Practice based research

Alison Twycross urges researchers to look beyond actual nursing care and to examine the impact of organisational culture and the socialisation of nursing on patient care.

When I was asked to write a commentary for an edition of Nurse Researcher focusing on research in clinical practice, I assumed that the papers would discuss studies about clinical care. However, as you will see, the papers in this edition are from a different perspective. Two of the papers offer an insight into organisational issues that might affect nursing care, while the third paper provides insight into a method that can be used by practitioners to explore the culture of their workplace.
There is growing recognition of the impact of organisational culture on nursing practices. Indeed, organisational culture is increasingly cited as one reason for the perpetuation of practice not based on evidence. It is therefore timely that the first paper by Barton presents an overview of practitioner ethnography, a research method that provides practitioners with a way of exploring the culture of their workplaces. In this paper, the author compares practitioner ethnography to traditional (specialist) ethnography. Careful consideration is given to the pros and cons of the method. One strength is that someone with specialist knowledge in that field collects data about nursing practice. Several researchers have found that social desirability affects nurses’ responses to interviews or questionnaires when asked about their practice, concluding that a true picture can only be obtained by collecting observational data. The practitioner ethnography method thus allows a true picture of practice and the factors affecting it to emerge. This can only be a good thing as we strive to ensure that we provide the best possible care to patients. However, undertaking an ethnographic study is time consuming. I managed to collect some observational data several years ago because I was given a sabbatical. The time required to do an ethnographic study adds to the cost; this may be unattractive to funding bodies. But if we want to get a clear picture of nursing practices we are going to have to address these issues and embrace methods such as practitioner ethnography.

In the second paper, Hutchinson et al discuss the development and validation of a bullying inventory for the nursing workplace. Bullying appears to be endemic in all workplaces including the health service. Hutchinson et al’s work suggest that bullying falls into three domains in health care: attack upon competence and reputation, personal attack and attack through work task. The questionnaire is the first standard measure of workplace bullying to be developed. The authors describe the stages they went through in the development and testing of the questionnaire. The resulting questionnaire appears to be robust and, if used, should help managers, researchers and clinicians to a greater understanding of bullying in nursing. By acting on these results, patient care can be enhanced; bullied nurses are unlikely to function as well as those working in a more conducive environment.

Previous research has suggested that nurses who do not conform to ward practices are picked on and victimised (Gray and Smith 1999, Philpin 1999). Other studies have found that nurses do not use their theoretical knowledge in
practice but rather conform to ward practices (Kneafsey 2000, Twycross 2004). A nurse’s need to fit in may mean that they adopt a ward’s poor practices. Indeed, if nurses who go against the ward culture are bullied, this will discourage them from using their own discretion and initiative or from questioning practice. This obviously affects the quality of care provided to patients.

In the third paper, Brown discusses the development of a questionnaire to assess healthcare professionals’ perception of risk. Minimising risk is key to enhancing the patient experience while in hospital. There have been a number of initiatives to reduce and manage risk in health care. However, staff perceptions of risk and how this might affect patient care have not been addressed to any great extent. The theoretical framework used for the study is Reason’s human failures model. This model demonstrates how individuals’ failures affect colleagues and patients. The survey devised for Brown’s study used vignettes to identify what practitioners would do in a clinical situation. This has been shown to be an effective way of gaining a picture of practices without being in the clinical area. The survey was completed by both medical and nursing staff but few details of participants’ responses are included. Instead, the author concentrates on addressing the validity and reliability of the questionnaire, which provides a way of identifying how practitioners’ perceptions of risk affect the organisation and the care they provide.

These three papers provide a timely reminder that, in relation to clinically relevant research, we need to think about more than studies relating to nursing care. Rather, we need to be examining the impact of organisational culture and the socialisation of nursing on patient care.

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**References**


