Critical Thinking – a 7th C for community nursing practice?

Compassion in Practice and the drive to deliver the 6 C's has been embraced within community nursing since its launch in 2012 (Cummings and Bennett, 2012). Following the shortcomings in care discovered at the Mid Staffordshire NHS Foundation Trust and the findings of inquiry's such as Keogh (2013) and Francis (2013), nursing as a profession has come under increasing pressure to demonstrate to the public that nurses care. This need comes under increasing scrutiny when working in the homes of patients within the community; patients nursed within their own home rightly require demonstration of accountability of care. Effective therapeutic relationships with patients in the community are built on trust, and patients should feel confident that the clinical care they are receiving is appropriate and evidence based (Griffiths, 2015). A strong focus upon the core themes of the 6 C's is both integral to and apparent in daily clinical practice within the community setting. The terminology of the 6 C's is a frequent feature of clinical discussions, supervision, teaching and record keeping. But is it possible that in this drive to improve the tarnished public image of nursing through the focus of care and compassion that the concept of critical thinking is seen as secondary? Should the concept of critical thinking in community nursing practice be awarded a 'C' in its own right?

Since September 2013, all pre-registration nurse education programmes have been ~~delivered~~ offered at degree level. The intention that this would assist the profession in achieving academic parity with allied health professionals, and other occupations such as teaching (Lepper, 2010). It also reinforces the equality of pay banding awarded to registered nurses under Agenda for Change (NHS, 2004). It is possible that "raising the bar" on academic entry to the profession may serve to attract more of those vocationally drawn to the profession of nursing - they may choose nursing over other academic career options open to them (Robinson & Griffiths, 2008). The move towards an all- degree profession may instil the concept of evidence based practice and critical thinking skills early on in the nursing career

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trajectory (Lepper, 2010; Finotto et al, 2013). Conversely, concern has been expressed from the nursing community that this drive towards academic equality could result in a nursing profession less focussed on the fundamental quality of care (Adderley, 2009). However, surely it is a balance of both a critical thinker and a caring and compassionate individual that is key to developing an all-round effective practitioner? (Bostock-Cox, 2013). As we see the entrance of newly qualified nurses straight into employment as community staff nurses (a once unheard of concept) this awareness of the degree level graduates is developing amongst the community workforce. Within community nursing the recent launch of The QNI/QNIS Voluntary Standards for District Nurse Education and Practice has further demonstrated the requirement of critical thinking skills necessary for both educational standards and within district nursing practice, whilst still retaining the core values of care and compassion in clinical practice (QNI/QNIS, 2015).

The well-established concept of 'competence' within the 6 C framework identifies the need to provide evidence based nursing care (NMC, 2015). It explicitly states that nursing practice should be based on evidence and research, and a strong focus on the ability to understand health and social needs of patients and their families is advocated (Cummings and Bennett, 2012). The concept of competence and evidence based care is clearly translated into practice by the National Health Service at both national and local levels. Expert bodies such as the National Institute for Health and Care Excellence, and ~~regional and~~ local Health and Wellbeing Boards (Department of Health, 2012) develop policies and guidelines to ensure care is harm free, ~~and~~ evidence based, and appropriate, and serve to devolve and translate complex research into safe guidance for practice. However, front line staff may perceive this focus on competence as a purely practical driver, ~~as~~ there is frequently a focus on the ability to perform clinical tasks correctly. This is particularly pertinent as non-conveyance to hospital and early discharge is advocated and increasingly unwell patients are nursed in their own homes (NHS England, 2014). Prevention of ill health is more than ever the focus in nursing, with emphasis on evidence based

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programmes and interventions to maintain and promote good health high on the public health agenda (PHE, 2014; Marmot, 2010). Community nurses act as coordinators and leaders of complex care, involving multifaceted decision making processes for patients and services. Consequently the ability to look beyond "simply doing" is crucial in community nursing.

Current health policy acknowledges that the NHS cannot – and should not – be solely responsible for meeting the complex needs of communities (Marmot, 2010; Department of Health, 2014). While clinical skills competence is an integral aspect of community nursing, the addition of a 7th C which focuses on critical thinking skills may assist nurses in going beyond simply following ~~polices~~policies and procedures ~~-~~to embracing~~e~~ wider critical thinking skills. Experienced nurses within the community are ideally placed to bridge the gaps between the plethora of research generated to contribute to evidence based practice and the daily focus of clinical nursing practice. Community nurses have expert knowledge of their ~~"patches"communities~~case-loads and ~~of~~ the health needs within them. This knowledge and experience~~, when~~ coupled with sound critical thinking skills allows nurses to identify when another service or agency is better placed than they are to provide care. It also allows practitioners to acknowledge when generic evidence based guidance is inappropriate or inadequate for individual patients – that is to say, community nurses work with individuals, rather than homogenous patient groups – and assess the prescribed guidance against the needs and wishes of the person they are caring for. Critical thinking is essential to this process as it involves nurses surrendering power, critiquing current practice and therefore keeping the patient at the heart of care delivery.

Community nurses, have the potential to be pivotal ~~lynch pins to take forward~~in taking forward the concept of the 7th ~~C :~~C:~~–~~ critical thinking~~, as~~, as ~~frequently~~ they are required to work proactively and

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think differently at all times, ~~when faced with the daily challenges of~~ delivering complex clinical care outside of the hospital or clinical environment.

There is no suggestion here that every nurse should be required to become a primary researcher or move away from protocols and procedures intended to safe guard. The focus of critical thinking is more upon the ability to read and question practice, to become involved in thinking differently; the argument here that community nurses practice in this way every day. So~~,~~ ~~S~~ shouldn't the need to put research into practice by regularly questioning, reading and employing our critical thinking skills become formalised - ~~–~~an integral part of the compassion in practice framework? As a student community nurse pointed out recently, "I understand that these are the current guidelines [for this condition] – but I will struggle to implement them in practice, because frankly there is too much evidence to contradict them and to follow them would mean I wasn't doing right by the patient". She was right, suggesting that the ever old drive to bridge the gap between theory and practice still remains. It is intended that by adding critical thinking as a 7th C this will make this integral element of nursing practice more explicit.

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The need to embed the 6 C''~~s~~ into research practice has been embraced by the research community to ensure that professionals, patients and their support networks who become participants in research are afforded ~~the same levels of~~ care and compassion ~~as other patients not directly involved in clinical research~~ (Hardicre 2014). Themes of the 6'Cs are also congruent with the National Institute for Health Research (2015) where patient and public involvement actively seeks to recruit both the public and clinical professional in research. Is it possible, then, that critical thinking and compassion are not mutually exclusive, and that front line community nurses can open the doors to critical thinking in community practice?

The NHS is often criticised failure to evolve to meet the ever more complex needs of its users. Yet as the Five Year Forward View shows, as a healthcare system it has "dramatically improved", at a rate higher than can be seen elsewhere in the world. (NHS England, 2014) The six C's are undoubtedly in part responsible for this improvement, and it seems that the potential 7th C could contribute as well. ~~be too.~~ Without critical thinking, without the ability of practitioners to reflect on practice and analyse the evidence base which supports it, can improvement ever occur? Without critical analysis following the tragic events in Staffordshire, there would be no formalisation of the six C's into a code of conduct. As we see the three years of compassion in practice drive come to an end and we begin to look towards the future, perhaps the concept of the ~~a~~ 7th C needs to be driven more explicitly within daily practice if we are to continue to improve upon patient care.


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