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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Taking a step into the unknown: facilitators' role and experiences after attending the Foundation Practice Development School

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Abstract

Background: Skilled practice development facilitators are a key factor in practice development. Facilitators not only need technical skills, but also the ability to establish trustful relationships and an environment in which team members feel safe to explore their practice.

Aims: The aim of the study was to explore how participants at the International Practice Development Collaborative's Foundation Practice Development School in German-speaking Switzerland succeed in developing their roles as facilitators in their clinical settings, and which factors support or impede their path towards becoming experienced facilitators. The secondary aim was to identify factors that could inform future practice development foundation schools.

Methods: A qualitative approach was chosen, using the structured dialogue technique in the context of group discussions. Data analysis was performed by means of knowledge mapping, following Mayring's qualitative content analysis.

Findings/results: A total of 30 participants of the foundation practice development schools held between 2015 and 2018 attended the group discussions. As novice facilitators, they were highly motivated after the school, but they needed courage to critically analyse their practice within their busy day-to-day work and to take a leading role as facilitators. The study participants are clear that time and space for reflection, support from managers and learning opportunities are preconditions for a successful journey as practice developers.

Conclusions and implications for practice:

- A special focus is needed on the reflective skills of novice facilitators to enable them to take time for self-reflection in busy workplaces
- The implementation of a mentoring programme for foundation school participants in German-speaking Switzerland has to be considered
- The involvement of the managers of school attendees needs to be considered from the outset, hence refocusing the preparation work of participants
- More practical guides and basics in German should be made available

Keywords: Practice development, IPDC Foundation Practice Development School, facilitator role, programme evaluation, qualitative research

Introduction
Originally developed and refined in the UK (Kitson et al., 1996; McCormack et al., 1999; Garbett and McCormack, 2002; McCormack et al., 2006), practice development methodology swiftly spread internationally (Manley, et al., 2008). Practice development is defined as 'a continuous process of developing person-centred cultures' (Manley et al., 2008, p 9). Collaboration, collective decision making and transformation are described as firm commitments of practice development (Shaw, 2013). It embraces the views, experiences and needs of healthcare workers as well as service users and their families (Garbett and McCormack, 2002; Dewing et al., 2014a) and is underpinned by the key values of person-centredness, collaboration and partnership (Shaw, 2013). The process of practice development is started and sustained by skilled facilitators who:

> *'Authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that occurs brings about transformations of individuals and team practices'* (Manley et al., 2008, p 9).

The International Practice Development Collaborative (IPDC) facilitates joint efforts to advance practice development. Practice developers from Europe, North America and Australia are collaboratively increasing the understanding of methodological perspectives and systematic approaches to evaluate and develop programmes (McCormack et al., 2013). The IPDC provides a curriculum for the Foundation Practice Development Schools, with the aim of introducing practitioners to the knowledge and skills to facilitate transformational and emancipatory processes in their own workplace.

Along with organisational and contextual factors, the expertise of practice developers has an impact on the outcomes of practice development (McCormack et al., 2006). Existing research emphasises that skilled and purposeful facilitation is required to move towards person-centredness in the workplace (Hardiman and Dewing, 2019). Harvey and Kitson (2016) locate the success of implementation '*upon the ability of the facilitator and the facilitation process to enable recipients within their particular context to adopt and apply the innovation by tailoring their intervention appropriately*' (p 6). Effective facilitation promotes best practice, reflective approaches to staff and patients, flourishing individuals, communication based on mutual respect, learner confidence and changes in workplace culture (Shaw et al., 2008; Manley et al., 2015; Crowe and Manley, 2019). Skilled facilitators are vital in achieving a person-centred culture in diverse healthcare settings. They challenge contradictions and enable others 'to develop awareness of the need for change' (Manley et al., 2013, p 161).

Becoming an experienced facilitator in practice development is an ongoing learning process. Active learning approaches, critical reflection and coaching help novice facilitators develop their skills in the workplace after joining practice development programmes (Jackson, 2013; Benson, 2015; Agate, 2017). Facilitators also need the ability to establish an environment of trust in which team members feel safe to explore concepts and issues of their practice. Effective facilitation of practice development in a person-centred way means engaging authentically as a person (Wales et al., 2013). Authentic and systematic reflection on learning experiences alone and together with a critical guide are fundamental to enabling facilitation in response to a group's needs and to working with them in the moment (Crisp and Wilson, 2011).

In German-speaking Switzerland, practice development was introduced jointly in 2007 in a university hospital and in a masters of science in nursing programme. *Practice Development in Nursing*, the first book edited by McCormack, Manley and Garbett (2004) was translated into German and published in 2009 (McCormack et al., 2009). Meanwhile, three university hospitals, affiliated to the IPDC as a network, have been delivering the foundation schools once or twice a year since 2015, following the IPDC's curriculum. The school takes place on five consecutive days, and participants familiarise themselves with knowledge and skills on key practice development issues: envisioning and conceptualising the practice development journey; evaluating effectiveness; creating cultures of effectiveness to support

the journey; developing facilitation; and reflection. In conjunction with theoretical knowledge and workshops, participants develop individual action plans adapted to their specific workplace to prepare for their practice development journey in clinical practice.

However, introducing practice development and its philosophical foundations in institutions in German-speaking Switzerland is challenging. Participants less familiar with the English language are disadvantaged by the lack of resources in German beyond McCormack and colleagues' 2009 work. The greatest challenge, though, is in the top-down change approach prevalent in most healthcare facilities, which is contrary to the key values of practice development.

In 2017, a survey was used to evaluate the foundation schools delivered in German-speaking Switzerland. Of the 60 participants in 2015 and 2016, 73% completed the survey (n=44). Their feedback on content and learning opportunities was positive but they proposed a more explicit focus on the philosophical foundation of practice development as well as on support for transferring knowledge and skills into the workplace.

We invited participants in spring 2019 for group discussions with the aim of exploring how they might succeed in developing their roles as facilitators in their clinical setting and which factors support or impede their path towards becoming experienced facilitators. We also sought to identify factors that could inform future practice development foundation schools.

Methods

We chose a qualitative approach using the structured dialogue technique (Labonte et al., 1999) in the context of group discussions to examine participants' views on their own experiences. This technique allows participants to move beyond evaluating topics in question towards collectively developing feasible approaches to solutions. Fundamental to this technique is the concept of shared reflective practice. A key feature of its application is the group members' descriptions of a particular experience, which is then collectively explored by discussing the following questions:

- Why did the example given unfold in the way it did and not in some other way?
- What did you learn from it?
- What steps would need to be taken next?

The presence of a moderator as well as the shared reflection qualifies the process chosen as a form of group discussion (Guggelberger et al., 2015).

Sampling and recruitment

The attendees (n=137) of the foundation schools between 2015 and 2018 were mainly employed in one of three university hospitals in German-speaking Switzerland (n=109). The remainder (n=28) worked in other healthcare institutions at the time. This allowed for clustering potential participants into four groups (A, B, C, D). In groups A, B and C, recruitment was handled by the person in charge of practice development at each institution. For group D, which comprised participants from different institutions, recruitment was handled by the last author, who was responsible for planning and coordinating the foundation schools in German-speaking Switzerland. All former participants qualified to receive an emailed recruitment enquiry, provided they were still employed at the same institution as when attending the school (n=129). The invitation included full details of the purpose of the evaluation and the procedures for the group discussion. We wanted four groups with a maximum of 10 participants each. While recruitment was self-selective in groups A, B and D, a different approach was taken for group C: the recruitment enquiry was sent to selected former attendees to ensure the group's composition reflected the organisational structure of the hospital. However, this procedure was based on a misunderstanding, which was only detected after the group discussion. Despite the different recruitment process, the characteristics in Group C were found to be similar to those in the other groups.

Data collection

The individual group discussions were allocated 120 minutes. For groups A, B and C, they took place in a quiet location within the respective facilities and the time devoted to the discussion counted as working time for the participants. For group D, a location was chosen that was easily accessible by all participants and each received a voucher for travel expenses. The second and third authors (ES, HR) moderated the discussions together. Each has a background in nursing research with a focus on clinical practice; HR has both methodological and applied experience in focus group interviews and discussion groups.

They opened each group discussion with a brief summary of the research aim and the procedure specific to the structured dialogue technique. They then stressed the following principles: participation must be voluntary, withdrawal from the discussion group was possible at any time without repercussion, and evaluation of all group discussions would be communicated in such a manner as to prevent conveying any information about participants. This was followed by a mutual agreement to maintain confidentiality regarding all discussion inputs, thereby safeguarding participant anonymity and the details of specific content. The participants were then asked to introduce themselves and their current role, and state the year they completed the school. During the introduction, they received a form to be filled out with sociodemographic information and handed in at the end of the group discussion. Following introductions, each participant in turn was asked to recount an instance when their endeavours to develop practice went particularly well. As soon as all had contributed, follow-up questions were collectively discussed. In a second round, all participants were asked to give an account of a situation that had not gone so well. Again, all examples were collectively discussed by addressing the same questions. The identical procedure was followed in all discussion groups.

Data analysis

Immediately after each group discussion, the moderators evaluated the course of discussion and their impressions of the subject matter – what was a surprise, what stood out, what would they need to consider differently in the next group discussion. They made notes on their insights and understandings. The group discussions were recorded digitally and then analysed by means of knowledge maps, a method that allows for aggregating, structuring and communicating individual or shared knowledge (Hellström and Husted, 2004). The resultant knowledge map is a visual representation of categories with its key elements brought up by the participants. Key elements are depicted as central nodes in a network and the relationship between nodes are indicated as uni- or bilateral connections (Vail, 1999; O'Donnell et al., 2002).

Mapping interview statements entails analytically reducing and consolidating all individual contributions into key elements. These are then grouped into categories, each reflecting the original interview contributions. This process has been informed by Mayring's qualitative content analysis (2019), a method for gradually reducing text segments to arrive at core categories. Mayring (2014) defines distinct steps to execute this process systematically, moving text segments incrementally up to a superordinate level of abstraction, that is into categories that represent key findings in a nutshell (Mayring, 2019). Knowledge mapping, however, allows for fewer steps in reduction while resulting in a comparable abstraction. This procedure proved effective and efficient in analysing qualitative data (Rettke et al., 2018). Each group discussion was analysed immediately after completion. During analysis both moderators discussed the completeness of each map and eventually integrated all maps into one. Finally, they described the results in a preliminary research report.

Quality criteria

The group of authors met to critically reflect on the research process, results and interpretation, in order to support trustworthiness (Lincoln and Guba, 1985). This consisted of: credibility (confidence in the truth and accuracy of study findings); transferability (applicability to other contexts); confirmability (neutrality of study findings in the absence of interpretation bias) and dependability (replicability

of the study resulting in comparable findings). The first meeting took place immediately following the fourth group discussion to discuss the preliminary findings for credibility and confirmability. Discussions were based on three knowledge maps and the moderators' oral report, including their notes from the fourth group. The focus was on the data collection procedure and on the moderators' preliminary interpretation. The second meeting focused on dependability and was held after all knowledge maps were completed to verify that preliminary findings were consistent with the raw data. The third meeting followed after the first draft of the report was generated in order to reflect on discussion points and on conclusions. In addition, the report's content was reviewed to ensure it offered readers sufficient information to judge transferability of the findings to their specific context. To further address confirmability, a summary of results and conclusions was sent to all participants, 10 of whom explicitly expressed the view that the report was informative, concise and illustrative. No alternative or additional views were offered.

Ethical considerations

The evaluation project did not fall under Swiss human research legislation and was therefore not reviewed by a formal ethics committee. Nevertheless, it was carried out following current principles of good clinical practice and research, which are in line with the ethical standards set out by the Swiss cantonal ethical committees.

Results

Out of 137 foundation school attendees, 129 were amenable to being contacted and eventually 30 (of whom 25 were women) consented to participate in the group discussions. The groups each had seven or eight participants. The average age was just under 45 (±9.56, 27-61), with participants in group A older and those in group B younger than the average.

Nursing was the profession given by 27 of the participants, while two listed physiotherapy, and one nutritional therapy. A total of 26 worked in a somatic acute care setting, one worked in rehabilitation, one in psychiatry and two indicated 'other setting'. Of participants, 24 were in roles attached to direct patient care (for example, clinical nurse specialist) while six had management responsibilities. They all attended the school between 2015 and 2018 (Table 1).

Table 1: Year of Practice Development Foundation School attendance

	A	**B**	**C**	**D**	**TOTAL**
2015	2	2	0	0	4
2016	4	0	1	0	5
2017	1	2	4	1	8
2018	1	2	2	6	13
TOTAL	8	7	8	7	30

The results of the group discussions describe the experiences of the participants on their practice development journey. Embedded in this description are participants' evaluations and suggestions concerning further development of school issues. Two categories, both characterised by distinctive key elements, emerge from the knowledge maps:

- From a novice to an experienced facilitator
- The contextual prerequisites for transformation

From a novice to an experienced facilitator
The first category depicts a path towards maturation individually covered by each participant and is represented by the key elements 'being courageous', 'taking action and taking risks' and 'being reflective'.

Being courageous
Just after attending the school, the participants are highly motivated to integrate their newly acquired knowledge and skills into practice.

> *'I left the practice development school totally motivated'* (Group D member).

However, it became apparent during all group discussions that, particularly at the beginning, the participants had to expose themselves to uncertainty. A major component at this point is having the courage to introduce an approach into clinical practice that might be unfamiliar to the person, and particularly to their organisation. Participants in all groups agreed with this. They felt they had to take a step into the unknown:

> *'Sometimes it takes courage and it takes time. I've noticed that the more relaxed I am, the more courageous, the easier it is'* (Group C member).

In particular, having envisioned a better world of care in the context of the school, the transition to the real world of the clinical setting was difficult. Although participants realised that there was no expectation from their managers or team members to be an experienced facilitator at the outset, they felt they had to give their best.

> *'At the beginning, I always had the feeling that I had to have a plan or a solution'* (Group B member).

The participants described feeling challenged to courageously experiment with practice development methods despite their uncertainty over whether team members would engage with practice development and whether the chosen approach would produce the intended outcomes.

Taking action and taking risks
After the school, participants posed questions such as: 'Am I doing it right?' 'Am I choosing the right methods and am I experienced enough to use them correctly?' 'Will I be able to bring others on board?' 'Will all of this work be supportive of achieving the goal?' They reported that their skills in taking action and taking risks increased as they walked along the path towards becoming experienced facilitators.

> *'Now I'm more likely to have a look to see what method I can use to integrate staff members and elicit ideas and solutions to reach the goal'* (Group B member).

They perceived the potential of practice development once they succeeded in developing a shared view of a problem, formulating goals and approaching them in a collaborative way. The participants then realised that they could trust in staff members' creativity and problem-solving competence.

> *'I think it's important to work through this collaboratively as a team. There are so many perspectives of how something can be implemented when it's discussed and considered together within the team'* (Group B member).

The participative approach enabled them to empower others in their practice setting to reach creative and positive solutions or resolutions. This brought a sense of achievement and had a motivating effect on all involved. The participants consequently became more confident in their skills working with methods and instruments of practice development and collaborative processes with their colleagues.

Being reflective
The participants described having to think continuously about the practice development approach in different situations. Their experiences with practice development offered opportunities for critical reflection, which they saw as essential to understand the potential of participative engagement in problem solving and to enable learning. However, reflection requires time and space, and daily clinical practice confronts practitioners with a relentless intensity that seems to consume all time and leave no space for practice development:

> *'I had to learn that sometimes it takes more time. Occasionally there has to be a pause for processing, it just doesn't go that fast. Staff members are caught up in their daily work and that has to be taken into account [. . .]. Staff didn't have time at that point to deal with it. Not that they wouldn't have wanted to, they didn't have time. They couldn't do it'* (Group C member).

Directly after completion of the school, the initial focus had been primarily on working with a variety of new methods. While gaining experience in facilitation, repeatedly taking action and taking risks and reflecting frequently, the focus moved to person-centredness and participation, leading to questions like: 'How can I involve my colleagues in creative problem solving and active learning?' After their initial uncertainty, the participants became more confident and relaxed, gaining trust in participative processes. When reflecting on their experiences, they became aware that staff members are amenable to taking an active part in problem solving:

> *'A core value of practice development is that every person is motivated to change and would like to develop him or herself further. [. . .] As facilitators, our task and our mission is to recognise the potential on the part of staff members and to have the confidence to cultivate the process of change within the individual. [. . .] PD offers the tools to accomplish this'* (Group D member).

Not all participants experienced moving forward. Some remarked that practice development tends to become less of a priority in a busy work setting. However, the group discussion offered reflective moments, motivating them to make it a priority again:

> *'For me, the next step is to involve myself again with the topic (practice development) [. . .]. This group discussion has reawakened my interest now that we're talking about it again'* (Group C member).

Participants who held management positions noted that the practice development approach had twin benefits: it helped them to support their teams in working with patients and their families in an explicitly person-centred way; and the CIP principles of collaboration, inclusion and participation guided them when working with their teams.

Contextual prerequisites for transformation
The second category illustrates that the individual's journey to becoming an experienced facilitator cannot be undertaken without a supportive and fostering context. The participants' views in this category are expressed in the key elements 'networking and learning', 'supportive work environment' and 'time and space'.

Networking and learning
The process of taking action is embedded in a cultural context predominantly influenced by internal and external networks and the learning conditions. The participants recognised they could approach external practice development facilitators or peers for support and reflection in instances of ambiguity or uncertainty. The learning process is also facilitated when there is more than one foundation school participant working at the same institution, as this allows for an informed exchange of experiences where challenges can be discussed or even dealt with together. One participant related that practice development work is particularly difficult when such solidarity is not available:

'I'm on my own and don't have allies, especially as a novice' (Group A member).

External networking with participants at other institutions can be just as valuable as internal networking. Both can support the creation of an effective workplace culture that encourages and fosters practice development. It was also helpful for participants to be able to contact foundation school facilitators directly with specific questions.

Another issue is the opportunity to renew and deepen knowledge. This involves exchanging experiences and discussing methods, or the ability to work together with peers in practice development activities. Participants' suggestions in this regard were a one-day refresher course or workshops for an in-depth study of methods, while the value of external networking was underlined:

'We're like in a goldfish pond and all heading for the same direction [...] and we can't get out of it. An input from outside might help' (Group A member).

Participants from each group discussion expressed the desire for a German-language handbook on practice development methods that would serve as a practical, accessible reference. Another valuable option for learning described by the participants was reflective spaces in the workplace:

'I think it would be nice if there were learning opportunities offered [...] e.g. to practice a method [...], or you have something special in mind and want to prepare yourself and you have a group that listens and tells you how it comes across' (Group C member).

Supportive work environment
The work environment plays a critical supportive role by endorsing the values of practice development. Managers must enable the conditions necessary for staff to engage in practice development, and its approaches and methods must be known, understood and valued in the organisation. The participants thought it would be useful for nurse managers and educators to attending the foundation school in order to promote a shared understanding through shared experiences. As one put it:

'Practice development is not easy to explain, it needs to be experienced – by managers as well' (Group A member).

Participants were unanimous that, to establish an effective culture in which practice development is able to flourish, those in management positions needed a grasp of its principles. The group discussions clearly reflected each organisation's commitment to this and the degree to which it has been put into practice. Participants felt more confident to draw on practice development principles and thus move towards experienced facilitation when they were supported by their managers in a transformational culture. Conversely, the discussion groups said the absence of overt support impeded participants' route along the path forward.

Time and space
Time and space are preconditions for practice development. Participants described feeling hindered by managers who wanted to see immediate results or outcomes.

'I'm working in an environment where it's simply not favoured to involve staff in important questions, particularly due to time constraints' (Group A member).

Participants described time a necessary investment required to pursue practice development, stressing that sufficient time is needed for careful preparation, active learning with colleagues and teams, and for reflective moments.

'For me it is also reflection and I mean to do more self-reflection. But you are absolutely right, you have to involve the team right away' (Group C member).

Pausing to reflect might be necessary to set the thinking process in motion, or to allow an idea to come to fruition. Some participants described that it may be necessary to take pauses during the change process, to let it sink in or to mature. They also said the moment to start a practice development project must be carefully chosen, since a team with a heavy workload is often not able to engage in creative problem solving or devote the time needed for reflection. Certainly, a top-down linear process is more suited to delivering immediate results, but participants explicitly said that a participatory problem-solving approach leads to greater acceptance of change.

> *'The implementation of a topic is more successful if the team has been involved in some way'* (Group A member).

Participatory problem-solving approaches in interprofessional teams were also discussed in this context. Participants held this to be desirable but remarked it was not yet feasible in their work environments. In this respect, a participatory approach could be promising in terms of sustainability. One participant however said:

> *'Practice development is not the solution for everything. PD methods will not solve a problem for which there is no solution'* (Group A member).

Participants remarked it was advisable to take at least small steps when greater steps are not feasible due to a lack of time and space. An interesting point discussed in the groups was the participants' insight that they would typically attribute successes in their practice development work to their teams but take personal responsibility for less successful outcomes.

Discussion

Our results show that foundation schools should anticipate and prepare participants for the period after the school and the intense and emotional experiences of being a novice facilitator. Likewise, the participants should be prepared for stepping into the unknown, for taking risks and for consistently reflecting on the processes themselves or with peers. This will lead to transformational workplace culture where all involved will experience motivation and growth.

After the school, participants felt generally well prepared and highly motivated for their role as facilitators but that they were taking a step into the unknown. They needed courage to critically analyse their busy practice within the complexity of day-to-day work and to take a leading role as practice developers using skills they were not yet confident with and which might not be consistent with the culture in their workplace. These experiences are reflected in the literature (Crisp and Wilson, 2011; Hardimann and Dewing, 2014; Janes, 2014; Benson, 2015; Timlin, 2018). As their ability to initiate participative learning activities grew and their trust increased in themselves and in others' creativity in problem solving, participants experienced transformational change processes. In this experience lies the potential to renew enthusiasm and help others achieve beneficial and positive growth (Hardy et al., 2013; McCormack and Titchen, 2014). Benson (2015) calls this gaining momentum as a facilitator. Without early successes and growing courage, it would be difficult to further develop practice development activities and facilitation skills.

In the foundation school curriculum, becoming a facilitator in the workplace is emphasised and on the last day of the school, participants have the opportunity to plan their first steps for the time after the school. In this session, they map out planned practice development activities related to cooperation in teams and enhancing patient care in their workplace. The participants present their ideas in small groups and receive critical feedback from peers and school facilitators. The study participants were united in stressing that sufficient time and space for reflection were preconditions for a successful facilitation process. Therefore, during the school, participants should have the occasion to reflect on their future facilitator role and possible challenges in their workplaces at different timepoints.

The school facilitators could integrate additional opportunities, such as journaling for purposefully reflecting on school topics in the context of the participants' practice setting. Reflecting on and writing questions in a structured way can stimulate self-reflection and lead to new insights and a deeper understanding of abilities and contributions as facilitators (Drayton et al., 2018). Thus, participants would have a useful reflection tool to take back to their busy workplaces, as self-reflection and reflection with colleagues are core skills to be developed by novice facilitators (Eldridge, 2011; Jackson, 2013; Benson, 2015; Agate, 2017).

The participants specified a need for sustainable networks, advocated one-day refresher courses or learning opportunities in their workplace. Evidence strongly suggests that coaching or mentorship programmes and active learning lead facilitators to self-efficacy in their role, enhanced knowledge of practice development, facilitation skills and workplace culture (Wales et al., 2013; Benson, 2015; Cardiff et al., 2018; Dickson et al., 2018; Hardiman and Dewing, 2019). Facilitators of practice development can thus be encouraged and empowered to become catalysts in the development of person-centred cultures and gain sustained impetus for practice development activities (Dickson et al., 2018).

In some institutions, internal networks or peer groups exist. However, a systematic mentoring programme for novice facilitators between healthcare settings is not in place. During the school, participants are encouraged to establish 'home groups' as a basis for subsequent peer groups, to help them keep practice development a priority in their workplace and beyond. In some institutions, more experienced facilitators support novice facilitators, for example in active learning groups. This kind of support systematically extended to a national mentorship programme accessible to all novice facilitators could strengthen practice development in institutions and also its movement in German-speaking Switzerland.

Some participants mentioned that they did not achieve continual and renewed practice development activities when there was insufficient support from managers or when practice development was considered a technical rather than a transformational process. Participants recognised practice development is not a 'one size fits all' methodology, and complex and unstable transformation processes within healthcare organisations challenge healthcare leaders. However, the support of strongly committed leaders with a good knowledge of practice development in terms of philosophy, skills and time required, enables effective facilitation processes with a positive dynamic for facilitators and their colleagues in the organisation. Janes (2014) emphasises the moral obligation for leaders to support participants in their facilitation work following the school. Therefore, practice development strategies embedded in an organisational vision may provide orientation and meaning to leaders and their teams (Martin et al., 2016). The school curriculum provides a preparatory pack for the participants in the form of readings and an activity to clarify their values and beliefs on practice development. Additionally, participants are offered a meeting with one of the school facilitators to prepare for their journey as facilitators. On reflection, based on the findings, their managers should be involved in a pre-school preparation phase. A shared meeting could give novice facilitators and their managers a starting point for practice development activities and for their future collaboration in this respect. If such an involvement before the school is not feasible, the participant should be supported by a school facilitator to reflect on how to collaborate with their manager. A coach or peer that will support the novice facilitator after the school should ideally be identified beforehand.

The study participants were hampered by the lack of practice development literature in German. The book *Practice Development in Nursing*, edited by McCormack, Manley and Garbett (2004), was translated into German and published in 2009 (McCormack et al., 2009). Some worksheets and instruments have been translated too, but nothing comparable to the *Practice Development Workbook for Nursing, Health and Social Care Teams* (Dewing et al., 2014b) is available in German, although a plan exists for a book including the knowledge base and applied examples of practice development and person-centred practice. The lack of worksheets in German may mean novice facilitators who are not able to use practice development literature in English need more support from peers or mentors.

Strengths and limitations

Both moderators (ES, HR) were unfamiliar with the foundation school and the principles of practice development, but the other two authors (TH, IAF) were. This provided a clean slate for data collection in the discussion groups. The method of structured dialogue allowed participants to move beyond problem statements towards problem solving and identifying supporting resources. Since all authors jointly discussed the results and reviewed the conclusions, the process of analysis was equally informed by intimate school knowledge and senior facilitator experience.

We cannot exclude a sampling bias as it can be assumed that primarily those with positive attitudes towards practice development consented to participate. However, we attempted to address this issue by explicitly asking about negative experiences. Furthermore, the findings are based on a relatively short period of experience as a facilitator. This does not allow for conclusions on long-term effects or the sustainability of the processes described.

To our knowledge, this is the first evaluation of experiences of practice development facilitators in German speaking countries. As such, our results provide an indication on the evolution of practice development in this cultural context. Equally importantly, the results provide an informative basis to foster this process by means of the foundation schools. Irrespective of variations between cultural contexts, the results may likewise inform school and novice facilitators in other countries when preparing to embark on a practice development journey.

Conclusions and implications for practice

Our results shed light on the processes of becoming a facilitator and on the prerequisites for their journey towards experienced facilitation as well as for enhancing practice development in German-speaking Switzerland:

- More practical guides and basics in German should be made available
- Ideally, there should be a network of facilitators in and between healthcare settings that novices can access and use as a resource
- Particular focus is needed on the reflective skills of novice facilitators before, during and after the school, to encourage and enable them to take time for self-reflection and reflection with others in busy workplaces
- Implementation of a mentoring programme for school participants in German-speaking Switzerland has to be considered to support novice facilitators
- The involvement of the managers of school participants needs to be considered from the outset, focusing on their taking part in the preparation work of participants before the school.
- To allow for evaluation of the suggested measures, it would be valuable to repeat this study in four years' time with a probability sampling to reduce participation bias

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