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### 13. ENTERING HEALTH PRACTICE DISCOURSE

*Finding all our Voices*

Discourse involves the way that members of a particular area of practice think, talk and present themselves to each other and the community at large. In the case of healthcare practice, it can more particularly be seen as the sharing of ideas between people, based on a systematic body of knowledge (Harper, 2009), the way a discipline of practice talks about itself to itself (Powers, 2001). Practitioners may think that discourse is the written part of academia but discourse also includes individual conversations, networking and conference meetings of interested people within an area of practice. Its aim is to better the practice of healthcare. If practitioners are engaging meaningfully with fellow practitioners, they will be contributing to the discourse of their profession, whether at a communication level within a multi-disciplinary team, researching or writing to communicate about ideas. In this chapter, we address how communication within professional discourse might be encouraged for both practitioners and academics together.

*How do practitioners understand the term "discourse" in their practice?*

#### THE NEED FOR PRACTITIONERS TO ENTER PRACTICE DISCOURSE

The world of work can be very isolating for practitioners, especially if they are practising in sole practitioner positions or in rural settings. It can become easier to avoid engaging in activities that are not personally comfortable, especially when such activities may involve uncomfortable thinking, challenging one's practice or trying to gain skills in writing and receiving critique. Examples of such uncomfortable thinking may arise when tensions occur between a practitioner's ethical and personal philosophy and the reality of practice within an organisation or when expectations of "output" conflict with the way a practitioner may ideally wish to practise with people. Communication with colleagues can explore difficult issues further and generate ideas to assist in the resolution of tensions as well as providing the support needed for working through difficult professional issues. The two examples below outline capacity development in practitioners. The first was a request from an early career health professional in community practice seeking to trial a new complementary referral model of practice between health practitioners to enhance interprofessional management of patients' health conditions. This practitioner was mentored by one of the authors through the processes of research question development, proposal refinement, selection of an appropriate methodology, ethics application and project implementation. Although the pilot

research project did not provide definitive evidence to support the innovative model of practice, the practitioner felt empowered to explore it further. The younger practitioner enrolled in a research higher degree to be able to undertake a larger scale research project and drafted a publication outlining the proposed co-referral model which successfully engaged other practitioners in the region. These practitioners then became study participants in the research higher degree research project. The second was a request for help and formal mentoring made to the second author, Maree, from an experienced and well-regarded health practitioner but now a novice academic who wished to engage with the profession to share experiences of trialling new practices and techniques. The assistance this time focused on demonstrating academic leadership and engagement with the profession by developing an academic professional presence, setting up a professional social media site, seeking views and experiences through blogging and an electronic newsletter to inform practice guideline development, as a contribution to the profession and to practitioners. This resulted not only in the desired outcome of establishing a recognisable presence as an academic but also in the formation of a community of practitioners in that specific area of paediatric practice.

The approach, focus and attitudes of entering a practice discourse can vary. With the socialisation process practitioners develop their social and work identity in practice but the feeling of safety engendered by that might also be likened to a “tardis” mentality where the practitioner flies through practice inner “space” without looking outside or beyond their practice. To what degree this socialisation is homogeneous and internally focused depends on whether practitioners engage in dialogue outside their profession.

*How do good ideas for practice become tested or accepted by a profession? Who decides?*



*Figure 13.1. Practitioners entering the discourse  
(Components of picture retrieved from Google Images)*

The essential attitude and confidence of busy practitioners strongly influences their participation in discourse activity. Having a good idea in isolation cannot influence practice theory or the development of one's profession. At this internal level, it can only be considered as personal reflection. In clarifying one's ideas through reflection, practitioners may be able to reflexively influence their own practice but will not necessarily be contributing to or shaping any ideas beyond themselves for their profession.

If practitioners are too busy "doing" to reflect on "being"; how then can they "become" effective, reflective practitioners (McKay, 2009)? Many practitioners develop considerable competence and prowess in practice but may not have dealt with much critique. The longer a practitioner stays in practice without entering or becoming a part of the discourse, the harder it becomes to have the confidence or the skills to participate in critical discourse. Postgraduate education and professional development may present opportunities for practitioners to more deeply engage with practice discourse in a methodical and scholarly way.

The concept of the "scholarly practitioner" may have arisen concurrent with the increase in postgraduate education that has occurred over the past few decades. Practitioners return to education to further their qualifications or to study aspects of practice they find interesting. Postgraduate studies can provide practitioners with the possibility of re-conceptualisation of their time and its purpose in ways which allow the opening up of opportunities to engage in the wider discourse of their profession as they "make room for the PhD" (or masters degree etc.). Some practitioners might become academics through that process but many will return to practice with increased scholarly intent to enhance their professional practice. The reimagining of one's self can also assist the incorporation of possibilities in discussing, researching, writing, communicating, presenting, and coping with critique or capability of contributing to the practice discourse. Those processes can be greatly assisted by academics, and enhance lifelong learning post-graduation.

The term scholarly practitioner expresses an ideal of professional excellence grounded in theory and research, informed by experiential knowledge, and motivated by personal values, political commitments, and ethical conduct. Scholarly practitioners explicitly reflect on and assess the impact of their work. Their professional activities and the knowledge they develop are based on collaborative and relational learning through active exchange within communities of practice and scholarship (McClintock, 2004, Para 1).

*Might the concept of "scholarly practitioners" need to be mirrored by "practitioner academics" or "pracademics" where academics try to keep participation in clinical practice to some extent – possibly consider "clinical practice leave" alongside study leave? Possibilities abound with the increased opportunities for joint projects to be established which could continue to be developed after the academic on leave returns to their academic practice.*

ACADEMIC PRACTITIONER DIALOGUE

*“It’s our professional responsibility to plant trees  
in whose shade we do not expect to sit” (Jones, 2005).*

Dialogue between theory and practice could result in benefits and possibilities for better practice and sustenance of both practitioners and academics. The role of academics may often be presented in terms of teaching, researching, writing and practitioners may find difficulty in seeing how they can connect with “the academic world”. However, situated and authentic writing about practice by academics will be enhanced through such dialogue when practitioners respond to ideas they perceive to be relevant to their practice. They may also feel excited and positive to see how the work they do “on the ground” can be developed. Talking to or with academics to identify common ground and share ideas can be difficult with the time constraints and access difficulties that can occur but some progress can happen at conferences (when practitioners get the opportunity to attend) where people finally have a venue and some time to talk. Crowd effervescence engendered by good conference presentations grows excitement, good will, desire and the exciting sparkle of conference conversations but here problems arise through lack of follow-up, different agendas and lack of time and money to develop ideas. Exploration will require the ongoing setting of priorities and giving time. Much effort will be needed if “companions in the discourse” relationships are to be successfully developed and made to survive in the tumultuous and at times colliding worlds of both academia and practice. Postgraduate education provides one framework to support such dialogue between practitioners and academics.

*Becoming Companions in the Discourse*

Practitioners who undertake postgraduate research-based higher degrees, often seek to develop ideas gained from long years of practice and thinking. Support by academic supervisors makes the efforts of these students more worthwhile by enabling and ensuring authorial access to the written discourse. In turn, those now scholarly practitioners can make time available to initiate supportive social contact with other colleagues. Meeting regularly for coffee, listening, supporting, and providing advice or information can boost a colleague’s morale and confidence to speak up for themselves and become comfortable talking about their practice. Becoming a “companion in the discourse” by encouraging a presentation at a conference, participation in a research project or writing together will build on the development of that confidence. From tiny “idea acorns” and good collegial company, “discourse trees” and communities of practice can grow.

*There are questions to be asked in relation to the essential academic/student relationship. How can a student learn and begin to enter the discourse of the discipline they are to enter if the power differential between them and the people who teach them is so great that it inhibits that very participation? Participation in the discourse by existing practitioners may be an easier goal to achieve.*

COMMUNITIES OF PRACTICE:  
FORGING AND SUSTAINING RELATIONSHIPS BETWEEN  
PRACTICE AND ACADEMIA

Many decades ago, Lave and Wenger (1991) identified and highlighted the benefits, arguably the necessity, of communities of practice within the professions. Communities of practice rely on “the idea that knowledge is a property enacted by groups of people over time in shared practices, rather than the idea that knowledge is a cognitive residue in the head of an individual learner” (Hoadley, 2012. p. 299). Practice discourse can then be considered within a social learning perspective where the participants to that discourse are each considered as having valuable viewpoints and useful contributions to make.

We propose that professional healthcare practice can be enhanced by the diverse voices of practitioners, academics and “pracademics” (Walker, 2010), to thrive and develop. The contribution of “pracademics” acknowledges that practitioners often move from practice to academia and sometimes maintain activity in both those areas (Panda, 2014). Processes of sharing, communication and development of different viewpoints and skills can help to keep collegial relationships between practitioners and academics evolving and thriving.

Commerce ought not to be the only goal of such arrangements. Rather, academic/practitioner communication and collaboration might better be considered as professional collegiality and responsibility as a member of the profession. An increasingly competitive environment along with the high levels of accountability and even higher levels of expectations can result in a loss of the social capital between colleagues or between practitioners and academics. This is important because the professions have always depended on that “social capital” for the ongoing life and flourishing of each profession and its members.

An attitude of service and openness on the part of both academic and practitioner participants as well as a willingness to engage despite issues of time management or availability will provide increased ease within those relationships. Indeed, Lave and Wenger’s (1991) concept of communities of practice argues that intentionality is not necessarily a prerequisite for its development. Rather, processes of learning and development of common practice will naturally develop via the social connectivity that such communities grow. For example, the importance of catching up for a chat is crucial, not just for a chat, but rather to harness the synergy from multiple perspectives contributing to identifying, framing and solving the problem or emerging challenge. With the advent of Web technology, people can develop connected online communities of practice and establish the networks needed to grow and sustain communities of practice within their professional area of common interest.



## CONCLUSION

The importance of modelling and supporting the practice of entering the discourse by all practitioners, whether they be students, early career, established practitioners or early career academics is crucial. This can be facilitated through collaborative writing projects, ongoing conversations and meetings but particularly by being inclusive and using practice language and practitioner-friendly writing frameworks. Every practitioner has experiences, skills and abilities that can contribute to the practice of the profession. We propose that there is value in more experienced members of the profession offering support and assistance to others to develop their own capacity to contribute to a mutual community of practice and the discourse that sustains it.

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