of a NPDG, within an agreed strategy offers a robust process for NP development within an acute hospital setting. RELEVANCE TO CLINICAL PRACTICE: This project demonstrated how practice development and action research might be used together as a systematic process for developing and supporting professional roles that aim to improve the quality of patient care and the effectiveness of health care services.

Walsh, M. and A. Walsh (1998). "Practice development units: a study of teamwork." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **12**(33): 35-38.
In this report of a study using the Team Climate Inventory (TCI) tool, the researchers explain how the tool can be used in preparation for creating a practice development unit (PDU). The TCI provides a picture of the level and quality of teamwork in a unit using a series of Likert scales. The ward in this study was found to lack the necessary level of teamwork for successful PDU development and the researchers show how this information shaped trust plans. They recommend that units contemplating PDU accreditation should assess their level of teamwork

prior to proceeding with bids.

Ward, C. and B. McCormack (2000). "Creating an adult learning culture through practice development." Nurse Education Today **20**(4): 259-266.
The development of a learning culture is becoming a dominant theme in the strategic plans of health care organisations. This is arising through a drive to improve standards of practice, bridge the perceived theory-practice gap and create means of integrating learning with practice. There have been many initiatives to create such a change, including continuous professional development, reflective practice, clinical supervision and work based learning. This paper presents an account of a practice development strategy that aimed to create a learning culture as a sub-element of the overall programme of work. Working with individual project leaders, the intention was to shift the emphasis away from classroom based education, to learning at and from work. This was achieved through a combination of action research, the application of adult learning theory and facilitation. The paper describes the context of the development strategy, the facilitation processes adopted including the theoretical underpinnings and some 'tentative' outcomes achieved. © 2000 Harcourt Publishers Ltd.

Ward, M. F. (1998). "Using a supervisory framework to support and evaluate a multiproject practice development programme." Journal of Clinical Nursing **7**(1): 29-36.
• The paper describes a multiproject practice development programme undertaken over a period of 1 year. • The background and development of the programme are outlined, whilst attention is paid to the innovatory nature of the work, particularly the use of inductive, deductive and integrated approaches to both change implementation and project supervision. • The programme was monitored throughout using different data sources and the paper uses evaluative material retrospectively to provide answers to organizational and professional difficulties which arose during the course of the programme. • The authors conclude that the use of combinations of different models for practice development has potential, but requires careful supervision. • They also recommend that those involved in practice development are made fully aware of its local or micropolitics, and develop strategies to deal with change before it occurs, not after it has taken place. © 1998 Blackwell Science Ltd.

Waterman, H., R. Harker, et al. (2005). "Evaluation of an action research project in ophthalmic nursing practice." Journal of Advanced Nursing **52**(4): 389-398.
Aim. This paper reports the evaluation phase of an action research project that promoted face-down posturing of patients following vitreo-retinal surgery for macular hole to enhance patient outcomes. The evaluation phase identified areas of practice needing further development from the perspectives of those involved with the care of patients. Background. To achieve best results following surgical repair of macular hole, patients are required to posture face down for several weeks. As a consequence, patients complain of severe back and neck ache and find it difficult to persist with the posturing. Work to advance nursing practice as surgical developments occur has relevance beyond ophthalmology and the particular context of this project. Method. The first three phases of this action research - problem identification, planning and action - have been reported in another paper. Throughout the project an action research group comprising of representatives of key stakeholders were actively involved in researching and changing practice. During the evaluation phase, a qualitative methodology was chosen. Interviews with 17 members of staff from the inpatient area were carried out to elicit their perspectives on the posturing of patients. Qualitative interviews were selected to facilitate comparison with interview data from Phase 1. Data analysis ran concurrently with data collection, so that one could inform the other. Findings. Overall, nurses and healthcare support workers felt that patients were more agreeable to posturing and after surgery began to posture more quickly. Communication was still an issue in some instances, and patients having urgent as opposed to planned surgery were found to be more difficult to prepare and the psychological care of patients still posed problems for nursing staff. Conclusions. The evaluation suggests that improvements in the care of this group of patients have occurred. A 10-point plan to promote face-down posturing has been developed which will be of use to practitioners in other settings. Some aspects of practice remain less well-understood, for example, the psychological care of patients. © 2005 Blackwell Publishing Ltd.

Watson, B., C. Clarke, et al. (2005). "Exploratory factor analysis of the research and development culture index among qualified nurses." Journal of Clinical Nursing **14**(9): 1042-1047.
Aims and objectives. This paper presents the exploratory factor analysis of a rating instrument for assessing the strength of organizational Research and Development (R&D) culture. Background. Despite nursing's limited research capacity, the discipline is capitalising upon opportunities to become involved in research and is making strong progress. Within the context of the debate on nursing research capacity, the R&D Culture Index was developed as a means of appraising R&D culture within health care organizations. Design. Factor analysis was carried out on data collected from 485 nursing staff. The method of extraction was Principal Components Analysis with oblique rotation. Methods. The Index was developed from the findings of qualitative research conducted with NHS staff. Eighteen items, encompassing the main themes from the data, were initially included in the Index. This pilot instrument was distributed to nursing staff within three different types of NHS Trust. Factor analysis resulted in rejection of two items and the analysis was repeated using the remaining 16 items. Results. Three latent factors were extracted accounting for 58.0% of the variance in the data. The factors were: R&D Support, describing the perceived support within the working environment for R&D activity; Personal R&D Skills and Aptitude, describing an individual's perception of their ability towards R&D activity; and Personal R&D Intention, describing an individual's willingness to engage in R&D activity. Each factor had good internal reliability, as did the overall index. Conclusion. The R&D Culture Index provides an efficient means of assessing the strength of an organization's R&D culture in a way that captures the role of the individual practitioner and the organizational environment. Relevance to practice. These findings suggest that the continuing promotion of R&D within health care organizations is dependent upon a multi-faceted approach that addresses the learning needs of the organization as well as those of the individual practitioners. © 2005 Blackwell Publishing Ltd.

White, E. and J. Winstanley (2010). "A randomised controlled trial of clinical supervision: Selected findings from a novel Australian attempt to establish the evidence base for causal relationships with quality of care and patient outcomes, as an informed contribution to mental health nursing practice development." Journal of Research in Nursing **15**(2): 151-167.
This paper reports on selected findings from a novel randomised controlled trial (RCT) conducted in mental health settings in Queensland, Australia. Several national and state reports recently revealed the sub-optimal state of Australian mental health service provision which have direct implications for mental health nursing, including the privately experienced cost of working and coping in these settings. Clinical supervision (CS), a structured staff support arrangement, has shown promise as a positive contribution to the clinical practice development agenda and is now found reflected in health policy themes elsewhere in the world. However, CS is underdeveloped in Australia and the empirical evidence base for the informed implementation of CS, per se, has remained elusive. Within the overall context of a RCT design, therefore, and supplemented by other data collection methods, this large and generously funded study attempted to make an incremental contribution to better understanding this demanding substantive domain. Whilst the substantive insights and theoretical propositions reported here were derived from, and may be limited by, a sub-specialty of nursing and a single geographic location, they were earthed in the personal self-reported experience of those directly involved with a clinical practice innovation. They may resonate with counterparts beyond mental health nursing and Queensland, Australia, respectively, therefore, and may assist in both conceptualising and operationalising CS research, education, management, policy and clinical practice development decision making in the future. © The Author(s), 2010.

Wilson, V., P. Keachie, et al. (2003). "Putting the action into learning: the experience of an action learning set." Collegian (Royal College of Nursing, Australia) **10**(3): 22-26.
As part of a practice development initiative the nursing staff of a special care nursery unit chose to begin an action learning set. The set was established to enable nursing staff to participate in a learning activity which focused on personal as well as team development. This was facilitated by a practice development nurse (researcher) who although not part of the nursing team, worked within the unit on a supernumerary basis throughout the study period. The set members identified

and explored issues from clinical practice through a process of questioning, reflection, and challenging one another with an aim to improving the care delivered to patients and their families. This paper describes the process involved in establishing the set and the journey the set has taken since its inception in May 2002. The main areas covered in this paper include an overview of the practice development initiative, a brief outline of action learning including the processes involved, how the set was established, what it is like to be a set member, the development of skills and knowledge, the personal growth that has resulted from participation, and how the set is being evaluated.

Wilson, V., B. McCormack, et al. (2006). "Re-generating the 'self' in learning: Developing a culture of supportive learning in practice." Learning in Health and Social Care **5**(2): 90-105.
This article presents the findings of a project that focused on developing a culture of learning where practitioners were able to engage in supported work-based learning in a Special Care Nursery (SCN). The project was part of a larger study focusing on the implementation and evaluation of an emancipatory practice development programme in an SCN. The aim of this phase of the study was to gain an in-depth understanding of how the implementation of practice-development strategies could enable the creation of a culture of supportive learning in practice. The methodological and philosophical structure of the study was based on emancipatory practice development (ePD). The ePD strategies used are aimed at promoting the empowerment of nursing staff, utilizing staff knowledge and expertise to identify the need for change, encouraging reflection on and in practice, incorporating the views of service users in the change process, and supporting staff to challenge themselves and each other. Questions are framed to evaluate systematically the processes and outcomes of the study with a view to identifying changes in the learning culture that may have occurred as a result of PD strategies. Preintervention findings highlighted that tensions existed between what people espoused about learning and what actually occurred in practice. Through the use of PD processes, participants in the study began to focus on the learning environment. Key themes identified in the data included 'learning about learning', 'movement from subservience to partnership', movement from rituals to reflective questions' and 'movement from self-immersed to working with one another'. Taking self-responsibility for learning and 'regenerating the self' in learning emerged as key issues underpinning these themes and are subthemes of 'values and beliefs about learning'. It is argued that developing 'responsible self ' is key to the creation of a culture of learning where practitioners are able to develop mutually supportive relationships in order to learn in and from their practice. In conclusion, learning culture has a significant impact on how nurses go about their everyday practice. The implementation of PD processes enabled a cultural shift to occur. As a result of this, a supportive learning culture embedded within the workplace emerged. Learning about learning was seen as an important part of the context that enabled the development of the responsible self. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Wilson, V. J., B. G. McCormack, et al. (2005). "Understanding the workplace culture of a special care nursery." Journal of Advanced Nursing **50**(1): 27-38.
AIM: This paper presents findings from the first phase of a research study focusing on implementation and evaluation of emancipatory practice development strategies. BACKGROUND: Understanding the culture of practice is essential to undertaking effective developments in practice. Culture is a dominant feature of discussions about modernizing health care, yet few studies have been undertaken that systematically evaluate the development of effective practice cultures. METHOD: The study intervention is that of emancipatory practice development with an integrated evaluation approach based on Realistic Evaluation. The aim of Realistic Evaluation is to evaluate relationships between Context (setting), Mechanism (process characteristics) and Outcome (arising from the context-mechanism configuration). This first phase of the study focuses on uncovering the context (in particular the culture) of the Special Care Nursery in order to evaluate the emancipatory practice development processes and outcomes. Data collection methods included survey, participant observation and interview. Cognitive mapping, constant comparative method and coding were used to analyse the data. Findings. Four key categories were identified: Teamwork, Learning in Practice, Inevitability of Change and Family-Centred Care and collectively these formed a central category of Core Values and Beliefs.

A number of themes were identified in each category, and reflected tensions that existed between differing values and beliefs within the culture of the unit. CONCLUSION: Understanding values and beliefs is an important part of understanding a workplace culture. Whilst survey methods are capable of outlining espoused workplace characteristics, observation of staff interactions and perceptions gives an understanding of culture as a living entity manifested through interpersonal relationships. Attempts at changing workplace cultures should start from the clarification of values held among staff in that culture.

Wright, J. and B. McCormack (2001). "Practice development: individualized care." Nursing standard (Royal College of Nursing (Great Britain) : 1987) **15**(36): 37-42.
This article describes the development of a person-centred approach to working with older people. The main focus is on developing the ward leader as a key facilitator of practice development work. This process was enabled through external facilitation of the role and project management. The stages of the project work are outlined using an established practice development framework, which ensured a systematic approach to the change process. Registered nurses developed their skills and knowledge in clinical leadership and by the end of the project, nursing care had moved away from meeting the physical needs of the patients only, to a more individualized approach to patient care.

Wright, S. M. (2001). "Contribution of a lecturer-practitioner in implementing evidence-based health care." Accident and Emergency Nursing **9**(3): 198-203.
This article describes and discusses the role of a lecturer-practitioner (LP) in the context of a university and practice development unit within a primary care trust in contributing to evidence-based health care. Evidence-based health care is currently high on the political and professional agendas. Methods employed in practice to create an environment that encourages and supports innovation will be described. Methods used in the educational establishment will also be highlighted from a theoretical and practice perspective. Progress to date and expected future outcomes will be shared. The article concludes that progress is dependent on all those involved, sharing common goals in the implementation of evidence based health care as it will continue to remain high on the agenda in the educational and service sectors. This drive towards clinical effectiveness and evidence based practice puts the LP in an ideal position to reduce the practice-theory gap by the nature of their integrated role. © 2001 Harcourt Publishers Ltd.

Yalden, J.B. and B. McCormack (2010). "Constructions of dignity: A pre-requisite for flourishing in the workplace?" International Journal of Older People Nursing **5**(2): 137-147.
Aims: To explore the relationship between nurses' understanding of dignity and how it is enhanced and developed in their practice environment. Background: Dignity is a ubiquitous concept in an era of healthcare reform yet is referred to almost exclusively in terms of the quality of care delivered to support the experience of the patient rather than the caregivers engaged in the relationships of care. This article focuses on dignity in the professional life of nurses in aged care. Method: This is part of a doctoral study of the implementation of a palliative approach in residential aged care using emancipatory practice development methodology. Constructions of dignity were co-created with participants through creative reflective activities and subsequently analysed using reflexive methods and data from other sources within the study. Results: Constructions of dignity and subsequent actions taken by nurses on their own behalf to articulate their experiences of transforming practice are interconnected with dignity enhancing relationships and emancipatory ways of working in practice development. Conclusions: Dignity enhancing ways of working in an active learning group and workplace have been interlinked with actions that promote person-centredness in developing a palliative approach to care. © 2010 Blackwell Publishing Ltd.

Yip, W. K., P. C. Tho, et al. (2010). "Implementation of practice change on checking of blood components by two registered nurses (RNs) or one RN and a doctor in an acute care hospital." Singapore Nursing Journal **37**(4): 43.
Blood transfusion is commonly used as a medical intervention for massive blood loss. In 2005, it was highlighted that 91 (0.42%) packets of unused blood, with an estimated cost of SGD10,568,

were wasted during blood transfusion. An unpublished study by Mordiffi et al. in 2005 found that 35% of the nurses were unaware that blood transfusion must commence within 30 minutes on arrival of the blood components and be completed within four hours. These issues were addressed together with the implementation of a new training programme on handling of blood transfusion. An evaluation study showed only minimal improvement post training. According to the study report, blood components were returned to the blood bank after one hour from being issued. The delay might be exacerbated by the policy then that required a doctor to check the blood components prior to transfusion. The study recommended two RNs, if a doctor was not available, to check blood components prior to transfusion.