



ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

From root to fruit – flourishing in change. Evaluation of a development programme for practice development facilitators in end-of-life care

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Submitted for publication: 5th February 2018

Accepted for publication: 21st March 2018

Published: 16th May 2018

<https://doi.org/10.19043/ipdj81.003>

Abstract

Background: This paper outlines the structure, processes and outcomes of a 12-month development programme for nurses who were transitioning from a practice-based training role to a practice development role. The programme was part of organisational commitment to develop a person-centred culture. A new team of practice development facilitators across the UK was formed at Marie Curie, a UK-based charity supporting persons with palliative and end-of-life care needs.

Aim: The overall aim of the programme was to enable practice development facilitators to engage with the theory and practice of practice development, and to develop as enablers in the delivery of person-centred practice.

Method: A co-designed, multimethod evaluation of the programme, which adopted emancipatory practice development and active learning methodologies. Data collection included fourth-generation evaluation, reflective writing, participant stories and examples of practice change.

Findings: The programme supported a change in focus of participants' role from technical to emancipatory. The team identified new ways of engaging together that enabled them to embody person-centredness. By experiencing active learning, they came to a better understanding of themselves and their practice. Throughout the programme, the team experienced a range of organisational challenges that impacted on their progress. Development of facilitation skills and a strong community of practice will enhance the embeddedness and sustainability of the new role.

Conclusions: Facilitators of practice development can be catalysts in the development of person-centred cultures, which are indicative of flourishing organisations. To be sustainable, initiatives such as this one need to be included in organisational strategy. A sense of wellbeing and renewed commitment to develop practice in ways that keep person-centred care at its heart can be experienced through experiencing human flourishing.

Key messages:

- Making explicit values and beliefs at the beginning of a programme enables social learning and innovation in practice
- Investment in practice development can be a catalyst in developing person-centred cultures
- Role modelling person-centredness has a positive impact on staff wellbeing and person-centred practices
- Embedding communities of practice maintains the momentum of new ways of working

Keywords: Practice development, person-centredness, culture, active learning, end-of-life care

Introduction

Marie Curie is a UK-based charity that aims to provide care and support for persons with palliative and end-of-life care needs. In 2014, the charity set out a vision to create *'a better life for people and their families living with a terminal illness'*, with a commitment to being *'always compassionate, making things happen, leading in our field'*, and keeping *'people at our heart'*.

The strategic intent involves the charity investing in a different way with its people and in research, making an explicit commitment to embedding continuous improvement in its work:

'Developing a culture where our values are lived and demonstrated in the way we do things.'

'Creating an environment that encourages work/life balance and builds/maintains resilience and wellbeing' (Marie Curie, 2015).

Attention to cultures within organisations and the effect these have on patient care and outcomes is well documented, in the media and the literature (Francis, 2013; Manley et al., 2013). Evidence suggests person-centred cultures are a precursor to person-centred care (McCance et al., 2013; McCormack and McCance, 2017). Such cultures are those in which staff feel valued, are confident and competent, and experience wellbeing.

During 2014, practice educators at Marie Curie changed the focus of their role from training to practice development. The new role of practice development facilitator was embraced by some but not by others; for some, the new title fitted well with their vision for the development of the role and the organisation, but others experienced a sense of loss of the familiarity of their training role and confusion around what the future might hold. There was little understanding of practice development and person-centred practice, although there was organisational commitment to support their development. Marie Curie partnered with Queen Margaret University, Edinburgh, during this time of transition, to create a programme of development that would enable practice development facilitators to be a catalyst in embedding cultures of person-centred practice (McCormack and McCance, 2017). Through the programme, the intention was to address some of the strategic challenges in a way that aligned with the Marie-Curie vision. This would contribute to the wider work of developing a culture of person-centredness across the organisation. The definition underpinning this work is described by McCormack and McCance (2017, p 13) as:

'An approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development.'

This programme was a pledge of organisational commitment to the work of the practice development facilitator team. There was support for the shift from the technical focus of their role to one concerned with enabling others and challenging existing practice, consistent with the evolution of practice development and the move from a compliant to a thriving organisation (Dewing and McCormack, 2015). Contemporary understanding of practice development suggests that, as well as being a means of transforming cultures of care, it has the aim of human flourishing for patients, families, carers and staff (Garbett and McCormack, 2002; Dewing and McCormack, 2015; McCormack and Titchen, 2015).

The 12-month programme started in 2015 with the aim of developing practice development facilitators to be catalysts in the transformation of a person-centred culture within Marie Curie.

The aims of this article are to:

- Describe the programme design
- Present key findings by drawing on a multimethod evaluation
- Discuss key learning from the process and outcomes of a programme of transformational practice development

Aim

The overall aim of the programme was to enable practice development facilitators to engage with the theory and practice of practice development as enablers in the delivery of person-centred practice. This was achieved through the use of practice development principles.

The intention of the programme was to:

- Develop a community of practice for person-centred practice
- Increase understanding of emancipatory practice development and the knowledge of a range of evaluation processes
- Enhance facilitation skills to enable transformation of cultures and contexts of care
- Develop a suite of resources that would be available across Marie Curie
- Create a communication and engagement strategy to enhance and sustain a person-centred culture of care

Methods

The methods adopted were emancipatory practice development and active learning (Dewing, 2008; Manley et al., 2008; McCormack et al., 2013) and appreciative inquiry (Busche, 2012). Emancipatory practice development reflects critical social theory, which views societies from a perspective of power. Philosophers such as Habermas (1971), Fay (1987) and Freire (2000) have posited that oppressors and oppressed groups exist in the world and those who experience oppression can be emancipated or freed from habitual ways of thinking through enlightenment and enablement. Emancipatory practice development therefore seeks to give voice to those who are seldom heard. It draws on nine principles and focuses on practice at a micro level (Manley et al., 2008). Central to emancipatory practice development is facilitation to enable new ways of thinking and being that can be a catalyst for change. Change is achieved through active learning, occurring in the workplace and helping people access their tacit knowledge by learning through active engagement in:

- Observation of care and practice by self and others
- Critical reflection with self
- Critical dialogue with others
- 'Doing' or action with others in the workplace (Dewing, 2008)

Appreciative inquiry is a strengths-based approach to organisational change (Busche, 2012).

Programme overview

The programme was designed to reflect Garbett and McCormack's (2002) practice development model. The principles of practice development include values clarification and development of a shared vision as the starting point, while the adoption of systematic and rigorous evaluation of process and outcomes has the focus of developing person-centred cultures. Facilitator development is central. Four workshops were facilitated over a period of several months, focusing on:

- Exploring person-centredness and enhancing knowledge and understanding of practice development
- Developing a shared vision
- Evaluating effective workplace cultures
- Examining process and outcome methods of evaluation
- Facilitating active learning
- Celebrating success

Nine practice development facilitators from across Marie Curie formed the initial group, although during the programme six more joined the group and three left, resulting in a final group of 12 facilitators. Following the workshops, monthly active learning sessions were held across the UK with the aim of learning and developing as facilitators of practice development. The sessions were directed by individual and collective need.



By trying out different facilitation tools, practice development facilitators were encouraged to think about how these might be useful in their own practice. They supported each other between sessions through weekly self-facilitated dialogue to explore the meaning of particular issues arising for them in practice. This reflects the ‘communicative spaces’ described by Habermas (1971), where safe spaces enable questioning about the status quo, as well as practice development methodologies. The aim of these sessions was enlightenment and what Habermas refers to as communicative action. As the practice development facilitators were based across the UK, the sessions took place via teleconferencing.

Evaluation methods

The multimethod evaluation framework was co-designed with participants to demonstrate the worth of the programme. Pawson and Tilley (1997) suggest that, for evaluations to be useful, they must ask what works, for whom, in what circumstances and why. The questions enable practice developers to understand context at a deep level, rather than making assumptions derived from interpretation. It also encourages consideration of, and relevance to, stakeholders. The practice development facilitators were encouraged to think about this and use the shared vision as an evaluative statement. The shared vision developed by the group was:

‘To promote person-centredness which places the individual at the heart of everything we do.’

The group decided to adopt multiple methods of data collection:

- Claims, concerns and issues (Guba and Lincoln, 1989), a fourth-generation evaluation method consistent with the collaborative, inclusive and participative principles of practice development. Each participant was asked to evaluate being part of the programme at its beginning, midpoint and end, with data gathered in the form of claims or favourable assertions, concerns and issues. Issues are questions that arise from the claims or concerns and that might reasonably be asked by another person
- Ongoing reflection at the beginning, midpoint and end of the programme. Rather than adopting a particular model, participants identified and agreed evaluative questions:
 - What have I learned about myself and my practice?
 - What are my key achievements?
 - What have the challenges been?
- Drawing on appreciative inquiry (Busche, 2012), using individual and collective stories to include articulation of learning and achievements during the project



Findings

The findings suggest the programme met its aims. Emerging from the data is insight into the transformation experienced by participants, from trainers of learning and development to practice development facilitators supported by a community of practice. The data highlight ways in which the facilitators promote person-centredness and have embedded changes in their ways being as well as in the things they are doing. Participants also alluded to the context within which they are effecting change. The outcomes are similar to those reported by McCance et al. (2013), who evaluated a similar programme in an acute care setting, and two studies focusing on developing palliative and end-of-life care (Shannon and Peelo-Kilroe, 2012; Yalden et al., 2013). The studies used practice development methodologies and resulted in embedding person-centred practices. McCance et al. (2013) found person-centred practice was enabled by positive ways of working and building relationships but highlighted significant contextual barriers that affected the ability to embrace person-centred values in practice. Similarly, the data in this programme were themed around ‘ways of engaging together’, ‘impact of context’ and ‘being person-centred’ (Figure 1).

Figure 1: Overall findings of programme

Ways of engaging together	Impact of context	Being person centred
<ul style="list-style-type: none"> • Knowledge • Ways of working • Practice development principles • Active learning 	<ul style="list-style-type: none"> • Organisational commitment • Lack of clarity of facilitator role • Ongoing changes to team • Competing priorities 	<ul style="list-style-type: none"> • Ways of being • Engagement • Embeddedness • Practice changes

Ways of engaging together

Ways of engaging together emerged strongly from claims, concerns and issues sought at the beginning, midpoint and at end of the programme (Figure 2). These illustrate the transformation experienced by the practice development facilitators over the duration of the programme, together with the enablers and barriers they perceived.

Figure 2: Claims, concerns and issues

Day 1	Midpoint	End of programme
Claims		
<ul style="list-style-type: none"> • Positivity • Safe environment 	<ul style="list-style-type: none"> • Shared values • Developmental opportunity 	<ul style="list-style-type: none"> • Learning from the process • Positive outcomes • Enjoyment • Ways of being
Concerns		
<ul style="list-style-type: none"> • Time constraints • Lack of clarity • Fear • Perceived lack of engagement from others 	<ul style="list-style-type: none"> • Sustainability • Organisational context 	<ul style="list-style-type: none"> • Need to feel supported • Need for more knowledge • Sustainability
Issues		
<ul style="list-style-type: none"> • How will we engage others? • How can we contribute to making this work sustainable? 	<ul style="list-style-type: none"> • How will the organisation get on board with person-centredness? • How can we work together as a team to engage others in being person centred? • How will this work in the community? 	<ul style="list-style-type: none"> • How can we support each other to take more risks in adopting critically creative methods? • How do we maintain a sense of team?

The culture shift can be traced from initial confusion and reluctance to engage at the beginning of the programme, to the constructive nature of the issues cited at the end. There is a shift from a perceived need for direction and ‘answers’ about ‘how to do’ person-centredness, to an understanding that it is more concerned with ways of being. There remains recognition of individual responsibility to explore current research and evidence of practice development and person-centredness as part of their role as facilitators of learning within the workplace. There is increasing insight that by sharing, learning and trusting practice development processes, new understanding can emerge. Team enjoyment, resonant with McCormack and McCance’s (2017) healthful cultures, emerged from the data, reflecting the commitment to sustain and embed the work. Some examples of practice changes can be found in Table 1.

Table 1: Examples of practice changes in engagement and new knowledge

Table 1: Examples of practice changes in engagement and new knowledge	
Fruit: Engagement	
Examples	Comments
Engaging skills assessors who facilitated dialogue with staff and examine issues from a range of perspectives <ul style="list-style-type: none"> • Support for five team members to participate in the International Practice Development Collaborative Practice Development School at Queen Margaret University 	I am really passionate about person-centredness and valuing of all people as individuals. The PD methodologies allow exploration of this in a more facilitative way than didactic teaching and enable collaboration between facilitator and group; this allows things to go where they need rather than forcing things to be a certain way
Creating a shared vision for the hospice (Liverpool and Edinburgh) <ul style="list-style-type: none"> • Open up events to engage a variety of staff to enrich learning experiences • Explore greater use of technology in the way we develop and engage with staff • Establish team time out 	Staff from throughout the hospices engaged in developing a shared vision through dialogue and use of creative means, such as graffiti boards
Establishing a person-centred working forum at Liverpool Hospice	The person-centred forum consists of representation from every hospice department except maintenance, which is unable to release staff. A full day was initially spent with the group to focus on person-centred care and terms of reference for the group. The group continues to meet monthly
Implementing multidisciplinary induction at Edinburgh Hospice	Multidisciplinary inductions implemented using person-centred care tools and approach, and now run throughout the year
Knowing people in Edinburgh	Personal portraits and photos of Marie Curie staff and volunteers posted on Facebook and highlighted in hospice newsletter
Fruit: New knowledge/critical creativity	
Examples	Comments
Adopting collaboration, inclusion and participation (CIP) in everything to engage others in process and outcome	CIP principles are central to practice development work.
The team has developed facilitation skills, use of critically creative methods and active learning <ul style="list-style-type: none"> • Surprise was expressed at the depth of discussion and engagement this achieved. To support this ongoing development, the team established mentoring relationships (triads and critical companionship) whereby they could model facilitation skills and exchange feedback about their developing skills 	When facilitating in practice, role modelling new ways of being generated positive feedback. Role modelling values and principles of person-centredness, including authentically engaging with others, has been key to the success of engagement with clinical staff in local teams
Creative methods used in facilitated sessions <ul style="list-style-type: none"> • These include cards, colours, imagery, reflective spaces and poetry to enable participants to critically reflect and find meaning in theory and practice 	Critical creativity - used as part of recruitment processes – ‘your journey to here’ to explore people’s life/work experiences to get them to today. Using Marie Curie values and exploring individuals’ values and how these link in, discussions around this have proven very fruitful. Encouraged local operational teams to be involved so they can also get to know the individuals
Participating in research in Liverpool and Edinburgh	Engagement with external researchers to evaluate the culture of person-centredness
Presentation at Royal College of Nursing education conference by one of the authors (ML)	There was a lot of interest around the work we are doing in conjunction with QMU and the impacts of this in practice. Theoretically it seems easy but the cultural and political dynamics have proven to be quite challenging. How we can engage others in the work and how we can try and move things forward at an appropriate pace while not losing sight of the bigger picture. Difficulty with buy-in and how we approach these different scenarios in different areas as well

Context

Despite the commitment of the organisation to the programme and the sense of being valued in support of this, there were significant challenges in developing the new role of practice development facilitator. These challenges emerged from the claims, concerns and issues exercise, as well as in the participants' reflective accounts (Figure 3).

Figure 3: Contextual challenges

What have been the challenges?
<ul style="list-style-type: none">• Negative attitudes and behaviours around person-centredness• Conflicting priorities• Feeling the need to avoid person-centred language to 'fit' with the organisation• Challenges in articulating person-centred practice• Achieving consistency• Culture shift within practice development facilitator role• Reduction in administrative support and reduced staffing in practice development• Time for meaningful engagement with individuals and teams

The practice development facilitators reported the biggest challenge faced was perceived resistance from some operational teams. Despite the organisation's strategic intent, there were ongoing challenges to promoting understanding of the value of person-centred approaches in practice. And although practice development facilitators were supported to develop their skills and knowledge of practice development methodologies, some suggested managers did not value the work as it conflicted with other priorities.

Staff shortages, were a significant challenge during this work, due to the consequent deficit in the practice development facilitator team at the start and the turnover of staff throughout the process. Consistent with the findings of the study by McCance et al. (2013), this made it difficult to maintain momentum. The practice development facilitators particularly noted that a lack of administrative support compromised their person-centred work during the programme. The team came to recognise the need for time to develop 'ways of being person-centred' and committed to helping others to value time and space for growth.

Being person centred

Being person centred emerged when practice development facilitators reflected on what the outcomes of the programme meant for them. This offered further insight into transformation of self and of their practice (Figure 4).

Figure 4: Themes from reflective accounts

What have been your key achievements?	What have you learned about yourself and your practice?
Establishing shared values	Ability to be flexible and take risks
Implementation of practice development methodologies	Person-centredness and person-centred practices
Facilitation skills development/establishing triads and mentoring	Being person centred ignites passion for the role
Being authentic and connecting with others on a deeper level	Active learning is enabling and freeing
Being courageous	Being and experiencing person-centredness feels supportive
Facilitating active learning and role modelling	Creating space is important for meaningful engagement
More person-centred skills assessments	By developing self, we can create the conditions to develop others
Embedding person-centred induction	Critical creativity enables depth of discussion and learning
Creating conditions for resilience building	We can create conditions of safety that mean no fear of judgement or failure
Increased use of technology to engage with staff	

Working with beliefs and values was recognised by the practice development facilitators as fundamental to knowing people and relationship building. Using different creative means to support people to surface their values and beliefs, according to Dewing (2008), helps to create safe spaces to learn. The facilitators also found it promoted teamworking and enabled role modelling of person-centred practices as new ways of working. Developing explicit and shared values is an enabler in understanding how individuals impact on others. Active learning, rather than over-reliance on technical approaches to training, has reportedly led to staff feeling more connected with their work and in their teams; this has proved particularly important for members of community teams who do not work at a central base and so can be isolated in their work. Consistent with the literature, this helps to build resilience and increases engagement among staff (Dewing and McCormack, 2015). The work promoted a sense of autonomy as facilitators began thinking and engaging with others in new ways. Emerging from the accounts was a sense of feeling more courageous to try out new ways of working without fear of failure. Consistent with practice development principles (McCormack et al., 2013), flexibility and reflexivity were viewed by the team as key components of their new ways of being.

Key to this way of being was learning about self and owning responsibility for behaviours and actions. A further benefit of practice development facilitators' learning is they have recognised the importance of building meaningful relationships not only within the team but also more widely within regions where they work. The regions are spread around the UK, mainly dictated by the location of hospices. As Dewing (2008) suggested, time and space were taken to engage authentically and to acknowledge and value similarities they shared, but also differences. The result was increased self-awareness and psychologically safe spaces where participants could express vulnerability without fear of judgment. This was, in turn, facilitated when engaging with staff. Despite vulnerability being uncomfortable, according to Mezirow (1991), it is a precursor to transformation.

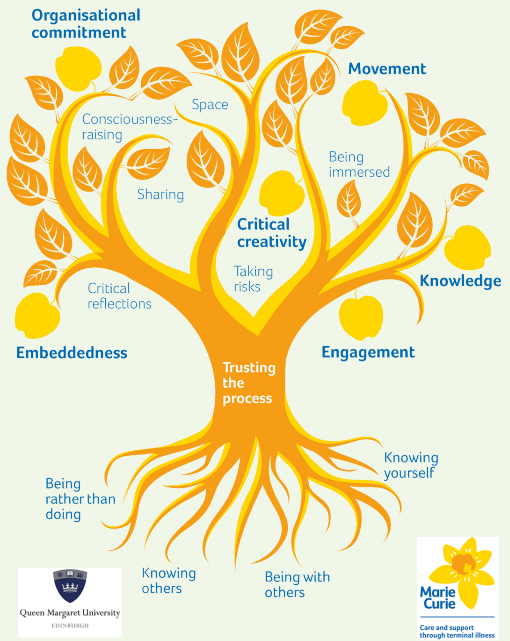
The overarching aims and goals – to enable and empower staff to feel valued, heard, engaged and skilled to offer high-quality end-of-life care to patients and those important to them – could not be achieved without a commitment to developing the practice development role.

Together, the facilitators constructed a narrative that reflected their collective experience and learning from the programme. This narrative supports the 'root to fruit' poster (Figure 5), which is their tool for dissemination. Further examples of practice change, or moments of movement (Dewing, 2008) are found in Table 2.

Figure 5: Practice development facilitator team collective reflection

End of programme group reflection: from root to fruit

From root to fruit



A story of growth and flourishing, and a tree that we did not know existed. The story begins at the roots, our starting point as practice developers. The roots were primarily knowing and being – both ourselves and others. As a team we began looking beyond our work role and daily lists of activities, and shared more of ourselves with each other in simple ways. Sometimes awkward to begin with, we slowly let our colleagues into who we actually were as people behind the name badge and title. During the initial phases we were split into north and south teams due to size and the division with the line managers. Additionally, the team has continued to change throughout. The majority of the current team have been in post for less than 12 months.

Despite these challenges, this work has been widely beneficial. By embedding a strong core way of working we have been able to welcome new members to our ways of working and being. A lot of personal development and growth has occurred throughout the journey, with some staff attending practice development school and using critical reflection through reflective journals, reflective walks, more robust mentorship for new staff and the implementation of values. Implementation of a person-centred approach to recruitment is an example of the outcomes of the work undertaken over the past 18 months.

Roots in place, we emerged out of the ground and over time our tree has become strong and is bearing fruit. In the workshops we were frequently reminded to 'trust the process', which was difficult at first but it has been seen to be the mainstay concept that has fuelled the growth of confidence and capability within the team. The ability to trust the process and each other has proved invaluable as we have moved together as a team. Trusting the process has included having the space to discuss and share our experiences together. This sharing of experience also helped with consciousness raising about ways of being, not only on an individual level but also as a group. When we were together we immersed ourselves in being in the moment; it is felt that to engage with these new ways of thinking and being, time – and commitment to using that time to allow the space to take you where you need to go – is really important. There needs to be some fluidity in how we approach our roles moving forward, just because we anticipate the work going a particular way does not mean that we ignore key signs that what is important to the group may be different from the planned. We have confidence to take things off road and to go out of our comfort zone, as we are not always going to be on paved roads, especially when opening people up to their values, feelings and beliefs and how these fit, not only with themselves but with others they work with as well as the organisation as a whole.

As we reflect on the journey we can see the fruit that has resulted: embeddedness, engagement, new knowledge, critical creativity, organisational commitment and movement. The team is embedding our learning in our day-to-day activities and interactions with staff. A more developed understanding of self as well as the team and team outcomes has allowed movement towards implementing our ways of working into everyday practice and interactions. This has included the embeddedness of using critical creativity into our study days, meetings, inductions and wider work with other teams to engage them in the use of these practice development methodologies. The knowledge we have gained over this period continues to develop and evolve, and we are learning and experiencing together and with ourselves.

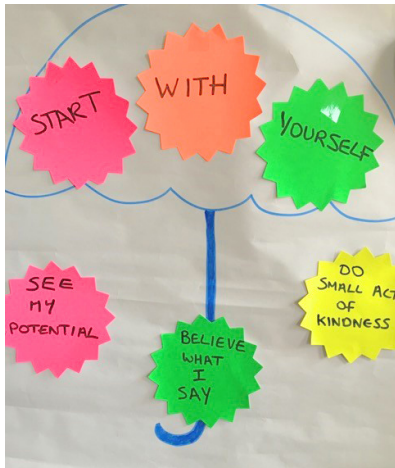
Taking risks has been crucial to this, and understanding that not all the ideas will work with each group but trying them out also takes courage and determination that we did not have prior to our engagement with QMU. The use of critical creativity has moved from being alien to being the norm within our team and is filtering out into the organisation. This picture is a visual representation of personal growth and fruitfulness, which is enabling us as a team to grow person-centredness with staff and subsequently with patients.

Table 2: Examples of embedding moments of movement

Fruit: Embeddedness/movement	
Examples	Comments
<p>Starting with vision and values work to create ownership and achieve sustainability in work</p> <p>Evaluating culture, for example, at Liverpool Hospice</p> <ul style="list-style-type: none"> • Roll out of level one support for healthcare assistants in supporting medicines for patients, paying attention to skills assessments • New community nursing service induction, recruitment process and the application of creative exercises into the interview process • Adopting a more collaborative approach between hospices and community teams through learning 	<p>Fundamental to practice development work is identifying and agreeing shared values in order to create a shared vision. This is important to be able to assess the current culture. The next step for practice development facilitators is to work with others to undertake a culture assessment. This forms the basis of action planning</p>
<p>Lead nurses: getting to know you</p> <ul style="list-style-type: none"> • Move to group assessments requiring other staff to help embed person-centredness • Person-centredness central to clinical supervision 	<p>Engaging with clinical lead nurses in creative exercises and development to give them opportunities to explore different ways of working and potential outcomes, and the deeper level of learning and engagement that can be had when approaching development in a more open minded and inclusive way. Helping them understand the importance of clinical creative reflection and how this can be expressed, the learning is achieved in different ways with sometimes more meaningful outcomes</p>
<p>One member of the team started her PhD in 2017 with person-centredness as a central theme</p> <ul style="list-style-type: none"> • Linked work with Schwartz Rounds in Edinburgh • Celebration events, for example in Edinburgh and Liverpool • Active on social media 	<p>The PhD commencement was both daunting and exciting, Practice development school was an excellent basis for the development of thoughts and potential ways of looking at end-of-life care in the context of person-centredness, and whether this is a reality or just a perception</p>

Discussion

The evaluation of the development programme has outlined the impact of adopting practice development principles within practice development facilitator roles. Also, it demonstrates how role modelling person-centred practices has impacted on facilitator development and professional practice. The reflective account written by the team, to present the 'root to fruit' tree, identifies how they perceive they are experiencing flourishing as a result of the programme. The collective effort of creating the tree enabled consolidation of their learning on the programme in a way that they felt they could use to communicate their journey to others. The sense of connectiveness they now experience is highlighted by the psychologist Maureen Gaffney (2012), as one of the four elements necessary for flourishing: challenge, connectivity, autonomy and using valued competencies. Gaffney says connectivity is not merely a sense of connection with others, as practice development facilitators articulated in terms of teamwork, it is also about coming to know oneself and how we relate to others. This was highlighted in the dissatisfaction when the team was initially split into north and south teams for active learning, and in the awareness of how 'being person-centred' had the potential to help others to embody this as well. Valued competencies are the talents we each value in ourselves. This was less visible in the data. However, challenge, feared at the beginning of the programme but embraced by the end emerges from the claims, concerns and issues. In the beginning, the facilitators articulated a lack of autonomy as some felt unable to embrace this new way of learning and the implicit responsibility for changing practice. As they came to understand practice development principles and that person-centredness was a way of being, rather than doing, their confidence grew. McCormack and McCance (2017) posit that practice development is a means of developing person-centred cultures. However, in order to move from person-centred moments to a person-centred culture, practice development and



person-centred approaches need to be embedded into existing organisational strategy (Dewing, 2008; McCormack and McCance, 2017).

McCormack and McCance (2017) argue person-centred care is only possible in a person-centred culture or effective workplace cultures (Manley et al., 2011). The transformation practice development facilitators are experiencing is evident in the values-based approach to their work. This is another feature of effective workplace cultures, as is high support and high challenge. During the programme, active learning was the way the facilitators explored person-centredness, and also developed an environment where they gave and received high support and high challenge.

This was replicated within their own practice areas, creating a different type of learning environment than had existed with their previous training role. Attention is now being paid to developing psychologically safe spaces where learners are helped to access their own practice expertise and identify their learning needs (Brown and McCormack, 2011; Manley et al., 2011; Hardman and Dewing, 2014). This is an alternative to the narrow focus of technical learning that Dewing and McCormack (2015) suggest is indicative of an organisation that is thriving. The aim of this work, and the Marie-Curie commitment, is to develop a culture where person-centredness and innovation are evident – a flourishing organisation (Dewing and McCormack, 2015).

The impact of the contextual challenges experienced by practice development facilitators is identified as a barrier to effective workplace cultures (Manley and Titchen, 2012) and person-centred practice (McCormack and McCance, 2017). The apparent disconnect between national and local priorities, and perceived unrealistic expectations of what the team could achieve were particularly evident. Despite strategic drivers according well with the practice development teams' new ways of facilitating learning, there is little acknowledgement of the time and space needed to do this effectively. Martin and Manley (2018) suggest that motivated, engaged, self-directing teams are the strongest indicator of the outcome and impact of facilitation. Therefore, creating conditions for staff at Marie Curie to flourish could go some way towards addressing the current high staff turnover. Thinking differently and intentionally about how everyone engages with each other as people, rather than with their role titles has the potential to foster new ways of working together and thereby strengthen organisational commitment (Sharma, 2016).

Recent facilitation standards (Martin and Manley, 2018) identify the most important skills as being participative, inclusive and working across learning styles and boundaries, while connecting with complexity. They include knowing self, emotional intelligence, being reflective, and continuing to learn and grow. Although the facilitation standards were not used during the programme, practice development facilitators' skills have developed and during the programme they created a suite of resources to assist in ongoing work. Opportunities may arise in the next phase of the work to use these standards as a framework for enhancing their expertise. According to Dewing and McCormack (2017), facilitation is key to building a learning culture and flourishing workplaces.

An explicit aim of the programme was to develop a community of practice, which Wenger (1998) defines as:

'Groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.'

A community of practice involves a process of social learning where conditions are set to share ideas and strategies. Wenger suggests that through this process participants can determine solutions, and build innovations. The programme offered opportunities for the team meet monthly. Evaluation data reveal a team shifting from one where members felt isolated from each other and were recipients

of directives from authority, to one that is more resilient and autonomous. Engagement emerged as a major theme of the data and was a precursor to the community of practice that was developed. As communities of practice are ongoing entities, practice development facilitators sought intentional ways of being connected in order to overcome their geographical separation. They shared information, held resources on shared IT systems, had 'team time outs' and were creative in how they set aside time to have what Habermas (1971) refers to as 'communicative spaces'. These are focused periods of time where the intention is less to seek solutions and more to reach an in-depth, shared understanding of a topic. Weekly teleconferences were used as communicative spaces and as opportunities to give and receive high challenge and high support. This is consistent with recent research that suggests creating a workforce that feels engaged, empowered and inspired will help achieve strategic outcomes while ensuring patients receive high-quality care (McCance et al., 2013; McCormack and McCance, 2017).

Conclusion

Practice development facilitators are in a position where they can be catalysts in the development of a person-centred culture within Marie Curie, taking a leadership role in implementing current strategy (Marie Curie, 2014; 2015). Despite the contextual challenges, the team has sought innovative ways to ensure its own development and to change its practice focus from technical to emancipatory. The facilitators have embedded themselves within a community of practice that is supporting their ongoing development and they perceive they are thriving. To continue to thrive and transform into what Dewing and McCormack (2015) call flourishing organisations, these new ways of learning and being are required across the organisation. Practice development facilitators are role models and have developed the skills to engage with staff and help them practice in person-centred ways. What is required now is embeddedness within organisational strategy (McCormack and McCance, 2017).

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Acknowledgements

The authors would like to acknowledge the support and funding from Marie Curie, and the work of the practice development team.

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