



CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

‘What you put in, you get out’. A joint reflection on practice development days

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Abstract

Context: Practice development is the process chosen to promote the continued person-centred practice of Admiral Nurses (dementia specialist nurses). Practice development days are run monthly by Dementia UK to support this and are facilitated by professional and practice development facilitators. This article reflects on the experience of the monthly events from the perspective of a facilitator and an Admiral Nurse.

Aim: The aim of this reflection is to share and reflect jointly on the individual experiences of practice development days to provide a deeper understanding of the impact of a facilitated group and its effectiveness for nurse development.

Conclusion: Both facilitator and Admiral Nurse identified feelings of uncertainty within themselves during the sessions. What helped alleviate these was understanding the concept of group behaviours, dynamics, values and beliefs, and ‘self’ within that. Person-centredness does not relate to the work environment (patient-nurse relationship) alone; the same principles can and should be used within practice development groups to support the creation of a safe place to share success and express self-doubt.

Implications for practice:

- It is important to recognise that roles and responsibilities for facilitators and group members differ during practice development days but are equally important
- Individual values should be acknowledged to support feelings of safety within a group, through using person-centred principles, establishing a negotiated values clarification at the group’s inception and reviewing this regularly
- All members of the group should be encouraged to come prepared to participate actively, in order to maximise exchange of experience, knowledge and new ideas, and to reflect on how these can be used in practice

Keywords: Practice development, Admiral Nurse, facilitation, critical reflection, understanding self, group behaviour

Introduction

Practice development is a continuous process of improving patient care achieved by developing person-centred cultures within the workplace through human flourishing (McCormack et al., 2013). A number of methods can be used, including dialogue between practitioners related to a topic of interest or activity, with the purpose of reflecting on, understanding and improving practice (Dewing,

2010). Admiral Nurses are specialist nurses who support families living with dementia (Dementia UK, 2018). To support maintenance of their specialist skills and knowledge, and encourage exploration of their practice in context, regional practice development days are held each month. These provide a safe space for facilitated development in the form of active learning, to promote emancipatory change in Admiral Nurses (McCormack et al., 2013).

In this article the authors reflect on their personal experience of practice development days, with the purpose of providing a deeper understanding of the facilitated process and its effectiveness for nurses' development. Two perspectives are offered, one from the facilitator (GM) and one from an attending Admiral Nurse (LG-O). The reflections are followed by a discussion using Kolb's (1984) reflective cycle framework. This was chosen as it offers a clear structure and promotes alternative ways of thinking, encouraging a deeper level of reflection. Its cyclical nature also supports a continued process of learning and development. Finally, we will offer thoughts on how our learning can support the growth of other facilitators and practice development group members.

The practice development facilitator's perspective

Facilitation within practice development is viewed as a skilled intervention that is complex and multifaceted, with the goal of improving patient care through emancipation of individuals and the transformation of the cultures and contexts in which they work (McCormack et al., 2013).

Admiral Nurses help support families to make difficult and complex decisions, and the nurse's knowledge and skills are important in this work. They need support to develop and maintain an awareness of the differences between what they believe is happening in practice and what is experienced. During practice development days I aim to work using the principles of collaboration, inclusivity and participation (Manley et al., 2011) to ensure each group has ownership of its continued learning. Each group completes a values clarification at the outset to ensure an agreed purpose, and I facilitate reflective sessions, journal clubs and workshops, always encouraging the nurses to take responsibility for their own development. Early on in my role as facilitator, my reflections on the effectiveness of these sessions focused on my own skills and ability, and how I felt I was perceived by the groups. The role sometimes felt pressurised and I found myself feeling judged, despite there being no outward evidence of this from the groups themselves. I doubted my ability, worrying about filling the time, rushing things and creating the correct environment.

Finding meaning in my experience, or conceptualisation, means moving from thinking about an experience to interpreting it (Kolb, 1984). This requires deeper thinking and self-exploration, along with exploration of the true meaning of being a facilitator. The literature tells us a great deal about facilitation but further thought is required to understand how this relates to my experience. Burrows (1997) completed a concept analysis of facilitation, defining it as:

'A goal-orientated dynamic process, in which participants work together in an atmosphere of genuine mutual respect, in order to learn through critical reflection.'

Although that was more than 20 years ago, the definition and identified facilitator attributes of working collaboratively, being genuine and having the ability to be reflexive, continue to be found in more recent studies (Harvey et al., 2002; Hardiman and Dewing, 2014). Harvey and colleagues highlight that diverse skills and personal attributes are needed to perform effectively as a facilitator, with interpersonal and communication skills being prerequisites. Wales et al. (2013) agree that it is not enough to 'do' facilitation, arguing that individuals require a high sense of self-awareness and emotional intelligence to 'be' a facilitator. But how do I know if I have these attributes?

To understand my development as a facilitator I used a framework devised by Crisp and Wilson (2011) which identifies three stages; at the time of these reflections I may have been at the preliminary stage,

focusing on 'me' rather than on the group as a whole. This early stage of development, according to Crisp and Wilson, is a natural and expected pathway for novice facilitators and is followed by the progressive stage, which allows more outward thinking and a freeing from internalised rules. The final stage is the propositional stage, which is the culmination of knowledge and skills resulting in a true sense of self as a facilitator. Seeing things from this perspective helped me understand why I felt the way I did, that the reason I sometimes felt judged was because I was judging myself. Being aware of my own emotional responses and internal reactions to situations and individuals helped my continued growth and development (Thomas, 2004). At this time, I also gathered feedback from group members relating to my skills as a facilitator, which offered constructive thoughts on what I was doing well and where I could improve. This provided further evidence that my focus at that time was 'me', as others' views of my skills and abilities were more positive, contrary to my expectations. This helped me grow in confidence and begin to develop my own style of facilitation, instead of attempting to mimic others. My reflections now have turned to focus on how groups can work effectively to promote transformational change and how I, as a facilitator, can provide creative ways to help achieve this.

The Admiral Nurse's perspective

My reflection on practice development has required an exploration of my own attitudes, thought processes, and psychological and emotional status in general and on each practice development day. My self-awareness, role confidence, competence and ability to reflect honestly are essential to help focus my thoughts. I reflect not just on what is done well but on what needs to be developed or improved on in order to apply new learning to my own practice.

Practice development days are spent with a group of fellow Admiral Nurses, who share experiences and learning. This means reflecting on my own practice is not done in isolation and can be demanding. The Johari Window, (Luft and Ingham, 1955), offers one way of illustrating the enormous number of possible exchanges between a group of people when their conscious and unconscious processes of chosen and unchosen presentation and perceptions are considered (figure 1).

Figure 1. Original Johari window (Luft and Ingham, 1955)

Known to others	Open	Blind
Unknown to others	Hidden	Unconscious
	Known to self	Unknown to self

This model illustrates the complexity of communicating in a group when one considers that all members are presenting themselves and perceiving others' in potentially very different ways. We respond and react to other group members' presented selves with our own ideas of them, their opinions, knowledge and understanding of the issues we discuss. Individuals' personalities differ and this has an effect on the direction practice development takes, as one person or subgroup may consciously or unconsciously direct the course of the dialogue. This dynamic should be managed by both the facilitator and ourselves, as I perceive it, because we have negotiated what works for us as a group, are equally valued and our individual knowledge and skills are respected by the facilitator. I feel that this provides role modeling for the group, as it promotes mutual respect and safe exploration of issues. It also prevents unhelpful disagreement that could damage the values of the group and therefore its functioning. The facilitator holds a role of mediator rather than authority, which I feel is healthier and more effective.

Linked to this is the degree of psychological and emotional safety in the group, and the mechanism that facilitates professional and personal development is 'high challenge/high support' (Mariani, 1997). I refer to personal development because, as a nurse, I use personal qualities and professional skills developed through training, experience and practice, which are continually evolving according to developments in research that lead to evidence-based practice and new treatments. If I am not aware of what personal and professional resources I have – what is safe and what works (knowledge, skills, qualities) and what is missing or not working well enough – how can I use them appropriately?

As an Admiral Nurse, I work with complex and challenging issues, which we discuss during group supervision sessions and practice development. These can include supporting families through life-changing diagnoses, anticipatory grief and loss, and mental health problems associated with being given a diagnosis. During practice development sessions there have been several instances when other group members have described an intervention that I would not have thought of; as a person with a powerful and somewhat tyrannical driver of 'do everything really well', this places me in a state of dissonance. My desired self-concept and reality don't match, which then leads to self-doubt: what other interventions might I be unaware of or not have considered appropriate, and how do I rectify this? This is a crucial point. I could choose either to bury my head in the sand and pretend all is well, that this is a one-off shortcoming, easily rectified by incorporating the intervention into my practice, or I could accept my limitations and reflect on what this information means to me and what else I need to do to be able to use it effectively – the healthier option. I believe choosing the latter response would enable me to take the opportunities afforded by practice development to develop and grow as a practitioner.

Since as an Admiral Nurse I provide a service alone, I recognise that not having a team of colleagues to discuss issues with on a daily basis probably makes self-doubt more likely. This highlights the essential contribution of practice development and clinical supervision to ensuring that the people I work with are offered balanced and considered interventions. Imposter Syndrome (Clance and Imes, 1978) describes a state where individuals find it hard to accept their achievements and are continually worried that they will be exposed as fraudulent in terms of their professional expertise. Whereas I wouldn't identify completely with this syndrome, I do recognise a niggling doubt that I should be 'more expert' and be able to quote research papers at will. The polar opposite of this experience can be found in the positive psychological model of developing a strong sense of self-efficacy. Bandura (1997) identified four ways in which self-efficacy can develop: the experience of mastery; vicarious experience, whereby seeing others succeed increases our confidence that we can achieve the same goal; hearing that others have confidence in our abilities; and that healthy physiological and psychological states will influence these positively. All of these are included in practice development. Through reflection I have concluded that it simply isn't possible to know everything about dementia or how to support families affected by it, and that provides the rationale for practice development. It's a safe place to be oneself, sharing knowledge and skills, feelings and ideas, as well as the gaps in all these things, because that's how we learn. The group has taken time to set up and become a comfortable, safe place to express myself.

The reflective cycle

As important as understanding our individual experiences of practice development days was sharing our reflections to promote understanding of each other's experiences and continued learning (Kolb, 1984). Key to this, we feel, is exploring group dynamics to enable us to promote collaboration, inclusion and participation, the principle ways of working within practice development (McCormack et al., 2013). The need to build and maintain collaborative working relationships with others is fundamental in group settings, and recognising the group's stage of development can help promote a positive environment (Tuckman, 1965). The personal attributes of a facilitator, such as authenticity, are documented as essential in promoting positive group dynamics (Wales et al., 2013), but the attributes of group members should also be considered.

This can be related to the work of Walsh and Anderson (2013), who suggest the principles of hermeneutics can be used to help analyse group dynamics. Hermeneutics is the theory and method of interpretation (Kerdeman, 2014) that recognises that as individuals we all interpret and understand our worlds differently. The hermeneutic circle is a cyclical process used to understand the whole and its parts (Wojnar and Swanson, 2007), constantly moving from one to the other to gain a true understanding of the lived experience for all. In our case, the theory can be used to identify the importance of recognising individuals within groups. Therefore, the group dynamic should be understood as an entity made up of different individuals, who bring with them their own life experiences and values (Walsh and Anderson, 2013).

This is also argued by Whatley (2012), who suggests that it is imperative to look at a group from the perspective of what individuals bring to it; how an individual 'turns up' and contributes to a group can have significant implications for the dynamic of that group. With the help of reflection we have been able to understand our group as individuals, each with their own values, attitudes and attributes.

Understanding groups, including our own, in a person-centred way has helped us to recognise preconceptions. From the facilitator's perspective, this understanding has enabled more collaborative work within the group setting, rather than feeling like an outsider.

From the Admiral Nurse's viewpoint there is a clear recognition that all members of the group, including the facilitator, have beliefs and attitudes that can influence the whole and that self-awareness is key to managing oneself and encouraging positive behaviours in others (Bolden, 2006). This realisation can help when feelings of self-doubt or uncertainty begin to emerge, enabling freer expression of thoughts and fears.

Continuing the cycle of reflection, we will share our reflections with other practice development group members and explore their experiences of being in a group. We will build on our new knowledge, working collaboratively and inclusively, and revisit our values clarification to ensure a collective view of the purpose of practice development is achieved. Also, the facilitator works alongside a team of facilitators who support groups across the UK, so a further step in the reflective process will be to share this learning more widely to promote development of practice across all groups. We will continue to use critical reflection to support growth and development in ourselves and the groups.

Implications for practice

Through this joint reflection, both authors agree that groups can evolve through skilled facilitation to become safe and comfortable places. We continue to evolve as we explore new practice issues and our individual responses to them. What this reflection has highlighted is that individual values should be acknowledged at all times to support feelings of safety within the group and the importance of shared responsibility for the group's progress. Coming to the group prepared to be actively involved in practice development is essential to active learning (Dewing, 2010) – and to ensure the principles of collaboration, inclusion and participation are followed, group members must feel safe to share. Facilitation is required to help group members put other issues aside and be open and curious, rather than closed and defensive.

The facilitator can guide the group and assist in clarifying group values, which develops that safe environment. However, 'what you put in, you get out': the need for Admiral Nurses to participate and contribute, preparing for practice development in a similar way as for clinical supervision, and understanding its principles, is essential to its success.

Conclusion

The reason for writing this article was to reflect on and understand the personal experience of practice development from two perspectives, those of the facilitator and the Admiral Nurse, and consider its effectiveness for nurse development. We have demonstrated the usefulness of sharing reflections with each other to promote better understanding of roles and responsibilities within a practice development group. The reflection process has enabled both authors to recognise the importance of self in relation to group dynamics and of individual impact on the success of a group (and nurse development), whether in a facilitator's role or as a member of that group. This learning will help us explore these issues on a wider scale with Admiral Nurse practice development groups across the UK, with the intention being to ensure the group work is an inclusive, collaborative process, whereby we continuously take into consideration the whole and its parts.

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