International Practice Development Journal

Online journal of FoNS in association with the IPDC and PcP-ICoP (ISSN 2046-9292)

ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

The Queen's Nurses collaborative inquiry - understanding individual and collective experiences of transformative learning

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Submitted for publication: 11th December 2020
Accepted for publication: 4th March 2021
Published: 19th May 2021
https://doi.org/10.19043/ipdj.111.002

Abstract

Background: In contemporary health and social care services and systems, there is a critical need for nursing care that is agile in its delivery, integrated across sectors, responsive to complex need, and focused on prevention, self-care and wellbeing. Community nurses are at the centre of these services, working in and across a variety of complex systems that depend on the expertise they bring to individuals, communities and populations. However, ensuring this capability is brought to the forefront of quality frameworks is a challenge as care practices are often reduced to moments of interaction or intervention that are tangible and objectively measured. We know, though, that community nurses bring vital and wide-ranging expertise to the health of populations. The Queen's Nursing Institute Scotland has re-established the Queen's Nurse Development Programme to address these contemporary agendas and ensure the potential of expert community nursing is demonstrated and recognised.

Aim: To engage in a participatory evaluation of the experience of the nine-month development journey of the 2019 Queen's Nurse Development Programme participants.

Methods: A Collaborative Critical Creative Inquiry (CCCI) methodology was used, operationalised through a five-phase inquiry process, informed by Theory U 'presencing' and its five movements for attending to and co-shaping reality to achieve presencing. Our embedded and embodied data-collection methods drew specifically on participants' creative expressions, reflective diaries and journals, and project notes.

Findings: The results of each phase of inquiry informed subsequent phases, culminating in a final phase (synthesis) where key themes representing the findings from all phases were derived. These themes were self-growth, community and practical impacts.

Conclusion and implications for practice: The importance of slowing and stillness, linked to the spaces created for creative reflective learning and development has been significant in this programme. Being present to listen to self, and engage in self-care and self-growth is something the programme provides and that is highly valued. We would argue that if health systems are serious about the transformation of services and people, then these kinds of programmes are critical to success.

Keywords: Transformation, Theory U, person-centred practice, facilitation, Queen's Nurse, critical creativity

Introduction

Transformative methodologies are becoming more accepted in learning and development programmes in nursing and healthcare. There is increasing recognition of the need for not just changing behaviours towards increased effectiveness, but also for fundamental shifts in 'worldviews' about the meaning of effectiveness itself and its development. This recognition creates opportunities for transformational methodologies to find a legitimate place in the ongoing development of professional practice. However, capturing their processes and outcomes continues to be challenging, as key stakeholders – namely funders and policymakers – place greater value on decontextualised technical outcomes arising from 'learning events' than on authentic embedded narratives of continuous development with linked process outcomes. While much progress has been made in advancing evaluation methodologies that are embedded and authentic, evaluation of nursing and healthcare programmes continues to favour an external lens that privileges the objective voice.

In this article we present our experiences of working with an embedded, theoretically informed evaluation methodology based on the principles of critical creativity and participation. We offer an overview of the programme and its context, as well as the overarching theoretical framework of the programme and the evaluation. Data, in the context of this evaluation, are embedded and naturalistic and the challenges and opportunities of working with these data will be outlined. We consider the complexity of ethics approval in such evaluations and suggest that 'living ethics' rather than approval is more appropriate. We describe the processes used and outcomes arising, while recognising that these are tentative and preliminary. Finally, we discuss the importance of this evaluation approach and the need for its ongoing development, refinement and embeddedness in future programmes.

The Queen's Nurse title and the context of community nursing

For more than 130 years, the Queen's Nursing Institute Scotland has been enabling nurses to make a positive difference in communities. The organisation was established with the support of Florence Nightingale to train Queen's District Nurses to care for the 'sick poor' of Scotland and today it exists as a charity with that same focus on developing community nursing leadership for social justice. In the late 19th century and for much of the 20th, Queen's Nurses served as district nurses, community midwives and health visitors. In Scotland's communities today, we have a plethora of highly skilled nurses and midwives, working across a wide range of specialties, with expertise that would be unrecognisable to a previous generation. Yet the golden threads of compassion, equity and commitment to high-quality care are woven through time (Cable, 2017).

Never has community nursing been so central to the future sustainability of the NHS and wider care landscape. In order for more people to be well for longer, health and care services need to work in radically different ways, with emphasis on prevention, cross-boundary working and building on strengths (Charles et al., 2018). This shift to preventive community care is central to health policies across the world, and in Scotland the Government's stated vision is:

> *'By 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, participation and supported self-management'* (Scottish Government, 2013).

To continue on the path set out by this vision, the development of enhanced leadership skills in frontline community nursing staff is important and urgent. This applies as much to district nurses and health visitors as it does to those working in care homes and homeless outreach. In 2007, the Queen's Nursing Institute for England, Wales and Northern Ireland re-introduced the Queen's Nurse title for the first time since the late 1960s when it had been replaced by a national certificate of district nursing.

Inspired by this initiative, in 2015 a commitment to reintroduce the Queen's Nurse title in Scotland was made, with a desire to underpin the award of the title with a systematic development programme

that not only recognised expert community nursing but also demonstrated its contribution to contemporary healthcare policy and practice. This journey started with a summit in 2016, to which leaders and educators from across the public sector were invited to come to share their experience of leadership development initiatives, with an emphasis on sharing lessons learned. Further detail about the background to the Queen's Nurse title and the background to the Queen's Nurse Development Programme can be found in Cable (2017). The vision created for Scotland was set out in the form of an 'excellence profile' (Figure 1). Two complementary theoretical frameworks that resonated strongly with the excellence profile were chosen to inform programme design: Theory U (Scharmer, 2018) and the Person-centred Practice Framework (McCormack and McCance, 2017).

Figure 1: The vision for Queen's Nurses in Scotland – an excellence profile

Queen's Nurses, inspiring others…

by making a difference
They find opportunities (or circumstances find them) for changing how things are currently done, recognising how things should and could be, making things better for individuals, families and communities and/or helping others to make a significantly greater impact

with tenacity and resilience
They find their way across boundaries, around obstacles and through bureaucracy, and successfully challenge 'but we don't have control over that' or 'that will never work here' attitudes. They just keep bouncing back, finding new doors to open each time one closes

by bringing people with them
Through 'coming from the heart', their enthusiasm and persuasive nature, they create a groundswell of support and recognition that has 'carried the day' getting others to commit and get things done

with humility and reflection
They listen deeply, seeking to understand what really matters. They approach life reflectively, always learning and kind to themselves. They will sometimes be surprised by personal recognition for their achievements and are quick to attribute success to the contribution of others

Theoretical framework

Theory U is an awareness-based methodology for changing systems, which makes clear that leaders must be attentive to their internal world in order to engage wholeheartedly with the external world. The theory is informed by transformative principles of 'being before doing' (Kabat-Zinn, 2006; Gilbert, 2010; Brach, 2020) and recognising we may have a blind spot when it comes to changing ourselves and others: our interior condition, or our inner source. Theory U contends that to act effectively we need to know the source from which we operate when we act, communicate, interpret or think. Scharmer (2018) contends that it is easy to see what we do (results) and how we do it (process), but suggests we are usually not aware of the 'who' in our doing – that is, the inner source from which we operate. This source can be understood in many ways and indeed transformative theorists such as Kurt Lewin, Martin Heidegger and Jurgen Habermas have variously referred to it as values, beliefs, energies, reflectivity, cognition and socialisation, to name but a few. Consistent with these representations of Scharmer's idea of the inner source, McCormack and Titchen (2014) suggest it is our deep connection with our being in the world that creates the conditions for us to flourish as persons.

The values and principles of Theory U are synergistic with principles of person-centredness and the underpinning values of personhood of the Person-centred Practice Framework (PCPF) of McCormack and McCance, who define person-centredness as:

> *'An approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons (personhood), individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development'* (2017, p 2).

Like Theory U, person-centred practice requires us to connect with our inner selves as human beings with feelings, emotions, thoughts and desires that guide us as persons. It is the sum of these that guide us towards 'that which really matters' and a connection with our unique humanness as persons – our embodied knowing. The PCPF takes these principles as core values and articulates them through five constructs (macro context, prerequisites, practice environment, person-centred processes and outcome) that help connect us as persons with our being and doing. Indeed, understanding our core being as persons is a prerequisite of effective person-centred practice. While the synergy between the underpinning values of Theory U and the PCPF is clear, the conceptual structures of the two enable the 'inner being' to be translated into 'external doing' through the three overarching movements of Theory U (observation, reflection and prototyping) and the five constructs of the PCPF.

The Queen's Nurse Development Programme

Informed by Theory U and the PCPF, the Queen's Nurse Development Programme's methodological framework was designed, drawing on the lead facilitators' (BMcC, CC and JC) creative reflections through landscape artmaking on the first programme design, which had been implemented with two cohorts (Cable, 2018). They engaged in a generative dialogue on the experience of the 2017 and 2018 cohorts, to develop and hone the programme. While these earlier programmes blended residential workshops, small active learning groups, individual co-active coaching and the critical companionship of participants themselves, disconnections between the elements of programme design were identified. It became clear that the support experienced by participants could be more coherent and there was a need to focus on the flow over the course of the programme, holding the space safely throughout that time to blend all its elements. It was shaped into a more cohesive nine-month programme of facilitated transformative learning and development.

Each territorial health board in Scotland and any independent or third-sector employer nominated community nurses or midwives, who then completed an extensive written application that asked them to reflect on their professional learning to date based on the excellence profile (Figure 1, above). Shortlisted applicants participated in a selection event at which they were invited to take part in group discussions and multiple mini interviews. This was designed to be enjoyable and confidence building so those not selected for the programme would still feel they'd had a positive experience. A panel met to make the final selection, considering the written applications and the selection event, with the purpose of creating a cohort of 20 that balanced geography, sector, speciality and diversity of protected characteristics, including age, disability, gender, race (Equality and Human Rights Commission, 2010). Each participant came with an issue to explore, which had the support of their employer.

The first residential workshop took place over five days in March 2019, and this provided the foundation for the nine months, giving participants the opportunity to slow down and reflect deeply on who they are as persons. The week was carefully designed and included a range of contemplative and creative practices built into masterclasses, active learning groups, work in pairs and individually, all making good use of outdoor spaces to connect with nature. Invited speakers joined the group for dinner each evening to share their leadership journeys, addressing themes such as staying true to values, imposter syndrome and personal resilience. After the workshop, the group stayed closely connected through social media and came together twice more in June and October for two and three days respectively. These two workshops built on the first, enabling participants to develop themselves as change makers and to explore their issues by listening deeply to self and others. Workshop facilitators (CC, BMcC and JB) carried out in-depth work with small groups and also with the coaches to create a connected synergy, so the themes emerging in coaching and the activities in the workshops built in a way that enabled individuals to feel safe and supported to flourish.

The nine-month journey ended as participants submitted their reflections on the voyage so far in whatever creative medium they chose. They were awarded the Queen's Nurse title at a ceremony attended by everyone involved in the programme, their families and employers. This marked the beginning of a career-long commitment to being a Queen's Nurse, role modeling the excellence profile, and being part of a social movement for change.

Co-creating an evaluation methodology

The need to evaluate the experience of participating in this newly designed programme was recognised as important by the lead facilitators. The co-creation of an evaluation framework, the evaluation processes used and outcomes arising, form the focus for the rest of this article.

Overall aim

To engage in a participatory evaluation of the experience of the nine-month development journey of the 2019 Queen's Nurse programme participants.

Objectives

1. Gain insight into the individual and shared experiences of participation in the programme
2. Work collectively to hear the authentic voices of participants
3. Determine if the methods used contribute to individual and collective development
4. Explore the resonance of Theory U as a theoretical, methodological and evaluative framework for the programme
5. Model the values and principles of the programme philosophy through the evaluation framework

In keeping with the programme's intentions, as well as the aim and objectives of the evaluation, an authentic approach to capturing the experiences of the programme and outcomes was needed. In discussion with participants, a Collaborative Critical Creative Inquiry (CCCI) methodology was chosen.

Collaborative inquiry is an approach to research and/or programme evaluation that focuses on inquiring *with* persons rather than *on* persons (Bridges and McGee, 2011). It has a long tradition as one of the many action research methodologies, which also include participatory action research, appreciative inquiry, cooperative inquiry, emancipatory action research and action learning (for a comprehensive overview of all these methodologies see Reason and Bradbury, 2008). Collaborative inquiry, like all forms of action research, has a primary aim of changing social reality through developing insights into the nature of that reality and taking action that is collaborative, inclusive and participative (McCormack, 2015). 'Action' comes in many forms and does not always imply 'doing' something or acting. It can, for example, refer to a shift in thinking, deliberately and intentionally shifting perception based on new insights, changing language or actively managing emotional responses. The inquiry process is operated through cycles of reflection and action as an individual or as a group member, and is concluded either when the end of a predetermined timeframe has been reached or after an agreed number of cycles.

Our collaborative inquiry was methodologically framed by critical creativity, as developed by McCormack and Titchen (2006, 2014) and Titchen and McCormack (2010). Through these and other articulations of the methodology (see for example Titchen et al., 2020), the key theoretical and methodological assumptions are set out. These include a central focus on human flourishing as both process and outcome, highlighting the importance of creating the conditions for all persons to maximise their potential for growth and development.

> *'Human flourishing focuses on maximising individuals' achievement of their potential for growth and development as they change the circumstances and relations of their lives. People are helped to flourish (i.e. grow, develop, thrive) during the change experience in addition to an intended outcome of wellbeing for the beneficiaries of the work'* (Titchen and McCormack, 2010, p 532).

As the name suggests, critical creativity blends being critical with being creative – that is, engaging in cognitive critique combined with creative imagination to deconstruct a situation, problem or issue and develop new understandings and action potentials. The adoption of critically creative ways of working creates the conditions for all persons to flourish and for this to be made visible to ourselves and others. The methodology of critical creativity has collaborative inquiry at its core, and it enables the central value of 'inquiring with' others to be realised.

To operationalise the CCCI methodology we designed a five-phase inquiry process (Table 1), informed by the central focus of Theory U, which is that of achieving 'presencing', by letting go of our old ego and letting come our highest future possibility. Each of the phases was based on the five movements of Theory U for co-shaping reality to achieve presencing (or human flourishing):

Table 1: The five-phase CCCI inquiry process

Phase	Description
Phase 1 Co-initiating	Building a collective group that is going through the process together with a shared intention
Phase 2 Co-sensing	'Getting out of our familiar bubble' (Scharmer, 2018) and immersing ourselves in new contexts that matter to our situation and that are unfamiliar to us, by having a set of core questions we want to ask
Phase 3 Presencing	Connecting to our deeper sources of knowing – the sources of creativity and Self. Shifting the inner place of operating from the head to the heart
Phase 4 Co-creating	Building 'prototypes' of potential futures that allow us to explore the future through doing
Phase 5 Co-evolving	Scaling the new, while growing and evolving innovation ecosystems for collective impact and sharing key learnings

Methods of inquiry

In CCCI, data-collection methods should be embedded and consistent with participants' concrete experiences. The mantra 'everything is data' is not unusual in CCCI and this renders data-collection processes exciting, innovative, challenging and, at times, overwhelming! Some advocates of collaborative inquiry argue that each inquiry requires the development of new methods of data collection (Bergold and Thomas, 2012) – an understandable assertion given that each inquiry is unique and, while recognisable methods like one-to-one interviews or focus groups are used, how they manifest in any inquiry can be different and unique. This embedded and embodied approach to evaluation enables deep learning (the primary purpose of any collaborative inquiry) to be surfaced that has transformative potential.

In this collaborative inquiry we agreed that the everyday inquiry records maintained by participants would form the body of data to be collected. No additional data (for example, interviews or focus groups) would be collected as these would contradict the central intention of an embedded, embodied and authentic unfurling of participants' experiences of the programme. We recognised the experimental and novel nature of this approach but agreed it was consistent with the programme's theoretical and methodological perspectives.

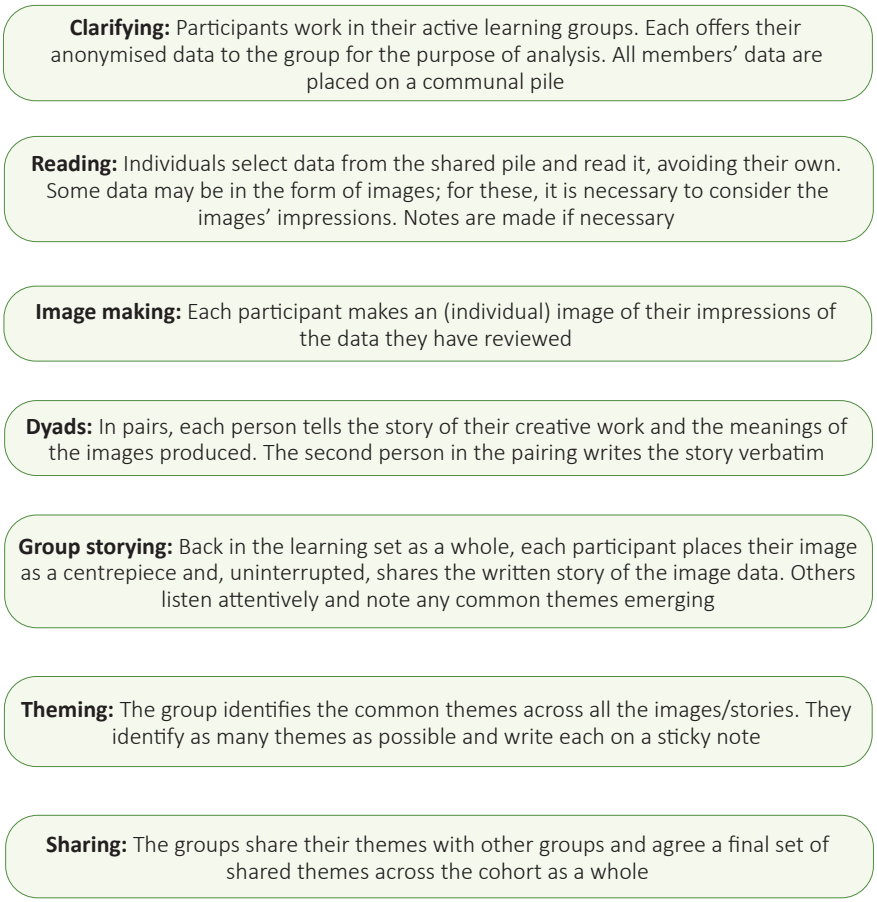
Our data consisted of three types of material:

- Participants' creative expressions (drawings, poetry, tapestry, sketches and sculptures) that they worked with individually and in groups during workshop activities and throughout the programme
- Reflective diaries and journals that the participants maintained as a part of daily work in their nursing roles and in which they documented key insights, reflections, stories and observations. These reflections were both written descriptive reflections and creative writing such as poetry,

haiku, factions (fictitious stories based on real events) and drawings/doodles. Participants also crafted objects and inserted images and descriptions of these in their reflective journals
- Project notes of meetings maintained during discussions of specific areas of activity, such as meeting notes and action plans

Analysis was an iterative process embedded through the programme. Each activity had a dual purpose of helping individual and group learning/development/transformation and at the same time being 'data' of significant insights, learning, transformations and outcomes. The first four phases were therefore collaborative processes undertaken with all participants. The fifth was undertaken by the lead facilitators only, as agreed with the programme participants, as it represented a stage of 'synthesis' requiring a helicopter-view analysis of the insights developed and articulated through the previous phases. To embed analysis processes with development and learning processes, an adapted form of creative hermeneutic analysis was used (Boomer and McCormack, 2010; Figure 2). Workshops were built around these stages and participants were guided through them as a part of the development processes. For example, a reflective walk in nature could be designed to enable peer discussion of observations or reflections to enable deeper insights to be developed and shared with group members during subsequent activities.

Figure 2: Creative hermeneutic analysis process (after Boomer and McCormack, 2010)



Considering ethics

We did not seek formal ethical approval for the evaluation as we agreed that this was 'routine practice' in the programme. However, ethical practice in collaborative inquiry goes beyond the requirement for 'approval'; indeed the need for ethical practice as an embedded part of the inquiry itself is paramount. We shaped our ethical framework through five principles of person-centred research (van Dulmen et al., 2017; Table 2):

Table 2: Shaping the ethical framework using five principles of person-centred research

Principle	Description
Principle 1 Connectivity	Ensuring all decisions were collaborative, inclusive and participative. Participants in this programme had been through a rigorous process of application and selection, during which the collaborative and integrated development, learning and evaluation of the programme were made explicit. In addition, the work of the programme is overseen by a high-level steering group of key stakeholders from across Scotland, who monitor every aspect of programme planning and delivery, including evaluation
Principle 2 Mutuality	Co-designing the aim and objectives of the inquiry and ensuring these reflected and respected individual needs. Participants in the programme committed to a collaborative inquiry process when they accepted a place on the programme, and consented to participating in all aspects of the programme of work
Principle 3 Transparency	Being committed to openness and honesty in all discussions and decisions. No data were collected beyond what the participants themselves provided as evidence of their work. They had total control of these materials, what they chose to provide and with whom
Principle 4 Sympathetic presence	Respecting individual preferences regarding participation, inquiry and emotional engagements in associated processes, as well as ensuring confidentiality and anonymity were maintained and respected. Any materials from reflective diaries and journals were photocopied by the participants themselves so all identifiers could be eliminated or removed in advance of the workshop. During inquiry sessions, confidentiality and anonymity were discussed and agreed – all discussions were confidential to the group members. Participants had control over the breadth and depth of their participation in workshops and inquiry processes. We integrated contemplative activities throughout the inquiry processes to enable clear decision making, create safe and courageous spaces, and help participants 'be' in the space they were working in, let go of fears or inhibitions and be able to give voice to concerns
Principle 5 Negotiation	Not taking 'liberties', meaning all decisions were collaborative, and not assuming that a shared agreement would be repeated in subsequent decision making. While individual participants' materials were shared with other group members, each participant took away their own material at the end of every inquiry session and stored it in their programme portfolio. All participants agreed to be a part of the evaluation, to share their (anonymised) data with other participants as a part of the analysis processes. They also agreed to be co-authors of publications arising from the work and to be named as such

Unfurling and unfolding experiences of transformative learning and development

Phase 1: Co-initiating (months 1-3)

This phase started with a week-long residential to kick off the programme. The week focused on relationship building and reflecting on one's own personhood. This started the process of moving participants from what Scharmer (2018) refers to as 'small s [self] and small w [work]' activities. According to Scharmer, the small s reflects a fixed and immutable understanding of self and the person. This limits the transformative potential of the person, preventing them from seeing their potential of becoming and evolving into a greater being – Large S [Self] – with clarity of purpose. The Large S has the potential to refocus the small w [work] into Large W, whereby the being and doing of the person are interconnected and guided towards working towards a newly clarified purpose, namely flourishing. The aim of the residential week was to work with the processes of suspending, redirecting and letting go in order to be prepared for co-sensing by the end of the week.

During this first week, each participant was invited to develop a 'meta-question' to help shape their learning journey over the programme. Broadly, this is a question about another question. Meta-questions often start with the words 'why', 'what' or 'how' as these tend to open up thinking. A good question will: stimulate creativity; motivate fresh thinking; surface underlying assumptions; focus intention, attention and energy; open the door to change; and lead us to the future (Brown et al., 1999).

> *'Questions open the door to dialogue and discovery. They are an invitation to creativity and breakthrough thinking. Questions can lead to movement and action on key issues; by generating creative insights, they ignite change'* (Vogt et al., 2003).

The focus of the meta-question was that of the desired shift from small s to Big S and the subsequent impact on moving from small w to Big W – that is, evidence of the participants and others flourishing at, in and by work. The meta-questions of participants are shown in Table 3. Co-initiating is about uncovering one's intention and the meta-questions helped participants to crystallise their intention as the week progressed, reinforced by the use of reflective walks in nature and a masterclass on 'human flourishing'.

Table 3: Meta-questions of participants

- How can I impact locally on parity of esteem?
- How can I be the change for a cultural shift?
- How do I continue to develop myself to become the person I want to be?
- How do I continually seek ways to feed my soul in order to flourish?
- How do I learn to trust in me?
- Through my flourishing how can I help others to flourish?
- How can I be a leader that motivates and enables?
- I am the question. I am the project. I am the change.
- How does my narrative of care homes shift the general narrative of care homes?
- How can I flourish?
- How to change Scottish society's views of traditional parenting approaches?
- How do I maintain the confidence to bring positive and energising change?
- How do I slow down, stop chasing the woodpecker and be the role model I want to be?
- How can I become the leader I want to be, to grow, flourish and inspire others?
- How can I become more person-centred and bring people with me?
- How can I unlock my inner strength to build my confidence, which will then enable me to truly flourish?
- How do I gain the confidence to believe in myself to allow me to do the things I want to?
- How can I thrive?
- How do I become the person I need to be?
- How do I sustain the renewal in me and use this energy to bring about change and flourish?

Phase 2: Co-sensing (months 4-7)

This phase represented the period following the residential programme and the next time the group met for an overnight two-day workshop. Co-sensing is about immersing ourselves in our context and learning to see things differently. This challenged participants to 'get out of their bubble' and take a deep-dive innovative journey through the newfound insights developed in Phase 1, knowing that they were doing it as a collective, journeying together. Co-sensing is primarily about listening with an open heart and mind, and immersing ourselves in new ideas and contexts. It is about moving towards a new and emerging reality.

Active learning sets, focusing on generative conversations about where participants were in relation to their meta-question, were a key focus of this phase of inquiry. Learning through these generative conversations was captured through a 'journaling practicum', the aim of which was to engage in the co-generation and participatory analysis of data, exploring participants' development as Queen's Nurses.

Phase 3: Presencing (months 7 and 8)

Presencing is a blend of sensing and presence, connecting to true self and creativity. It requires curiosity, compassion and courage. By this point in the programme, participants were making significant progress with their meta-questions. Masterclasses were focused on finding voice and creating narratives for

change. Participants were invited to connect to Big S [Self] and their creativity. As part of our collective inquiry, individuals distilled their learning using words and images and shared them with others, and we developed a set of themed summary statements that captured the collective learning to this point.

Phase 4: Co-creating (month 9)

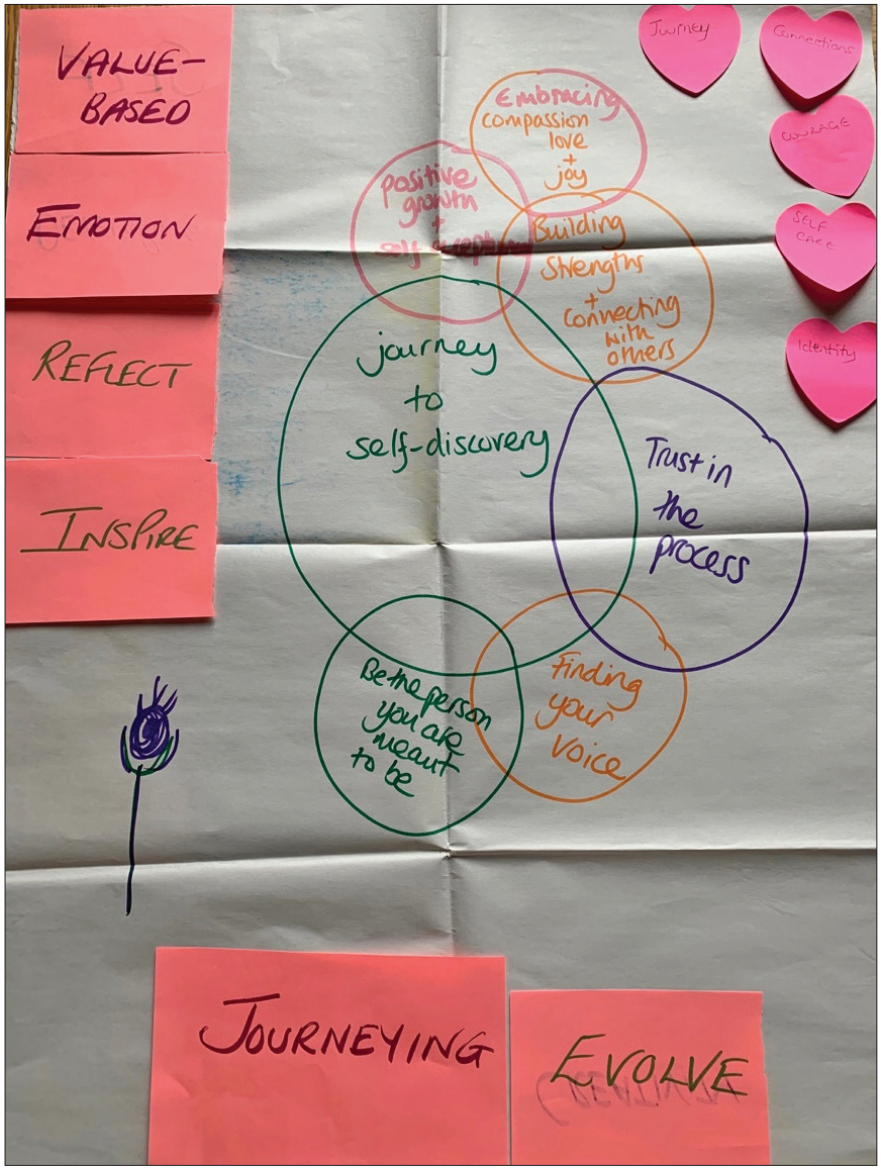
In this phase the focus is on building prototypes of potential futures that can be realised through active change making. Co-creating reflects the need for participants to embrace the power of the community to bring about change and evolve a new future through active doing. Unlike other approaches to change, and indeed the predominant focus of short-term projects, the emphasis is not on an endpoint or definitive outcome. Instead, it is on 'design thinking', matched with learning gained from presencing to bring about profound shifts in both being and doing as social agents.

Participants were helped to consider where their design thinking had got to and to understand how far they had progressed towards Big S [Self] and Big W [Work]. This was done through working with three synthesis questions:

1. What have been the successes, challenges, key points and significant moments on this journey?
2. What have been the most important practical solutions you have achieved?
3. What has been your most significant self-growth?

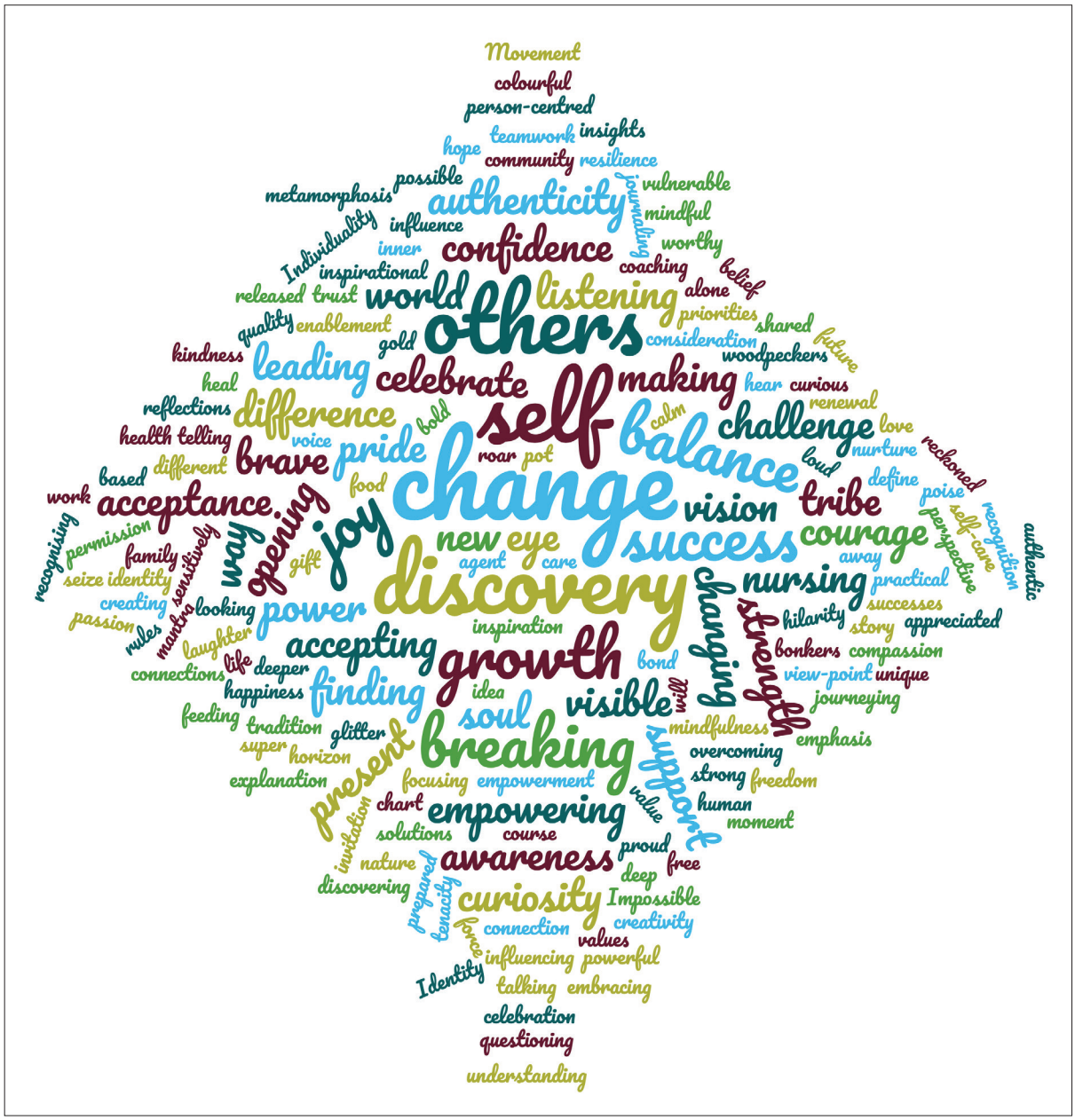
We used a variety of creative (artwork and movement) and cognitive (reflective groups, small group discussions) processes to work with these questions and agree a shared perspective. This synthesis is presented in Figure 3.

Figure 3: Data synthesis



The data summarised in Figure 3 were then translated into a summary individual creative reflection through imagery. Each person created three images and the 60 images were then placed in a spiral and participants walked reflectively through the spiral expressing their thoughts, feelings, impressions, imaginations and insights. These were recorded verbatim in the moment, synthesised through a Wordle image (Figure 4) and used in Phase 5 (co-evolving) to capture a final synthesis of the collective impact and shared key learnings.

Figure 4: Final synthesis of the collective impact and shared key learnings



Phase 5: Co-evolving (months 10-12, after the formal programme ended)

In Phase 5, the lead facilitators (CC/BMcC/JC) worked on behalf of the whole cohort with all the images, reflections and in-the-moment narrative to identify evidence of co-evolving, representing previous layers of depth and understanding. Through processes of reading, observation of images, discussions of impressions and shared insights, we identified three themes representing the overall experiences of the shifts that had taken place in the participants as social agents: self-growth, community and practical impacts of the programme.

Self-growth

This theme reflected the key focus of the programme – the movement from small s [self] and small w [work] to Big S and Big W. Participants suggested they had been given permission to explore, to be curious and questioning – '*I am learning to listen and reflect deeply*' (Mary). They recognised the need to take risks, move out of their comfort zone and trust the process of development that was

taking place. It was seen as a journey of self-discovery through nature, creativity, movement and the power of journaling. Significantly, the impact of coaching in helping participants to find their voice was evident. This was seen as being about learning to connect with the authentic self and realising the importance of that. Learning to be present, to tune out the negative voices, to have confidence in self and to let the impossible become possible:

> *'Able to notice and challenge my negative chorus'* (Fiona).

Also expressed was the significance of self-care, and how important it is to be true to our own values in order to remain resilient. One participant described this as:

> *'This is me accepting my superpower of courage, bravery, strength and growth, leading the way sensitively, whilst being curious'* (Nikki).

Recognising the power of authenticity as a person and using this authenticity as a force for change also came through in the data. This reflected the Theory U focus on changing self in order to bring about change in others:

> *'I am me; I am change, I am making a difference, accepting challenge and being a force to be reckoned with, self-balance and inner calm'* (Fiona).

This change was not just confined to work and so reflected the person-centred focus of the programme, in particular the focus on personhood, enabling a change of perspective and a greater sense of contentment. Finding solutions, such as observing what is going on, asking for help, not fearing failure, taking and considering different viewpoints, brought about the courage to succeed.

> *'I do feel more balanced, confident and "quieter of mind" nowadays… To be a better nurse, I needed to be a better [parent], friend, partner, person etc… basically a holistic change, not a change in one compartment of my life'* (Steve).

Community

The participants gained the sense that they were now part of a community – the Queen's Nurses – that was seizing the moment and working collectively for person-centredness as social reformers. This sense was emphasised in ways of being and doing that had become normalised, such as kindness, being vulnerable, breaking free, breaking the rules, 'eye-opening support', vision, beliefs and values-based pride. These newfound aspects and the confidence to embrace them in their daily work enabled changes in practice to happen:

> *'Sculpting using the "4D perspective" – vision – project – what, who, me – standing in my own way – finalising new "recall approach" and presenting the plan to the clinical cluster. Project became possible due to my new inner confidence'* (Elaine).

The members saw themselves as a trusted group that had found creative and authentic ways of supporting each other with integrated approaches to mindfulness and self-care. This resulted in an air of positivity.

Practical impacts of the programme

This theme focuses on identifying practical changes that participants could identify through their participation in the programme. These changes reflected a wide range of practical/clinical, relational and personal changes. For some participants, their new learning about Self and the strength of their inner knowing enabled practice changes to be achieved:

'I escalated my concerns about staffing levels to senior management, it took courage. I was surprised by the positive response I received. There was support to put practical solutions in place quickly and we are working together to find long-term solutions. Before completing the Queen's Nurse programme, I would not have had the confidence to do this. I have learned to get my point across in a positive manner, which has resulted in safer delivery of care' (Mary).

For others, practical impacts were not focused on specific practice changes, but on how they approached practice developments in general: a shift from 'getting change done' to 'embodied engagement of persons':

'I have reconnected with the people who use our services and I've found that through attending and actually focusing on the minutiae of my interactions with these people, I am actually connected to my central tenet of person-centred care… I take time to chat through people's experiences of the service but also people's experience of their life and their communities. I no longer doubt that I make a difference, I do. What a lovely place to be' (Lindsey).

Overall, the most-cited impacts concerned a shift in 'ways of being', using different methods of reflection and finding creative spaces for deep engagement with work issues:

'Journaling has given me a safe space to explore my thoughts and feelings as I changed my focus and stopped myself going back to blame or regret. Using my body to feel grounded has also helped, as has singing' (Debbie).

It was evident from the narrated experiences that most participants in the programme were able to embody their learning and bring about change. While participants came to the programme with an identified 'issue' endorsed by senior managers, the programme is not directed towards addressing these particular issues. Instead, they acted as a point of departure for learning and development, and ultimately for transformation of self and others.

Discussion

This article focuses on one innovative learning and development programme that has the intent of enabling participants to transform their ways of knowing, being, doing and becoming as nurses. The programme is unique in that it is genuinely concerned with the transformative potential of expert community nurses and releasing their capacity as 'community reformers' (Cable, 2019). Through the adoption of person-centred authentic methods of engagement, the programme created a context that enabled individual and group flourishing. So why is this significant and important?

The development of integrated models of community healthcare is a global agenda. Community nurses are at the heart of transformation programmes that focus on shifting the locus of activity from hospital to community. Such a shift requires a remodeling of health and social care delivery systems to social models of health (Yuill et al., 2010) underpinned by the empowerment of citizens to maximise their potential for self-care. Hannah (2014) argues that this requires a fundamental shift in the kind of conversation that happens between (so-called) service users and service providers. The emphasis needs to be on equalising power relationships in ways that empower individuals and communities to humanise healthcare experiences for all persons. Doing this work requires expert holistic engagement in change making that goes far beyond changing behaviours; holistic methods are needed that enable all voices to be equally heard. Transformative development methodologies privilege the significance of whole-person engagement in change processes (McCormack, 2015), but they also place significant emphasis on shared values, having a shared vision and achieving culture change for sustainable practices. All of these are important components of practice-development methodologies, but we know that for many practitioners, bringing about this level of change can be difficult, if not impossible. While emancipatory and transformational practice development methodologies have person-centredness as a key outcome of change, depending on whole-team agreement on issues such as values, vision and

culture may detract from the very person-centred purpose espoused. Further, if healthcare is to be truly humanised, then all healthcare practitioners need the knowledge, skills and expertise to facilitate conversation in and with local communities, so that the outcome is their embedded transformation rather than a professionally driven vision (Hannah, 2014).

The methodology operationalised in this article holds significant potential for socially reforming healthcare, because it manages to privilege the development of the transformative potential of individual persons while systematically enabling a collective outcome to be realised. Participants in the Queen's Nurse programme are clear about their responsibilities as change makers, are expert practitioners and leaders, and hold positions of authority in their respective organisations. Yet, for many of them, the day-to-day realities of practice mean their change-making potential is not realised. The impact of context and culture on individual leaders' abilities to maximise effectiveness is well documented (Nilsen and Bernhardsson, 2019) and indeed McCormack and colleagues (2018) argued that without addressing culture and context, person-centred practice cannot be achieved in any meaningful way. What is evident from this programme, however, is that the use of Theory U as a systematic approach to bringing out the transformative potential of individuals can have a lasting effect on how work is perceived and engaged with. The five movements of Theory U and its focus on transforming the meaning of work in the context of self is a powerful tool for releasing energy that has the potential to transform challenging and resistant contexts.

This insight presents useful challenges for existing quality-improvement programmes whose focus is on the 'thing to be changed' rather than the meanings associated with those same things – that is, a focus on doing rather than being. Of course, it will always be the case that everyday aspects of practice need to be changed and that this often requires technical processes. However, there is a need for organisational bravery among managers and leaders to stop the cyclical nature of many of these changes and to invest in programmes that enable individuals and teams to stand back from the daily reality and consider the deeper meanings attached to these practices. Stodd (2020) asserts the need for organisations to become 'socially dynamic', whereby individual agency is unlocked at scale, through communities of learners who are 'scaffolded' through their journey of effectiveness. The Queen's Nurse programme achieves such a purpose through the integration of wellbeing, mindfulness, healthfulness and flourishing with the doing of practice development, and is consistent with Stodd's assertion (2019, p 10) that *'If we can better understand the ways in which people connect, and engage to learn, and support others in their learning, and how these social structures form, and are bonded, then we can better support this process'*. These practices are of course not confined to community nurses' development but have applicability across all healthcare professions and services.

We believe that we created what Aaro and Clemens (2013) have described as a 'brave space' for effective transformative practice. These authors argue that focusing on 'safe spaces' when facilitating dialogue on challenging topics, such as social justice, prevents authentic dialogue from taking place and instead reinforces the power dynamic that facilitators seek to avoid. They propose a shift in thinking about 'ground rules' of group work and the purpose they serve – to maintain safety or facilitate bravery. The theoretical and methodological framing of the Queen's Nurse programme enables a brave space to be created and we believe this is central to this kind of engagement and has general applicability. Participants are 'held' throughout the programme in a space that respects all our vulnerabilities as persons and openly celebrates these vulnerabilities as tools of transformation rather than weaknesses to be hidden. This achievement is also consistent with the philosophy of personhood and respecting and valuing the uniqueness of each person. We appreciate this is not easy to achieve and further understand that the creation of such a space can never be taken for granted or assumed. Participants need to commit to being in the zone of authenticity and appreciate an integrated approach to learning, development and evaluation. We experienced this as an exacting task when working with so many people, each of whom had different levels of understanding about the methodology and how to work in these ways.

This is especially relevant when it comes to ethics and framing the evaluation in an ethical context. The question of whether a programme such as this requires ethical approval is a contested one and we are open to the challenges that might be posed. However, if we believe that transformative learning spaces are embedded in ethical practice that is embodied and reflexive, then the need for external approval raises significant philosophical and practical problems. Indeed, this issue is one that many participatory researchers have grappled with (Horsfall and Titchen, 2009) and too often conforming to established external ethical processes represents the path of least resistance. We contend that while there is clearly a place for this external process for most research and practice developments, there are exceptions and it would be beneficial to have this conversation. We hope that by articulating an embedded and embodied person-centred approach to ethical processes, we are encouraging and contributing to this conversation.

Conclusion

It is our belief that the Queen's Nurse Development Programme has much to offer current discussions about the need for nursing care that is agile in its delivery, integrated across sectors, responsive to complex need and focused on prevention, self-care and wellbeing. It helps participants to become empowered as clinical leaders with the skills to lean into uncertainty from a place of deep self-knowledge, confidence and resilience. The importance of slowing and stillness, linked to the spaces created for creative reflective learning and development has been significant in this regard. Being present to listen to self, engage in self-care and self-growth at the bottom of the U is something the programme provides and that is highly valued. We would argue that if health systems are serious about the transformation of services and people, then such programmes are critical to success and applicable to all health professionals and areas of practice. We recognise the need for further development of the methodology (such as actively seeking more critical voices and reducing the dominance of powerful images in the data analysis), but it is clear that the overall approach has wide-ranging applicability and potential for enabling deep growth and development.

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