



CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

A creation story of leadership development

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Abstract

Background: This article focuses on key reflection and learning by team members of a project that evaluated the development of leadership skills in senior staff from a rural local health district in New South Wales, Australia. The project evaluated the outcomes of learning and teaching strategies used in the delivery of the Effective Leadership Program, together with the impact that empowerment had on enabling individuals to flourish in their growth and development as leaders.

Aims: This article aims to demonstrate how the creative research methodology empowered participants to be active in the evaluation process while challenging them through innovation.

Conclusions: Through creative approaches to evaluation of the Effective Leadership Program, it became evident that participants gained heightened awareness and appreciation of their own leadership skills and knowledge. In addition, critical creativity was shown to facilitate healthcare practitioners' readiness for and receptiveness to change and challenging processes, bringing a more critical approach to decisions.

Relevance to practice development: Creativity forms a key component of practice development and can stimulate new thought and action in individuals to work in person-centred ways. The processes outlined in the project used practice development methods to facilitate learning in participants at a deep level.

Keywords: Leadership, creativity, critical creativity, practice development, healthcare

Introduction: description of event

Reflection is crucial for learning. This article will focus on the reflections and learning acquired by team members of a project that evaluated the development of leadership skills in senior staff, which took place in a rural local health district in New South Wales. The evaluation focused on the outcomes of learning from participation in the Effective Leadership Program (ELP). It also aimed to consider and establish the impact that empowerment had on enabling individuals to flourish in their growth and development as leaders.

For the past 10 years, the ELP has been successfully delivered across several metropolitan local health districts by academic staff from the school of nursing at a local university in partnership with health service colleagues. This project was significant as it was the first time that the programme had been offered in a rural health district. The programme not only facilitates a personal leadership growth and development journey, but also provides an entry pathway to postgraduate education through credit points in the masters and graduate certificate in health leadership and management at the local university.

The ELP was conceptualised using principles of person-centredness, with consideration for how they relate and intersect with the principles of leadership in a healthcare environment. It is delivered using a practice development approach and challenges participants while enabling them to flourish in their leadership development through valuing them as experts in their individual educational and developmental journeys. As active participants they are facilitated to explore the five exemplary leadership practices proposed by Kouzes and Posner (2012): model the way; inspire a shared vision; challenge the process; enable others to act; and encourage the heart. They are also facilitated to use a strengths-based approach to develop towards their identified individual leadership goals.

The project was evaluated in two ways: by using an evidenced-based self-assessment inventory to assess individual growth and development (Kouzes and Posner, 2012) and through creativity to appraise the programme collectively as a group. This article focuses on the creative evaluation. The creative research methodology (Titchen et al., 2011) empowered participants to be active in the evaluation process while posing a significant challenge for them through participation in such an innovative process. The process itself offered a high support, high challenge experience for participants.

The ELP comprised four workshops, with each evaluated individually before an evaluation of the programme as a whole. This sits within the methodology of emancipatory, or transformational, practice development, where the focus is on enabling people to use individual learning to build and develop so transformation occurs at micro, meso and macro levels (Manley et al., 2014). Participants worked as a group to evaluate each workshop, using appliqué. A felt square was appliquéd to fabric at the conclusion of each workshop to provide a collaborative evaluation and understanding of the workshop. Participants met after each workshop, engaging in critical dialogue around their learning at individual, team and organisational levels. They shared their ideas using critical creativity, and determined how they wanted to represent this on the felt square, so it was meaningful to their leadership learning at individual and group levels. After completion of all four workshops, the four squares were joined to form a collage that told their story of their growth and development as leaders. This was placed in the foyer of the rural hospital to share with others and to remind staff of their achievements (Figure 4).

Critical creativity

As stated, critical creativity as a methodology was used with and by participants to facilitate the creative evaluation.

‘Critical creativity is a way of being, knowing, doing and becoming that brings together our critical and creative selves as we seek to understand and facilitate the transformation of practice and, simultaneously, create new knowledge about that transformation’ (Titchen et al., 2011, p 4).

From an innovation perspective, we found using critical creativity for formal evaluation of a programme a challenging, yet innovative and effective research methodology. Enabling participants to flourish and realise their full potential is essential in their journey as a leader (Beckett et al., 2013). Participants in this programme were valued as experts in their educational journey (Hayes and Kalmakis, 2007) and were encouraged to be active participants in discovering their leadership strengths and weaknesses. The strengths-based approach (McAllister et al., 2006) underpinned the five exemplary practices of effective leadership model (Kouzes and Posner, 2012) that framed the design and content of the workshops.

Thinking and feeling

As a group of academic staff, we were challenged to consider how best we could work with a group of senior health service staff to facilitate the development of their leadership skills, knowledge and attitudes. We had an existing programme in place that had repeatedly been evaluated well in a number of metropolitan local health districts. However, we had only explored the impact of this programme via a survey-based questionnaire that explored satisfaction with the content, and we had never delivered it in a rural setting. We wanted to apply our person-centred principles by including participants in a more meaningful way of evaluation.

Knowledge, skills, behaviours and practices for effective leadership were embedded overtly within the learning and teaching strategies of the programme. More challenging was the attempt to elicit how the experience of participation in the programme had changed the participants' attitude to the world of leadership. We bravely agreed to use creativity to capture any change in attitude and participants' overall learning. It was hoped that the development of self would also be portrayed in the outcome of the creative representation.

Practice development and its nine principles (Manley et al., 2008) underpin the delivery of the existing programme. In an attempt to be faithful to these principles we wanted to develop a creative evaluation that challenged the participants to explore their leadership values and beliefs at a deeper level. The academic staff suspected the participants would feel uncomfortable with the creative evaluation as they were given minimal resources and instruction. It was hoped that following each workshop, participants would deconstruct their learning and synthesise meaning and understanding for their leadership. It was intended that individuals engage in critical dialogue and share with each other their learning before collaboratively creating an evaluation. A creative melding of learning was anticipated, where flourishing was an 'intended outcome' (Titchen and McCormack, 2010).

In line with the participatory methodology of the project, we considered the thinking and feelings of the participants in the development of the project (McNiff and Whitehead, 2011). Each held an university-level undergraduate qualification or equivalent; none had postgraduate qualifications. This meant the group members feared they lacked the ability to complete assessments at postgraduate level; fear of failure is a common feeling for any student embarking on postgraduate study (Martin, 2013). For all but one participant it had been several years since they completed their initial qualification. They were open about feeling a sense of pressure to perform, particularly as this was a new initiative and they perceived their success could impact on the programme's future. Interestingly, participants felt more comfortable as a group with the challenge of creativity than with the academic challenge.

Evaluation

As this was the first time we had asked participants to evaluate their leadership journey in a creative way, we were unsure how they would connect with the process. We hoped the creative experience would evolve to offer a true depiction of their journey as leaders.

After the first workshop, participants' engagement in the initial creative representation felt reserved. However, at the second workshop, they were excited to talk about what they had done (Figure 1) and what various aspects meant to them individually and collectively.

Figure 1: Creative collage following workshop 1



After each successive workshop, not only was their leadership growth evidenced through critical conversations, but also their creative pieces became bolder and more expressive (Figure 2).

Figure 2: Creative collage following workshop 2



The participants met over dinner after workshops a number of times to engage in critical dialogue and to reflect on their individual leadership journeys. They also used this time to examine and critique assessments in progress. As academics, we were encouraged and excited that they were embracing creative expression and evaluation together. One of the academic staff noted that:

'The most powerful observation I made was the sense of community that this programme and creative evaluation brought to the group. I'm not sure if this was related to the facilitation of the process, the people in the group or that they worked in a small rural community... probably a combination.'

The participants highlighted that working together was 'invaluable' as it became a 'supportive space' for each to reflect on their leadership journey and those of their fellow participants, growing 'through reflection and from each other'. Some participants noted that while working within the group forming their creative piece, they were able to 'practice the leadership qualities of collaboration and communication' to ensure that the creative evaluation was representative and 'considerate of each other's experience'.

Analysis

The benefits of engaging participants in critical creativity are evident from their responses to the process, and the finished creative piece. The method was important in enabling them to glean a deeper understanding of leadership and its personal application in their environment. Although we (the academic team) felt we were taking a risk, the outcome of growth and change in leadership approaches in the workplace assuaged any concerns. Critical creativity can bring a sense of trepidation for healthcare staff, as their professional demands tend to focus on meeting targets and 'valuing of technical care' (Titchen and McCormack, 2010, p 533), rather than transforming practice and looking for creative approaches to develop professional growth and provide person-centred care.

Participants reported a sense of true growth in leadership understanding and application through immersion in the process throughout the workshops – independently and communally. By allowing creativity to be present within self and then in connection with others, a transformation to thoughts and belief that real change can occur using person-centred approaches was experienced by participants. This is evidenced by comments from participants. One stated in the third workshop that she could now truly see how 'everyone can be a leader in their sphere of influence, regardless of if they are currently in official leadership roles'. Another commented that she now 'placed value in (my)self as a leader. I'm not as afraid to place myself in challenging situations'. Others mentioned that they were 'doing things differently now', that they had 'stopped relying on position' and that they 'focused on positives all the time, rather than dwelling on concerns'.

In addition to the collective creative evaluation, participants creatively presented personal learning to the group in a final workshop (Figure 3). One spoke of how creativity had freed her expression in a way that was 'effective in achieving what words could not'.



Figure 3: Examples of individual learning represented creatively



Using critical creativity required building trust with participants, facilitating authentically and conveying belief in the value of using this method. These are actions that can always be strengthened and enhanced. Following workshops, the academic facilitators would evaluate the day and ask critical questions of each other to determine what worked well and what improvements could be made.

Learning, action, conclusion

The process of facilitating the ELP and using critical creativity to evaluate it for the first time was challenging but extremely rewarding. Learning was apparent in participants through behaviour change, use of language, excitement about creativity, and learning demonstrated in assessments.

Key learning was reinforced among the academic team around grounding the facilitator/participant relationship in effective communication, ensuring it was based on moral and ethical frameworks so trust could be established and maintained (Middleton, 2013). This brought a readiness to take risks with students by using critical creativity. Mindfulness of doing this safely and with alertness to the potential consequences of opening people to this way of working is essential. The importance of sensitivity to any discomfort or resistance that may occur among participants (Titchen et al., 2011) was also noted as learning by the academic facilitators.

With these factors in place, working in an active learning environment using critical creativity methodology allows participants to cultivate 'independent feeling and thought for themselves as part of their own transformation' (Dewing, 2010, p 24). Critical creativity helps healthcare practitioners to be ready and receptive to change and challenging processes, bringing a more critical approach to decisions. Dewing (2010) underlines that this can increase personal commitment to learning and taking action as needed.

Leadership awareness and appreciation is fundamental in healthcare practitioners, as it enables individuals to see value in leading patients and teams at any level. In addition, it encourages responsiveness to the continuous changes in healthcare settings (Middleton, 2013). It was evident

that using creative approaches to evaluate this programme heightened participants' awareness and appreciation of their own leadership skills and knowledge. As one stated, the programme 'assisted us to build capacity and leadership skills at all levels'.

Figure 4: Completed collage in foyer of rural hospital



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