THE THEORIST-PRACTITIONER GAP: BRINGING THE TWO SIDES CLOSER TOGETHER

Lyn Gardner and colleagues outline the philosophy, principles and development behind projects to improve the links between nursing practice and academia.

Abstract
As the gap between practice and academia grows, strategies are needed to ensure effective communication between the sectors. Failure to do this means nurses on the ward are at risk of becoming little more than technicians. Projects such as City Nurses and those linked to the Wales Centre for Practice Innovation are aimed at reducing the physical, social, psychological and professional gap between practice and academia. A practice innovation network connects and helps publicise a growing number of practice innovation units where clinicians and academics collaborate. Often the basic initiatives that result can have a greater impact on the lives of service users than larger and more ambitious projects.

Keywords
Innovative collaboration, nurse academics, practitioners, theory and practice

NURSE EDUCATION in the UK moved out of the health service and into the higher education sector in the 1990s. It was around this time that the term ‘theory-practice gap’ was first used in the nursing sector. As practising nurses and nurse academics continue to drift further apart, targeted strategies are required for them to communicate and work together effectively. This article outlines the philosophy, principles and development of the Wales Centre for Practice Innovation (WCPI) and briefly describes some of the projects taking place at the Caswell Clinic, one of the first practice innovation units to be established and accredited by the WCPI.

Nurse educators used to be employed as part of the NHS, often working in the same buildings as their practice colleagues. After the move to higher education, educators found themselves with new employers, job titles, roles, mission statements, sometimes in buildings miles from the hospitals and clinics in which their practice colleagues worked. The emerging notion of the theory-practice gap was neither ideological nor academic; it was not simply a gap between two different ways of thinking about the relationship between theory, research and practice. It was the beginning of a growing physical separation between two groups of people with different jobs, employers and priorities, who were geographically separated from one another and who tended to enter each other’s space on pre-arranged occasions only.

Practice development
The growing distance between nurse clinicians and nurse academics is pushed to its extreme by Roger Watson and David Thompson (2008), both eminent university professors, who argue that the development of nursing practice is no longer any business of nurse lecturers and professors.
The research journal has become the primary means of communication between the worlds of theory and practice

These authors state that: ‘We are not against practice development but we would ask – at the risk of seeming to gaze out from our ivory tower – “what’s it got to do with us?” Practice development should be done by people in practice and not by people in universities, the vast majority of whom have, to all intents and purposes, left practice’ (Watson and Thompson 2008).

Watson’s and Thompson’s claim is that ‘people in practice’ and ‘people in universities’ are two distinct groups from separate professions pursuing largely unrelated activities in two different places. Furthermore, they seem to be suggesting that the development of theory and of practice have been wrenched apart to such an extent that they have become incompatible, that ‘practice development is a diversion from academic activity and... an alternative to academic enquiry’ (Watson and Thompson 2008).

As the physical, professional and conceptual gap between nurse clinicians and nurse academics in the UK continues to grow, the research journal has become the primary means of communication between the worlds of theory and practice. Research-active academics are expected to publish in these journals and evidence-based practitioners are expected to read them.

But, as we might expect, the flow of communication is largely one way, with little opportunity for practitioners to get together with academics to discuss practice issues. Perhaps then, nurses in practice risk becoming little more than technicians, whose role is simply to implement the findings and recommendations of academic/nurse researchers who spend little time in practice areas, and who hardly ever come into contact with those on the receiving end of their research-based guidelines and care pathways.

Sharing expertise
Increasingly, however, academics and practitioners are beginning to suspect that this ‘technician’ approach is disempowering, alienating and often disrespectful to nursing practice and practitioners. We suggest then that the so-called theory-practice gap is predominantly a theorist-practitioner gap, which can only be addressed by reducing the physical, social, psychological and professional space between both parties. Practitioners and academics should acknowledge their common interest in developing, improving and innovating practice, and find ways of coming together to share their knowledge and expertise, and improve patient care and service-user experience.

Over the past decade there have been a number of initiatives in mental health practice aimed at closing the gap, most notably the City Nurse Project. This project introduced university-employed ‘specialist nurse clinicians/researchers’ (Flood et al 2006) to work alongside ward nursing staff. In addition, at least two universities in the UK have developed programmes of support, development and accreditation of practice development units, and there are various other informal practice development collaborations and small-scale action-research projects across the UK. However, in the case of many practice development initiatives, the proposed model is introduced to the practice area by academics or researchers who often lead the projects. An example of this can be seen in the City Nurse Project, where ward staff were initially suspicious and resistant to the introduction of the researchers/academics (the City Nurses), before eventually being won over to the benefits of the proposed model.

Working model
Accounts of the project show how the City Nurses presented and acted out a new research-based model and philosophy of acute inpatient mental health care. They demonstrated the working model to the staff via posters on each ward and in informal and formal presentations (Flood et al 2006). Although the clinical outcomes were indisputably positive, the relationship between the ward-based practitioners and the researcher/academics relied on informal and formal sessions to initiate and lead the introduction of the development, its practical implementation and the evaluation of its effects.

Our aim, on the contrary, was therefore to promote practitioner-led projects with support from academics, within the framework of a practice development centre jointly managed by clinicians and university staff. The WCPI was established in 2009 as the Centre for Nursing Innovation, as a joint initiative between the Department of Nursing at Swansea University, the Abertawe Bro Morgannwg (ABM) University Health Board and the Hywel Dda Health Board in west Wales. The WCPI is jointly owned, run and resourced by these organisations, and has as its primary aim ‘to make a positive difference to nursing and healthcare practice for service users and providers, by encouraging and supporting innovations...
in nursing scholarship, practice, research and education.

The WCPI is actively supported at the highest level by the head of the department of nursing and a professor of nursing at Swansea University, and by the nurse executives and other senior nurses in both health boards. Colleagues from all three organisations work together, with and for one another on a more or less equal, cost-neutral basis. This joined-up practice circumvents the need for budgets or the involvement of accountants, and makes the centre largely immune from recessions, austerity measures and cost-cutting exercises. There are benefits to all parties, including:

- Greatly enhanced communication between and within each organisation.
- Sharing human and physical resources and expertise.
- Participation and involvement in a much wider range of activities and with a more extended network of colleagues than would usually be available to an individual.

Initiatives include job swaps between academic and clinical staff, jointly run clinical and academic projects and the dissemination of this work through a growing number of conference presentations, including an annual research conference, and published papers.

One of the most clinically significant initiatives carried out by the WCPI has been the development of a practice innovation network connecting a growing number of practice innovation units across both health boards. The WCPI welcomes applications for inclusion in the network from any clinical, educational or managerial unit, regardless of its size, location or composition.

The only criterion for it to be considered is a commitment to the WCPI’s primary aim, that is a desire to make a difference to nursing and healthcare practice for service users and providers and an aspiration to bring about innovations to practice by planning, implementing and evaluating a series of practitioner-led projects.

Because of the resource implications of maintaining and sustaining the network on a cost-neutral, zero-budget basis, the number of practice innovation units that the practice innovation network can accommodate at any one time has to be strictly controlled. The network recognises four levels of practice innovation units:

- Expression of interest.
- Aspirant practice innovation units.
- Stage one practice innovation units.
- Stage two practice innovation units.

Expressions of interest have been accepted from 12 units, and members of these teams attend network meetings to hear about the work of other more established units, and to exchange information and contacts. Aspirant practice innovation units, of which there are five, have been approved by their health board to proceed with their application and are receiving support from other members of the network to write a proposal for Stage one accreditation.

There are four stage one practice innovation units, including two units that had previously been approved as practice development units by Leeds University.

Stage one practice innovation units have been approved by the WCPI to proceed with a programme of project work, for which they are receiving practical support and advice from practitioner and academic colleagues with aspects such as planning, implementation and evaluation.

Finally, stage two accreditation is achieved when at least three projects have been completed, evaluated, written up (preferably for publication) and presented to the WCPI for approval. This is an extensive and long-term process, and so far only one unit has achieved accreditation at stage two.

The practice innovation network aims to be developmental, that is to work with anyone who has a desire to make a difference to practice and who is willing to carry out projects that will directly or in directly benefit service users. There are no absolute standards or goals imposed from outside, either by academics or other practitioners, and progress is measured against internal baselines and self-imposed objectives. For some units, this might mean striving for excellence, whereas for others it might involve making improvements to basic care provision. Innovation can occur at all levels, and often the basic projects can have a greater impact on the lives of service users than larger and more sophisticated projects.

Projects are therefore assessed according to simple open-ended criteria. The members of the unit are asked to think of the process of becoming a practice innovation unit as a journey, and to ask themselves a number of questions (Box 1, page 16).

One of the practice innovation units in the WCPI is the Caswell Clinic, which is a medium-secure regional forensic unit with 61 beds in five wards. The clinic provides specialist healthcare services for people in south Wales with mental health problems, who may have contact with the judicial system or, because
of their diagnosis, have a potential to offend. In the clinic the central themes of hope and recovery have grown through the service since its inception in 1992, and these underpin the projects outlined here. Once a decision had been made about the projects, the practitioners looked at how this practice development work could be shared between professions and across practice and in academia. Membership of the WCPI was something that the Caswell clinic’s practitioners said they valued and which fitted with their own philosophy of care and their approach to practice development.

Accreditation

The Caswell Clinic was the first unit to achieve stage one accreditation as a practice innovation unit following the presentation of three proposed projects to the WCPI in April 2011. All five wards are involved in the practice innovation unit, and each has taken the lead on at least one project, which include the following aspects of care:

- Monitoring incidents of violence, aggression and self-harm.
- A flexible observation model where staff allocation can be arranged to ensure that there is increased staff support available to clients.
- A positive behavioural model of care by the intensive care unit, reinforcing and developing clients’ adaptive coping strategies rather than focusing on maladaptive coping.
- The development of nurse-led groups.
- A drama group established by occupational therapists to encourage alternative means of expressing feelings and ideas.
- Important initiatives to monitor and respond to the physical healthcare needs of clients.

As a way of working towards disseminating the practice development projects, Caswell Clinic’s team and two academics from the WCPI at Swansea University set up monthly writing workshops. Here, the practice innovation unit practitioners and academic facilitators met to share their ideas in a supportive environment, where at each meeting the project leaders would read out their draft paper, then invite the rest of the group to critique it and open it up for critique from the rest of the group.

During this time, the skill and expertise of all members of the group were used to refine and prepare the papers for eventual submission for publication. The practitioners knew what they wanted to say, who they wanted to say it to and what evidence and experience they were drawing it from; in turn the academics helped shape the process and progress of effectively disseminating the practice achievements.

In the process of collaborating on these projects within the WCPI framework as a practice innovation unit, practitioners and academics worked in the same geographical space, albeit within a limited time, to write and prepare for publication a number of papers that outline the projects listed in this article. Some of these will be published in Mental Health Practice over subsequent editions and are evidence of the evolving, productive partnership of theorists and practitioners.

References
