



CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Workbased facilitators as drivers for the development of person-centred cultures: a shared reflection from novice facilitators of person-centred practice

Alice Timlin*, Amanda Hastings and Michele Hardiman

*Corresponding author: Galway Clinic, Doughiska, Galway, Ireland
Email: alice.timlin@galwayclinic.com

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Abstract

Background: Person-centredness is now an accepted term in policy and strategy documents worldwide, but Lavery (2016) highlights the need to bridge the gap between the aim of achieving person-centredness and the ability to deliver it. In this respect, practice development is a recognised methodology for enabling a person-centred culture (McCormack et al., 2013). This initiative follows on from a doctoral research study in the hospital that focused on the facilitation of person-centred cultures. Informed by the research, the nursing governance team decided to develop novice and proficient facilitators of person-centred practice for each nursing area in the hospital. These included clinical nurse specialists and clinical nurse managers.

Aim: This article aims to share the collective reflections of the participants in the workbased facilitators programme, one year on. It represents the shared reflections of 12 facilitators involved in the programme.

Conclusions and implications for practice: Effective workplace cultures cannot be changed by any individual alone and must involve the collaboration, inclusion and participation (CIP principles) of all stakeholders (McCance and McCormack, 2017, p 50). The hospital set out to create conditions for clinical leaders to look inward at their own culture and to enable them to develop as critical allies and critical friends (Hardiman, 2017) of their own colleagues. The novice facilitators were supported through facilitated workshops and a weekly community of practice meeting, known as a huddle. The engagement process in this programme was initially slow but this had been anticipated and planned for. Our reflections concur with the practice development literature that cultural transformation will only happen in an organisation where there is ongoing leadership support (Cardiff, 2014). We intentionally use the person-centred practice framework (McCormack and McCance, 2017) to guide each element of our nursing practice. We have learned that by doing so we pay extra attention to our culture, thus enabling us to reflect on what we do, how we do it and how we feel about it. This, in turn, has focused our attention on becoming leaders and facilitators of others and resulted in human flourishing.

Keywords: Person-centred cultures, facilitation, critical allies and critical friends, transformation, change

Introduction

It is clear from the literature that practice development can enable person-centred cultures through the systematic use of creative learning activities (Manley, 2017, p 134). However, this cultural development is identified as a slow and complex concept to achieve (McCance et al., 2013). This reflective account relates to the learning of a group of clinical nursing leaders who were chosen to develop as novice facilitators of person-centred practice.

The workbased facilitators initiative follows on from research conducted as part of a doctoral study in the hospital and uses the critical ally and critical friend models to develop the facilitation skills of nurses in the workplace (Hardiman and Dewing, 2014; Hardiman, 2017). These models (Hardiman and Dewing, 2014) provide stepping stones for novice and proficient facilitators to gain knowledge and understanding of facilitation over time. The initiative started in September 2016 as a series of facilitated workshops to explore the values and beliefs of the nursing staff. These enabled us to reflect on our own practice and start to develop the necessary skills to become facilitators of others. We focused on the four outcomes for person-centred practice (McCormack and McCance, 2017, p 59):

- Good care experience
- Involvement with care
- Feeling of wellbeing
- Creation of a healthful culture

The aims and objectives of the workbased facilitators initiative were to:

- Develop workbased facilitators of person-centred practice through the enhancement of facilitation skills to enable teamworking and staff wellbeing
- Explore the values and beliefs of nurses in the workplace, agree a shared purpose and develop action plans through shared decision making
- Sustain and support the initiative through a community of practice
- Examine what is happening in practice, collaborate with and listen to patients and those close to them to identify gaps between what we say and what we do
- Commit to a culture of learning in and from practice
- Celebrate success and continue the initiative to build further on existing person-centred programmes within the hospital

The programme started with a facilitated workshop to explore the values and beliefs of nurses. On recognition of their shared values, the nurses looked at how these values formed the basis of their vision for care in the workplace. Workbased facilitators were given the resources and practical skills to develop as novice facilitators, learning to self-reflect and help others to become reflective in and on practice. This process enabled us to go back to our respective nursing units and begin to facilitate activities that encouraged all staff to participate in thinking and talking about the concept of culture. These activities allowed the identification of gaps in care and the development of small-scale action plans for each nursing unit, each mapped onto an element or outcome in the person-centred practice framework (McCormack and McCance, 2017, p 36). Weekly 30-minute community of practice huddles were structured to reflect key active learning, practice development and facilitation principles bringing evidence into practice (Dewing, 2010). Formal facilitation workshops supported by expert facilitators complement these weekly huddles on a quarterly basis.

Reflecting on being workbased facilitators

Aristotle suggested that reflection was required to develop our perceptions of the world we live in by paying attention to our emotions, as they are a responsive part of our thinking and understanding (Bulman and Schutz, 2012). However, in our experience, reflection in the midst of nursing practice can be both haphazard and informal. Middleton (2017) concurs that critical reflection can be a struggle, especially when its focus is not legal, ethical or professional issues. This results in reflective exercises being less useful than they might be in helping nurses to understand or reveal the culture in which

they work. A core part of any practice development programme is reflection on self, others and context (McCormack et al., 2013, p 4). In this article, we wish to share some of the collective reflections of the workbased facilitators involved in this programme. For this reflective piece we have chosen Gibbs' (1988) model to guide our reflections because we believe it is a simple yet thorough framework that allows us to question all aspects of any given scenario (Middleton, 2017). We combined our individual reflections and themed them as part of a group exercise. Themes emerged following reading and sharing written individual reflections and recording of keywords on a flipchart. Following critical dialogue these words formed themes that all agreed captured the feelings of the group.

Description of experience

The process of becoming workbased facilitators began when we were invited to attend a workshop on person-centred practice and enabling a person-centred culture. We were unaware of what to expect or what exactly was involved. As many of us were new and emerging managers in the hospital, we expected a management leadership programme. During the initial workshop we were invited by the director of nursing to become facilitators of person-centred practice for our own nursing units. Our aim was to develop ourselves and a shared understanding of person-centredness to advance the development of a person-centred culture in the hospital. We agreed to focus on 'person-centred care' rather than 'patient-centred care', which was new to most of us. We hoped to cultivate therapeutic relationships between all hospital staff, patients and those most significant to them. In order to develop as facilitators we learned about the critical ally and critical friend models (Hardiman and Dewing, 2014) and facilitation on the run (FoR) methods and cards to bring these models into everyday practice (Hardiman, 2017). FoR cards are a tool used to help novice and proficient facilitators to prepare for facilitation activities in the workplace. Following the initial workshop, we began to meet for weekly huddles to progress our skills, share tips and ideas, and develop new ways to develop our growing understanding of person-centred care (McCormack and McCance, 2017, p 37).

Feelings

Challenged and overwhelmed

Initially there was a sentiment among the group that the weekly huddle was a waste of time. There was apparent confusion about what it was supposed to achieve and, at times, feelings of being overwhelmed, because it gave us more tasks to achieve in an already busy schedule. West (2013) suggests that people often find practice development confusing, confronting and challenging as it can stir a previously unknown lack of confidence in facilitating others. Looking back, it is evident that initially we were not fully committed to the process, making attempts to engage with our teams very challenging. We all felt that nursing staff are extremely busy and questioned how we could ask our colleagues to find time to reflect on our practice and our environment when there were a million tasks to be completed. This feeling of pressure is reflected in the literature, as healthcare professionals idealistically want to work in a person-centred culture but time constraints, staffing and skill mix can all be obstacles (McCance et al., 2013).

Suspicious and unsure

We were unsure of what to expect from this programme and felt that, although it might be desirable in an ideal world, a person-centred culture might not be practical or achievable on our units. Our understanding of facilitation as a skill or concept was poor and we were sceptical about how useful it would be for our teams. We began undertaking exercises that challenged our assumptions about our care processes. Our journey to enlightenment was only beginning and it was only over time and through discussion that we started to understand what exactly constitutes a person-centred culture.

Supported but anxious

We felt very much like novice facilitators and therefore quite vulnerable. However, we did feel supported by our practice development facilitator during this process. She used many elements of the nine principles of practice development (McCormack et al., 2013, p 5) to encourage our creative

thinking and keep us enthused. She predominantly used principle five, which is integrating cognition with creativity to free one's thoughts and allow opportunities for human flourishing to emerge. She also drew on the ninth principle, which emphasises collaboration, inclusion and participation approaches. (Manley et al., 2008, pp 1-16; Manley, 2017, p 136). The weekly huddle was a protected time for us to come together as a group; persistence was required to maintain the momentum and ensure attendance but soon it became a routine part of our work life. At times we were anxious and felt unsure of how best to move forward but over the following months we began to feel more confident in our roles as facilitators.

Evaluation

Setting up the facilitators group highlighted person-centred practice as our shared vision and goal in the hospital. Patient-centred care was stated as an organisational value, but becoming workbased facilitators helped us focus on persons rather than patients and the true meaning of that in the context of our hospital. The literature has shown that transformation in a healthcare setting relies on clinical leaders first to transform themselves through self-awareness, which leads to self-empowerment (Akhtar et al., 2016). It became apparent to us that for this culture to develop, organisational support and leadership through the development of facilitators was required. As clinical leaders we gained confidence in our roles and sought to identify the values and visions of all of us who have direct contact with patients and those close to them. The facilitators group helped us become aware of simple, yet effective, tools such as claims, concerns and issues (Guba and Lincoln, 1989). Knowing about such tools made us better prepared to seek team opinion. We went from the huddles to our respective units and looked at what we do well (claims) and what could we do better (concerns). We actively encouraged participation and feedback from our teams, as well as offering our own insights. We also questioned how we could improve and/or change our concerns (issues). In addition, we used the Workplace Culture Critical Analysis Tool (WCCAT) (McCormack et al., 2009) to help us critically reflect on our practice environment.

One example of this involved an observation in the cardiac catheterisation lab, where it was noted that the patients' waiting environment was in no way calming or friendly to those awaiting a procedure. Following consultation and collaboration with patients and the clinical team, it was agreed that a welcome board could be helpful for patients to understand the staff's use of personal protective equipment and to identify the team members who were going to care for them (Figures 1-3).

Figures 1 and 2: Waiting area before the initiative and the use of personal protective equipment (PPE)



Figure 3 shows the welcome board introduced by the team to help to explain the environment, reduce anxiety and introduce the team. It also serves as a conversation starter, as many patients remark on who they have or haven't met and how different everyone looks 'in the gear'.

Figure 3: Welcome board



Developing confidence and a sense of belonging

As time passed, the facilitators' huddle provided us with the stability and support required to progress towards our goals. We were able to develop a transformed and deeper relationship with our colleagues. A sense of belonging was created that enhanced our motivation for change as it felt more achievable with the support of our team.

Our collective focus was to expand on our 'person-centred moments' and develop them into a truly person-centred culture (McCormack et al., 2011).

Feelings of empowerment

The workbased facilitators group began to bond as a team, which led to the development of feelings of empowerment. We were empowered as we could feel positive change was happening and were inspired to keep going. There was an air of excitement as it seemed that we were really getting back to the core concepts of nursing by remembering the importance of caring for the person along with the clinical tasks (McCance and McCormack, 2017, p 53). There was a new energy as we discussed person-centredness. We were full of ideas and expressed them weekly, and wrote up plans for our units based on feedback from team members. We used Evoke cards (Stokes, 2013) and other creative exercises to express how we felt. We began to focus on how 'healthful' our culture was and what small changes we could make to help staff feel both supported and respected. Some of the action plans focused directly on the development of these healthful outcomes. This has had the added benefit of empowering staff to build their understanding of each other and the context and the pressures of their own workplace. A truly person-centred culture values both clients and staff (McCormack et al., 2011).

These small but significant changes are only the beginning of our transformation. West (2013) states that awareness and growth is seen in the three 'Es'. We are becoming *enlightened* by being aware of how we practice and the things we take for granted. After the WCCAT exercise, the laughter and positive human interaction evident in the clinical units was heartwarming as we can often forget these moments on stressful days. We now feel *empowered* by challenging the system in which we work to create the potential for truly excellent care; empowered by the many small changes introduced, such as recording of patients' preferred names and trying to remind each other to use those names. By continuously refining our practice in the light of new understanding, we are becoming *emancipated*, realising the intent of practice development (Manley and McCormack, 2004, p 33).

Analysis

The facilitators group has made us aware of our shared values and goals (Akhtar et al., 2016). It has got us talking about person-centred care and from that generated many simple yet effective ideas. Transformation is evident within our organisation and is now seeping into disciplines other than nursing. It has taken us many months to realise the value and importance of facilitation after initially feeling we did not have the time. Now, we can feel the person-centred culture developing. Through the critical ally and critical friend models we have developed the skills needed to facilitate change and create this new culture (Hardiman and Dewing, 2014). We continue to embrace new and fresh ways of thinking in order to change our perspective, and feel this is what is really transforming our hospital and starting to develop a person-centred culture (Anderson, 2012).

Looking to the future

Developing a person-centred culture will require sustained commitment and momentum from everyone within the organisation – it is not a one-time event, it is a continuous process (McCormack et al., 2011). As workbased facilitators we are committed to developing a person-centred culture in the hospital and we will continue to develop small, achievable, short-term goals that will in time add to the culture. We continue to critically reflect on ourselves and our journey and assess our progress at regular intervals to maintain our focus. Importantly, we have started to celebrate what we have achieved so far and continue to re-set our goals on a weekly basis.

Conclusion

Since starting the programme, greater awareness of the unique and individual needs of patients and those close to them have been incorporated into everyday engagement. Use of the four outcomes of person-centred care (good care experience, involvement with care, feeling of wellbeing and creation of a healthful culture; McCormack and McCance, 2017) is being measured and collated as part of the evaluation of the programme. Using evidence-based tools such as the WCCAT (McCormack et al., 2009) we are observing and recording how we are living our values and vision, and how this impacts on the patients in our care. We are discovering new understandings of how we can facilitate others to transform practice to enable human flourishing. The programme has helped nurses explore previously hidden or unspoken concerns, allowing them to be further supported within the team. We recognise that nursing practice can be busy and nurses can become distracted by different tasks, which may be a barrier to living our values in the midst of practice. However, we have learned that giving time and attention to ourselves in a facilitated way results in improved person-centred outcomes for patients.

References

- Akhtar, M., Casha, J., Ronder, J., Sakel, M., Wight, C. and Manley, K. (2016) Leading the health service into the future: transforming the NHS through transforming ourselves. *International Practice Development Journal*. Vol. 6. No. 2. Article 5. pp 1-21. Retrieved from: fons.org/library/journal/volume6-issue2/article5 (Last accessed 19th April 2018).
- Andersen, L. (2012) Mind your language: lessons for practice development. *International Practice Development Journal*. Vol. 2. No. 2. Article 2. pp 1-5. fons.org/library/journal/volume2-issue2/article11 (Last accessed 9th April 2018).
- Bulman, C. and Schutz, S. (2013) *Reflective Practice in Nursing*. (5th edition). Chister, UK: John Wiley and Sons.
- Cardiff, S. (2014) *Person-Centred Leadership: A Critical Participatory Action Research Study Exploring and Developing a New Style of (Clinical) Nurse Leadership*. PhD Thesis. Ulster: University of Ulster.
- Dewing, J. (2010) Moments of movement: active Learning and practice development. *Nurse Education in Practice*. Vol. 10. No. 1. pp 22-26. <https://doi.org/10.1016/j.nepr.2009.02.010>.
- Gibbs, G. (1988) *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford: Further Education Unit, Oxford Polytechnic.
- Guba, E. and Lincoln, Y. (1989) *Fourth Generation Evaluation*. Newbury Park, California: Sage.
- Hardiman, M. (2017) *Using Two Models of Work-place Facilitation to Create Conditions for Development of a Person-centred Culture: A PAR Study*. Unpublished PhD Thesis. Edinburgh: Queen Margaret University.
- Hardiman, M. and Dewing, J. (2014) Critical ally and critical friend: stepping stones to facilitating practice development. *International Practice Development Journal*. Vol. 4. No. 1. Article 3. pp 1-19. Retrieved from: fons.org/library/journal/volume4-issue1/article3 (Last accessed 9th April 2018).
- Lavery, G. (2016) Quality improvement – rival or ally of practice development. *International Practice Development Journal*. Vol. 6. No. 1. Article 15. pp 1-4. <https://doi.org/10.19043/ipdj.61.015>.
- Manley, K. (2017) An overview of practice development. Chp 9 in McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Chichester: Wiley-Blackwell. pp 133-149.
- Manley, K. and McCormack, B. (2004) Practice development purpose, methodology, facilitation and evaluation. Chp 3 in McCormack, B., Manley, K. and Garbett, R. (Eds.) (2004) *Practice Development in Nursing*. Oxford: Blackwell. pp 33-50.
- Manley, K., McCormack, B. and Wilson, V. (2008) Introduction in Manley, K., McCormack, B. and Wilson, V. (Eds.) (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell. pp 1-16.
- McCance, T., Gribben, B., McCormack, B. and Laird, E. (2013) Promoting person-centred practice within acute care: the impact of culture and context on a facilitated practice development programme. *International Practice Development Journal*. Vol. 3. No. 1. Article 2. pp 1-17. Retrieved from: fons.org/library/journal/volume3-issue1/article2 (Last accessed 9th April 2018).

- McCance, T. and McCormack, B. (2017) The person-centred practice framework. Chp 3 in McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Chichester: Wiley-Blackwell. pp 36-64.
- McCormack, B., Dewing, J., McCance, T. (2011) Developing person-centred care: addressing contextual challenges through practice development. *Online Journal of Issues in Nursing*. Vol. 16. No. 2. Article 3.
- McCormack, B., Henderson, E., Wilson, V. and Wright, J. (2009) Making practice visible: the Workplace Culture Critical Analysis Tool (WCCAT). *Practice Development in Health Care*. Vol. 8. No. 1. pp 28-43.
- McCormack, B., Manley, K. and Titchen, A. (2013) Introduction in McCormack, B., Manley, K. and Titchen, A. (Eds.) (2013) *Practice Development in Nursing and Healthcare*. Oxford: John Wiley and Sons. pp 1-17.
- McCormack, B. and McCance, T. (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Chichester: Wiley-Blackwell.
- Middleton, R. (2017) Critical reflection: the struggle of a practice developer. *International Practice Development Journal*. Vol. 7. No. 1. Article 1. pp 1-6. <https://doi.org/10.19043/ipdj.71.004>.
- Stokes, J. (2013) *EVOKE Cards* (2nd edition.) Retrieved from: tinyurl.com/stokes-evoke (Last accessed 31st March 2018).
- West, J. (2013) From being to becoming: the journey of becoming an organisational practice development facilitator through the stages of enlightenment, empowerment and emancipation. *International Practice Development Journal*. Vol 3. Suppl. Article 3. pp 1-9. Retrieved from: fons.org/library/journal/volume3-conferencesupplement/article3. (Last accessed 19th April 2018).

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Alice Timlin (RGN), Clinical Nurse Manager, Galway Clinic, Doughiska, Galway, Ireland.

Amanda Hastings (PGDip Cardiac Nursing, RGN), Clinical Nurse Manager, Galway Clinic, Doughiska, Galway, Ireland.

Michele Hardiman (PhD, MA Health Mgt, HDip, RGN, RPN), Practice Development, Education and Research Facilitator, Galway Clinic, Doughiska, Galway, Ireland; Associate Lecturer, Galway Mayo Institute of Technology, Galway City, Ireland; Affiliate Member, Person-centred Practice Research Centre, Queen Margaret University, Edinburgh, Scotland.