

## **TITLE: BRIDGING ROLES, THEORY AND PRACTICE**

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Therapeutic Optimisation (THEO)

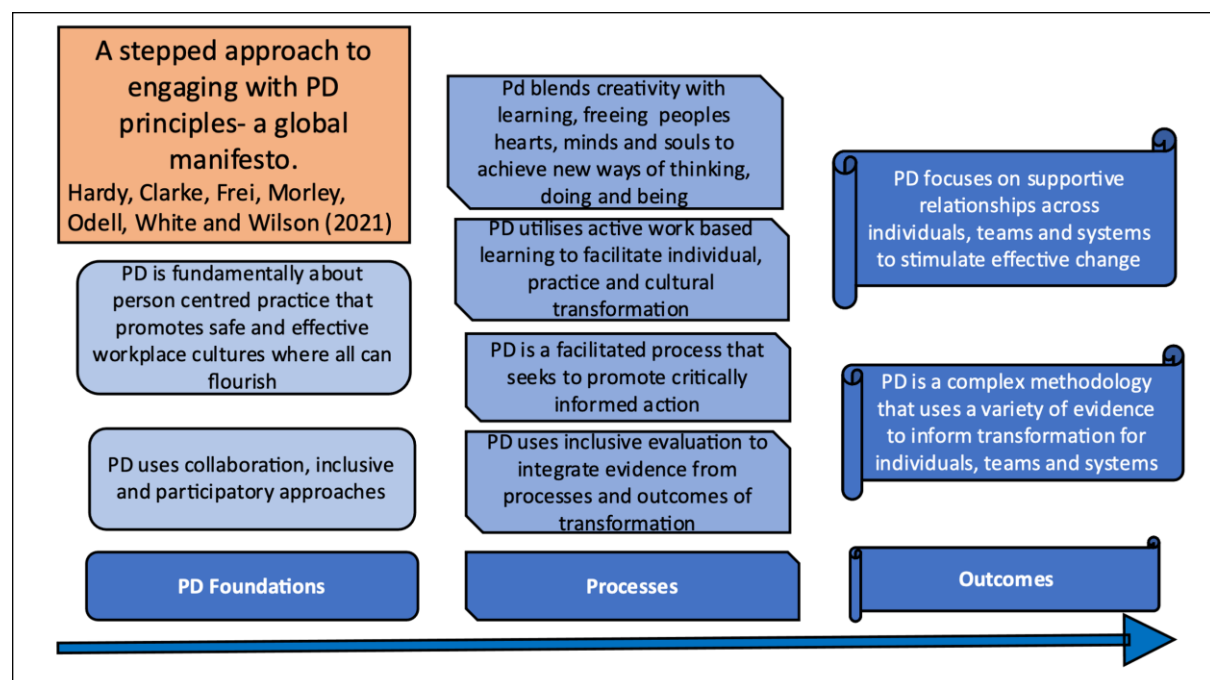
### **Introduction**

In January 2024, I started work at the NICHE Anchor Institute at UEA, in a new role of Senior Research Fellow for Practice Development. My main focus is working within workstream 2 of NICHE, on what is affectionately called the THEO project. (More about this later). I want to use this blog to reflect upon my first few months in post and exploring the bridging process I have undertaken as the THEO project progresses. But first a bit about me.

My background has been varied and I think I can, at best, be described as a mature person. I qualified with a degree in Nursing after a four year course at London South Bank University (LSBU) in the mid 1980's (back then LSBU was known as the Southbank Polytechnic). I went on to have a varied clinical career as a nurse in Accident and Emergency, Community Hospitals and Care of Older People. As my career developed I moved into a Practice Development role. This has involved various clinical and project roles and the use of different methodologies including service improvement, quality improvement and Practice Development (PD) (Manley, Wilson and Oye, 2021). I was fortunate enough to take part in a practice development programme run by the early explorers of PD and have used these values and combined them with other methodologies to facilitate local, organisational and national projects.

### **Practice Development: Core values and principles**

I also collaborated with international colleagues to update the PD values and core principles, paying attention to how they were described with the intention of producing a clear guide for people starting out on a PD journey. The box below is adapted from our collaborative book chapter (Hardy et al., 2021).



Working with NICHE is my first academic role which has involved a steep learning curve (another bridge) and raised my “imposter syndrome”. However, thanks to supportive and generative conversations within the NICHE team I feel I have grown into this role. So now let me tell you something of the THEO project and what we have achieved so far.

### **The THEO project**

The Therapeutic Optimisation (THEO) project offers a rare opportunity to explore how a nurse led staffing model of person-centred care delivery, enhanced by a Practice Development (PD ) team based approach can maximise care outcomes through co-creating a safe and highly effective workplace culture. This ambitious project is broadly based upon evidence arising from the Nursing Development Units (NDU) (Pearson, 1992) and the Burford model (named after the first NDU established), with theory generated from “Freedom to Practice” Binnie and Titchen (1999) publication, which has all fed into subsequent development work associated with practice development theory, complex intervention methods and approaches (McCormack, Manley and Garbett, 2004; Manley, Wilson, and Oye, ,2021).

Working with two clinical sites across the Norfolk and Waveney Integrated Care System, the project will have embedded within it four research work packages, all wrapped around the THEO project.

In more detail, these are:

**THEO Work package 1:** This research will be led by the NICHE team at the University of East Anglia. Using Participatory Action Research to structure the facilitated PD complex intervention in combination with an embedded researcher model (Whitehouse et al, 2022) working in collaboration with the multi-disciplinary clinical teams we aim to:

- Co-create knowledge to understand patterns, habits and rituals contributing to workplace culture (Webster et al, 2023) in the context of care
- Critically reflect and analyse the evidence to co-create new knowledge
- Create shared action plans to enable action
- Work in action orientated cycles throughout the THEO implementation period to inform practice change

**THEO Work package 2-4:** This research will be led by a collaboration with teams from the University of Staffordshire with input from London South Bank University. These research packages will include quantitative, qualitative and process evaluation approaches, pre and post the PD complex intervention phase (work package 1). The aim of these integrated work packages is to make a judgement about the effectiveness of the PD intervention and to seek evidence for what worked , for whom and in what circumstances.

The main achievements of the project so far, has been the collaboration between the research teams, to reach consensus on the different types of research, the different methodologies and how to combine these together into a collective protocol for submission for national ethical approval. This bridging work has been challenging, as we have worked together to reach consensus on the different underpinning research philosophies. But at each stage, we are gaining clarity and doing the necessary preparations that we hope will ensure we can have the protocol submitted and approved.

Other preparatory work has been building effective partnership based relationships with health care organisations, key stakeholders and clinical teams who will be involved in the intervention of THEO project in the two identified THEO ward areas.

My role has at times felt like I am “the bridge”, building connections between theory and practice by working with the external collaborating researchers, the key stakeholders and the clinical teams. I have been trying to translate different parts of the project for different people, making sure it is accessible and practically useful. I have also been building bridges in my own learning, through bringing together my previous experiences and using that knowledge to create new paths for this pioneering work to take place between academia and practice.

Our ambition is that THEO will also become the “bridge” to close the gap between research and practice and provide a robust knowledge based approach that will ultimately improve the experience of care for all involved, patients and staff alike.

Once we have ethical approval, we can move to commencing the intervention elements of the project, recruiting the embedded researchers , integrating them with the existing clinical teams and then starting on the facilitated complex PD team intervention. So, watch this space and if you have any questions or would like to know more, please feel free to contact me on [j.odell@uea.ac.uk](mailto:j.odell@uea.ac.uk)

## References

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