ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Transformational practice development research in the healthcare professions: a critical-creative dialogue

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Abstract

Background: Transformational practice development research is a critical inquiry process that enhances practice as well as research. It takes an action approach to research and a research approach to practice. Such practice is relational, discursive and embodied. Bringing about change in practice occurs simultaneously with generating new insights and knowledge in research. Transformational practice development research uses participatory communicative spaces for learning and knowledge creation through cognitive and artistic critique.

Aims and objective: In this critical-creative dialogue we explore how we do transformational practice development research through creating communicative spaces or conversations for change. Our objective is to identify common principles and philosophical differences in our approaches.

Conclusions: Our dialogue identified eight common principles that we subscribe to in transformational practice development research. However, we also concluded that our strategies and principles are underpinned and shaped by different ontological and epistemological stances.

Implications for practice: Facilitators of transformational practice development research require skill and courage. They need to be skilled in guiding emancipatory, participatory processes, and courageous in being self-reflexive and critically mindful of research participants in order to enable authenticity, social justice and well being for all to flourish. Beyond the intent of emancipation and participation there are diverse traditions in critical social sciences. Engaging in critical-creative dialogues will progress the development and understanding of critical perspectives in practice development for future practices.

Keywords: Dialogue, practice research, communicative spaces, critical pedagogy, critical creativity

Introduction

In this paper we explore the nature of transformational practice development research. We do this through description of the dialogic processes used in two examples or case studies from our own practice and then through engaging in a critical-creative dialogue about them. Critical-creative dialogues are a key feature of practice development and participatory research. Dialogues are daily strategies for professional practitioners and researchers but their purposes can differ widely and not all dialogues are necessarily critical and creative. Here we draw on our unique practice experiences and a small select literature to show how critical-creative dialogues serve as a method for bringing

about change and generating understanding and knowledge. Specifically, we asked: what are the conditions that enable and hinder critical-creative dialogue processes and what is the role of the dialogue facilitator?

Transformational practice development research: practising research and researching practice

Transformational practice development research can be seen as both research and practice. It takes an action approach to research and a research approach to practice. Transformational practice development research is located within the critical social sciences and takes a participatory action research approach because it has development and transformation as its main agenda critique. This type of research embraces cognitive, embodied, discursive and relational ways of knowing. Within this research paradigm (worldview) generating knowledge can mean to: turn experiences into knowledge; understand more deeply experiences, observations and actions of self and others; and build theory from practice and develop new ways of practising. It accepts practice as the social site of research.

Professional practice is understood as a situated, cultural, embodied, relational, discursive, creative and political practice (Kemmis and Trede, 2010). The way we do things together, the things we discuss and how we relate to each other shape practice. Practice is interdependently co-produced between individual and social agency. Such professional practice is dynamic and can be framed as a future practice because some aspects are perpetuated and others are transformed. Transformational practice development research is concerned with creating transformational cultures of effectiveness and enabling individuals, teams, organisations and communities to deliver, and co-construct new knowledge and practices about person-centred, evidence-informed healthcare. There is a strong commitment to collaboration, inclusion, reflection and participation of stakeholders. Such research can lead to human flourishing, in creative, spiritual and ethical senses, of both recipients of the research and those undertaking it (adapted from Titchen and Armstrong, 2007). Such research can also reduce unnecessary injustice (Trede and Higgs, 2010a) and enhance culturally appropriate practices (Trede and Hill, 2012, pp 195-205).

Transformational practice development research thrives in communicative spaces where all participants listen non-judgmentally with respect and feel valued and enabled to speak openly without fear. As people often know or sense more than they can say, creative processes might be used in communicative spaces to help people to speak out this tacit, embodied knowing to add to the dialogue. Communicative spaces comprise collective open dialogues that facilitate deeper thinking and critical-creative engagement with practice development through high challenge and high support. Dialogue partners take reasoned, self-reflective, creative and transparent stances. There is a common aim of clarifying disagreements, dilemmas, paradoxes, puzzles and contradictions to advance human potential, thereby reaching shared understanding, finding solutions and building human capacity. The whole endeavor is to promote the well being of people who receive and give healthcare, and to contribute to the common good.

Methods

This paper is located in the case study tradition. We have created two case studies from data collected in other studies of our own practice and present them here within their rich socio-cultural contexts and bounded by space and time (c.f. Creswell, 1998). Case study tradition is a fitting match for our purposes because we sought to illustrate richly transformational practice development research in action. Since we have not collaborated in research, we present one case study each and place them within a critical-creative dialogue. Furthermore, the two cases were drawn from very different contexts. For these reasons we needed to frame our philosophical and theoretical positions for each case separately. We adopted critical stances to scrutinise difficulties that arose during the critical-creative dialogue process and how we negotiated and overcame them. Our case study

approach is dialogical in nature and can be seen as an enactment of our critical-creative dialogue conceptualisation. We were interested to compare and question how we underpinned (theoretically and philosophically) and used critical-creative dialogues in our research. We also analysed both case studies for common principles that underpin transformational practice development research, and looked for and constructed implications and questions for practice and research.

Case study 1: creating communicative spaces: collaboration, inclusion and participation

Angie: I am guided in my work by a new worldview called critical creativity (McCormack and Titchen, 2006; Titchen and McCormack, 2008; Titchen and McCormack, 2010). Critical creativity is a paradigmatic synthesis in which the assumptions of the critical paradigm are blended and balanced with, and attuned to, creative and ancient traditions and the natural world, for the purpose of human flourishing (Titchen and McCormack, 2010). In this worldview, knowledge is created through engaging the whole of ourselves in theoretical (scholarly) and empirical research, and in artistic and cognitive critique of theory, empirical findings, inner wisdom and in-the-moment experience. As we search for meaning at the very edge of what we know, spirituality may play a part too.

As a paradigmatic framework for transformational practice, critical creativity can support researchers, practice developers, practitioner researchers, leaders, practitioners and stakeholders. Through its theoretical framework (McCormack and Titchen, 2006), a facilitator (who may be in any of the roles above) enables people to become critical and creative. The facilitator helps them to de-construct their context, situation, contradiction or dilemma – politically, socially, historically and culturally – and then re-construct it in order to develop new understandings for transformation and, simultaneously, generation of new knowledge. The critical theories of Brian Fay (1987) are influential here. De-construction and re-construction occurs through reflexivity (critical consciousness), challenging assumptions, critical dialogue and debate; in other words, cognitive critique. This critique is complimented by using creative imagination and expression. So the facilitator helps people to grasp the essence and meaning of the whole and to bring embodied, imaginative and symbolic meaning into their cognitive critique of a context, situation or event. Thus a blending and weaving of art forms and reflexivity occurs through professional artistry. This blending enables us to bring the meaning that we know in our bodies and imaginations into our cognitive critique. But this is just part of it. The crux is the act of transformation, informed by this critique; living the abstract concept or theory is very challenging. And this is where the methodological framework of critical creativity (Titchen and McCormack, 2010) comes in. Facilitators are guided by the framework as they create the conditions for people to flourish as they move through the turbulence and often pain of transformation, be it of self, teams, practices, workplace cultures, leadership or organisations.

Setting the scene

From 2003 - 2007, I was involved in a co-operative inquiry within the International Practice Development Colloquium (later this Colloquium became the International Practice Development Collaborative). We were then a group of nursing practice developers and researchers from the UK, the Netherlands and Australia. We were working within an emancipatory practice development/critical research paradigm. For me, the historical context of the inquiry was work that I had been involved in, particularly with Emma Coats, Brendan McCormack and Kim Manley in the UK and Joy Higgs in Australia (for example, Seizing the Fire, 2001; Higgs and Titchen, 2001; Coats et al., 2004). We had been playing with ideas and theories from fields of practice, such as creative arts therapy, arts facilitation in healthcare and diverse spiritual traditions that are concerned with creativity and the use of the body, creative imagination and expression to promote human flourishing. In particular, Brendan and I were beginning to feel that the emancipatory/critical worldview did not provide us with sufficient theoretical and methodological support for this work, so we were keen to address this inadequacy within the co-operative inquiry.

Inquiry members worked in hospitals, professional nursing organisations and/or universities, and had different levels of hands-on experience of practice development and research. Most members were educated to masters level or were PhD students, and others had doctorates. We aspired to having no formal leader roles and all co-inquirers having equal power in decision making about the research and responsibility for organising, facilitating and contributing to the research. However, there were some challenges in living our values of authentic collaboration, inclusion and participation. There were among us more experienced researchers and practice developers who expressed critical creativity as a way of living, being, learning, becoming, practising. As might be expected, they had become sapiential leaders – that is, leaders leading through their wisdom and depth of knowledge and experience, rather than through their role or position. Using a forest metaphor, sapiential leaders are the forest canopy who can sense the way forward towards a fuller understanding of critical creativity while others, at ground level, are saplings who are just beginning to see the woods for the trees. Managing an emerging tension between those who were enjoying the opportunity to fly in the canopy and those who were growing towards the light in ways that promote human flourishing was very challenging. But I jump ahead. What follows is re-constructed from a wide range of qualitative data gathered by co-operative inquiry members over several years, for example, reflexive and creative writing, participant observations, walking in nature, photographs, art forms, audio recordings of critical-creative dialogue, notes of meetings and activities and email dialogues.

Co-creating new knowledge through communicative spaces: joys and challenges

After a two-day critique of available practice development theories, and to ensure everyone's commitment to and ownership of the work, inquiry members used a values clarification activity to create a shared vision and common purpose for the research (see Box 1) and agree principles for ways of working together.

Box 1: Shared vision and common purpose of the International Practice Development Colloquium

The vision of the International Practice Development Colloquium is to generate and test new knowledge leading to theory development and refinement for practice development. This will be achieved by creating the conditions for individual and group flourishing, which includes:

- Using person-centred, reflective, creative and critical processes
- Working in symbiotic relationships in which the key concepts of culture, enabling facilitation, praxis evaluation and critical creativity will be critically explored
- Testing in practice the social utility of new (and/or refined) knowledge and theory generated
- Sharing and influencing widely through (inter)national engagement, e.g. publications, debates

We agreed to work as a collective, but also in groups exploring the key concepts (see Box 1). Principles included being authentic in all interactions and work practices, respecting and acknowledging individual contributions, offering high challenge and high support and critiquing each others' papers. To emphasise equality, we committed to taking turns to host and facilitate our

gatherings. Having experienced the power of working in a beautiful garden at our first Colloquium, we agreed that if possible we would have two-day meetings in venues with gardens or in beautiful natural surroundings.

When the working groups were eventually formed, Brendan and I joined the critical creativity group. Unlike most other members of the collective, the critical creativity members all had some experience of working critically and creatively. Together, we began working on deepening and embodying our understanding of Brian Fay's (1987) critical theories and exploring the relationship of these theories to our work within creative and ancient traditions. Time passed and our understandings grew. The group gave Brendan and me the green light to develop a paper showing this relationship in a new theoretical framework for human flourishing within a critical creativity worldview. We were to circulate it to them for comment and then send out a refined version to the collective for critique. This we duly did and the draft paper was presented at a one-day meeting in London. While there was a good discussion, it was apparent that some people were having problems understanding it. It was agreed that a clearer, more refined paper should be developed, circulated and eventually submitted for publication.

After the paper (McCormack and Titchen, 2006) was published, a crisis of confidence began to emerge at a two-day forest retreat in the Netherlands. On the first day, the hosts facilitated the communicative space. By the end of the day, the critical creativity group sensed that some members of the collective were struggling to embody or live critical creativity within the space and dialogue, but no one was sharing their struggles or feelings of disempowerment (that was revealed much later). That evening, feeling very disappointed, the critical creativity group members decided to go for a walk in the woods, in pairs and silence, and then meet up in the forest for a critical-creative dialogue about what emerged (see Box 2). Intentionally, we opened up our body senses, noticing what our bodies were feeling and what else we noticed. After a while, we began to talk, re-framing our body sensations and feelings through the forest landscape.

Box 2: Extract from a critical-creative dialogue

[We] comment on the devastation of beauty; a patch of felled trees. Lucy invites [us] to re-frame the scene; logs to keep us warm in winter, creating space and light for saplings to grow.

As we walk on, we step off the path and stop in a pile of dead leaves, [Lucy says]:

'You can regard them in two ways – as having done their job or as a new beginning given that we need them for new development. The youngsters (meaning the trees) need the oldies (meaning the rotting leaves) to nurture and support them (i.e., provide them with nourishing compost for growth). The forest's ecosystem is a wonderful metaphor for practice development – we all have a place and value in our practice world with our own understandings that inform our actions. But we need the light fall (critique) and life juice (common language) in order to grow.

That is the way it is.

We stop at an open space which at first glance looks like awful destruction! But then at second glance, there it is a beautiful spot for deer to graze. Being here, standing here breathing deeply, I feel my blood (life juice) streaming and feel connected to the system again!'

[We] decide that human flourishing is an eco-system of balancing life-death-life, creating conditions for interdependency and the losses and gains of each position. Fragility and strength. Strength and fragility. Dynamic balance.

(Titchen and McCormack, 2008, pp 64-65)

We discovered that by spelling out what the *crisis* was that day and why it existed, significantly and centrally through *the body*, and then through *reflexivity* (critical consciousness), we were able to overcome the *crisis* through taking *transformative action* (the words in italics are some of Fay's critical theories). This is in direct opposition to the common assumption that we go straight to reflection and reflexivity to develop a plan for transformative action. We concluded that if practice developers and researchers working in the critical research paradigm pay attention to the body, they will be better able to create the conditions for their own and others' flourishing and transformation. We decided that we could put this to the test the next day in the context of our current crisis. We would suggest a walk in the woods to our colleagues to help them to experience and embody critical creativity and to engage in the inquiry process. Brendan and I were asked to facilitate. (Author's note: the walk in the woods described here is more fully presented and interpreted in Titchen and McCormack, [2008]. Other events are newly presented.)

The next morning was fine and the suggestion was warmly welcomed, so we invited people to experience the forest world they were physically walking in – to experience the sounds, sights, smells, textures and tastes of the forest. Two people agreed to act as observers, taking field notes and photographs. We invited people to walk alone in contemplative silence and begin to notice what they noticed, without there being any rationale. Then we invited the group to re-frame the crisis we were in, using the forest sights, sounds, smells and critical dialogues. Thus the imagination was invited in. Some engaged in animated conversations, sharing metaphorical and metaphysical insights. Their energy levels were high and they seemed transformed from flatness to excitement. A few were quieter and appeared diffident but they contributed in their own ways to the various activities that Brendan and I proposed. At the end of our walk, we sat in a circle at the edge of the wood and engaged in a critical-creative dialogue. New and deepening insights about the crisis and the conditions necessary for transformation led quickly to a plan for transformative action. If we are ready, using silence, allowing the body rather than the head to lead for a while, listening to what it tells us and bringing the imagination in, we seem to work an effortless magic in enabling transformation.

But the story does not end there. It was agreed that Brendan and I would re-work the already published theoretical framework to take in these new insights and illustrate how it worked by giving an anonymised account of the walk in the woods (Titchen and McCormack, 2008). After intensive debates and challenges from the critical creativity group members and when a good draft was ready, Brendan and I sent it out to everyone else inviting critique and feedback. We got back very few comments. The silence was deafening. We began to hear whispers from deep in the forest, as it were, that those who had been feeling disempowered for some time were now feeling even more so after reading the paper. While they were sharing their feelings with others who had similar feelings, they were still not sharing it with the critical creativity group or the whole collective. This is not to say that they were not addressing their personal issues, as individuals at that time. Later it came to light that they were and some with help from other inquiry members.

The next meeting, in Northern Ireland, was very carefully planned by the hosts to open up an authentic communicative space where people could own and articulate their feelings. The hosts proposed a Claims, Concerns and Issues activity that has been adapted for emancipatory practice development from Guba and Lincoln's Fourth Generation Evaluation approach (Royal College of Nursing, 2007). The focus of the activity was to be people's experience of the inquiry and people were invited to use artistic expression as well as words. People agreed. Then as each of us shared our creations, hurt, sadness and feelings of inadequacy were described. And so, within the embrace of not being judged by self and others, the healing began. Questions raised related to personal responsibility, enabling everyone to flourish, power and leadership, enabling shared understanding and critique and working virtually. Among the issues to arise through this process was the deafening

silence in response to the paper. Time was set aside that day to have an honest and open conversation for change, and action plans for embodying and living our already agreed principles for ways of working were made.

Postscript

The postscript is, first, that many inquiry members, including those who had these initial struggles, have published the work of their groups and some are now using critical creativity in their own transformational action research studies (see one of our celebrations in Figure 1).

Figure 1: Celebration cake decorated collaboratively by inquiry members

Second, we have tested out the theoretical and methodological frameworks for human flourishing by inviting hundreds of stakeholders (primarily practitioners, practice developers and researchers) at workshops and international conferences to engage in artistic and cognitive critiques of our critical creativity frameworks (see Figure 2).

Figure 2: Conference participants testing the critical creativity theoretical framework

Third, I do not want to leave you with the impression that this kind of work can only be done in beautiful natural surroundings. The majority of our work is done in drab, concrete environments, so we find out if there is a garden somewhere, however small, or bring in a few stones, shells, leaves or flowers, for example, to signify the natural world and stimulate the imagination and body senses. Music and fragrance works well too. There are lots more ideas in Coats et al. (2006) and Titchen and Horsfall (2011).

- What do you think was going on in this story?
- What does it tell you about creating and sustaining authentic communicative spaces in transformational practice development and research?
- What could we have done better and how?

Case study 2: Creating communicative spaces as an emancipatory strategy in workplace learning

Franziska: The critical paradigm pays particular attention to the relationship between power, knowledge and ideology (Foley, 2000). It is also focused on social, racial, political or cultural injustices within industrialised societies, and seeks to transform disempowerment to emancipation (Kemmis and McTaggart, 2005). I share these interests and draw on critical pedagogy (Freire, 1973) and the theory of communicative action (Habermas, 1987). Freire (1973) described three phases in

critical pedagogy: conscientisation, dialogue and action. In the first phase participants listen and talk about current situations and, through this process, they become aware of previously unreflected, taken-for-granted or silenced practices. In this conscientisation phase the facilitator becomes familiar with the language, the interests and beliefs participants bring to the project. Freire claimed that through this conscientisation process of dialogical reflection, a perspective transformation and a commitment for change is created, and the desire to act and improve current situations can be instilled. Emancipatory acts evolve from critique and awareness-raising.

The theory of communicative action postulates three ideal conditions for participation, dialogue and reflection:

1. Reason prevails over power
2. Participants take a self-reflective stance
3. Dialogues need to be transparent and have intrinsic properties that help decide whether to accept or reject validity claims (Trede, 2008)

To create these conditions, sophisticated skills of self-reflection, respect for others and a willingness to uphold reason over power are necessary. Habermas developed these conditions because he was sceptical that participation and dialogue in itself could lead to emancipation. Dialogue and participation are buzzwords that can be easily misused. There is a danger that discussions might be stifling, especially when they are conducted within taken-for-granted value frameworks and power relations. Without questioning and even challenging existing value frameworks and work practices emancipation is difficult. Dialogue partners need to be enabled to discuss matters at an equal level. I translated the three conditions for critical dialogues into the following principles:

- Help create a dialogical environment where participants feel safe to speak openly
- Be respectful towards other participants
- Be as open as you can. Try to share critical moments that expose challenges, problems and errors that we can all learn from. There is no pressure to be seen to succeed
- Feel free to disagree and engage in vigorous debate
- Focus on problem-posing and exploring choices rather than immediately looking for solutions. This is an opportunity for learning and transforming, not didactic teaching
- Use communicative spaces constructively for genuine professional and personal development and not only for off-loading frustration
- Illustrate your arguments with examples
- Respond and discuss with each other because dialogues, rather than monologues, generate new insights and new practices

Setting the scene

This case study occurred with the sterilising services department in a large metropolitan teaching hospital in Sydney. Such departments are responsible for collecting, cleaning, sterilising, packaging and despatching surgical and other medical instruments; non-sterile instruments can cause infections. The sterilising procedures need to be well organised to ensure timely despatching of instruments to operating theatres so that medical interventions are not unnecessarily delayed. Although sterilisation departments are important for the safety of patients they do not enjoy high status within hospitals. To work in a sterilising services department requires short training courses only and, as long as no infections or complications are caused due to sterilising issues, this work remains invisible to most other staff and patients. Effective sterilisation is taken for granted.

The sterilisation department employed 50 full-time-equivalent staff who, among them, spoke 16 languages other than English. Ages ranged from 23 to 68 with a mean age of 43. The average length of stay at this department was just over ten years, and the longest serving time was 31 years.

There are next to no opportunities for professional development. The only courses on offer cover technical skills and machinery operation aspects with little attention to other skills such as communication, team building and critical thinking skills. The head of department wanted to provide an opportunity for staff to address serious communication challenges that he described as language issues and cultural disharmony in the workplace. Staff were crying, shouting or not talking to each other and taking excessive sick and stress leave. Many used the hospital staff counselling service and the human resource department; both are institutions that deal with internal staff disharmony and complaints. We agreed that the department issues were more complex than technical communication challenges. The manager conceded that disciplinary and technical approaches to tackling his departmental problems were unlikely to succeed and that other approaches were needed. He was open to my suggestions of adopting participatory, dialogical and emancipatory approaches.

The structure
Communicative spaces in the project consisted of four workshops, consultations with the department head between workshops, and a celebration of achievements. In the meetings with the manager I critically reported back to him the voices of workshop participants, offered my own reflections and recommendations as they emerged from the workshops, and brokered the next steps with him. The aim of this communication strategy was to enable the manager to hear the voices of his staff, to instill his commitment of human and moral responsibility and to understand his management practices better through his staff voices (Roxå, 2002). We decided at the very beginning that the manager would not be present at the initial workshops so that staff could speak freely. The manager found it crucial that all his staff participated in these workshops. A special roster was developed and each workshop was repeated three times to ensure that all staff members could participate. My role as facilitator of these workshops was to encourage dialogue with all participants, instill collective responsibility for change, and stimulate action. I saw it as a prime first task to create a respectful and open space where people felt supported and enabled to share their thoughts, perceptions, fears and aspirations.

The aims
The overall imperative of each workshop was to give voice to the diversity of staff perspectives, build on previous workshops, facilitate a critical discussion that included all participants and close the workshops with recommendations, resolutions and planned actions. I had no agenda or plan to fix the problems for this department. It was important that I did not tell them what to do but rather create an enabling environment for them to dialogue what they needed to do themselves. My aim was to co-generate new understanding and ways of practising together with the participants. I facilitated a collective space with the following aims:

1. To provide staff with an opportunity to think about what they were doing and how they were feeling and relating to each other at work
2. To imagine how they could work together differently
3. To support them towards achieving their visions

By achieving these aims I hoped that staff would find their work identity, confidence and own direction towards improving their status quo. My role as research facilitator was to create communicative spaces that valued dignity, understanding, inclusion, kindness, listening, and being self-critical.

Workshop 1: triggering dialogue
Participants watched scenarios that portrayed how people related to each other in communicative situations in hospital settings. The themes included understanding different English accents, using

professional authority, communicating with people who suffer from depression, and aggression at work (Trede et al., 2005). Participants were invited to comment on the scenes and relate them to their own workplace. The scenarios were a safe icebreaker because the scenes were not about them directly. Staff had no difficulty generating a long list of communication challenges and suggestions for improvements. At the conclusion of this workshop staff completed a learning impact and action plan form. I collected and collated the data, which revealed that participants encountered daily communication challenges. The four key themes that contributed to these challenges were:

1. English as a second language
2. Attitudes
3. Cultural expectations
4. Information dissemination

The key messages that staff said they took away from the first workshop were:

1. The importance of listening
2. Communication is a two-way process
3. The role of communicating feelings and being clear
4. The ability to ask for help

Staff identified strategies to improve current situations that related to clarity in speech, cross checking, and empathy and patience towards others. Participant feedback and suggested strategies were displayed publically on the walls within their department on coloured cardboard paper. The display created a communicative space to improve workplace relations.

Workshop 2: storytelling

The theme of the second workshop was respectful listening, practising talking skills and creating a trusting context where staff felt free to speak openly and honestly. Participants were asked to tell a story about themselves that they wanted their colleagues to hear. Such personalised storytelling brought staff together at a human level. They identified common hobbies and also learnt about family backgrounds. One storyteller started crying when telling his refugee story and people handed him tissues. He insisted on finishing his story. As a facilitator I had constantly to make decisions about whether to continue or stop the storytelling process, whether to refer people to counselling or to keep facilitating the group. I had to trust the group and myself. This storytelling workshop brought the sterilising services department closer together. It was decided to purchase a big world map and put a flag on each country that workers came from. This map is to this day displayed at the entrance hall to the sterilising services department. After this workshop participants were ready to practise their assertiveness skills through role play.

Workshop 3: role play

Staff described telephone communication with other departments as appalling and abusive. Telephone conversations were simulated through role play, revealing aggressive and abusive behaviours but also showing that some staff had very effective strategies to fight back. Participants gave feedback after each role play and shared their skills. Workers with poor English language skills who previously had been discouraged to answer the phone practised their telephone skills through role play. It was collectively agreed that poor telephone conduct should not be tolerated, and needed to be reported. Participants drew up a list of effective telephone conduct when confronted with aggressive persons at the other end of the line.

Workshop 4: appraisal using puppets

The final workshop aimed to acknowledge what had improved, what had not changed and what needed to be done next. Puppets and toys were placed on a table in the middle of the room. Participants were asked to choose one of the puppets or toys that symbolised best their thoughts

and emotions about the workshop series. This strategy helped participants with poor English language skills to communicate their thoughts more deeply through powerful symbolism.

Based on what they had written down in their action plans at the first workshop, participants were asked to self-evaluate what they had actually changed. The overall result of this self-reporting survey demonstrated that changes had been made. The most prominent changes were 'ask when I'm not sure about something' and 'listen and try to understand what is being said'. These were individual emancipatory strategies for better communication and professional relations within the department. Staff reflected on their workplace and concluded that structural changes had been managed badly. They realised that as a group they could make a difference. They were more sincere with each other and started to know each other better. Individually and as a group, participants started to flourish through reciprocal support.

Celebrating progressing harmony
At the conclusion of the workshops we celebrated this milestone. I gave a short speech and, together with the manager, handed each participant a certificate together with a colourful paper in the shape of a leaf. Participants were asked to write harmony messages on the leaf and attach it to the harmony tree. This was a bare tree branch, see Figure 3.

Figure 3: Harmony tree

More leaves were placed under the harmony tree and participants were encouraged to write as many harmony messages as they wanted on the tree. Every month they harvest the tree by reading out the messages on the leaves during their staff meetings. This is to remind them to keep dialoguing and respecting each other. In addition, this was a strategy to sustain every improvement that they had made in relating to each other and keep flourishing.

Creating communicative spaces
Staff felt valued because they had been given time during their working hours to talk, learn and be together. The workshops were all held outside the department. Being in a different physical space helped them to see issues from different perspectives. Another factor that helped create a good communicative space was the absence of authority – their manager. After the third workshop the group wanted him there to listen to them, but he only agreed to come towards the very end of the final workshop. However, he participated in the harmony tree leaf writing. He slowly eased himself into participating in this project and made small transformations that were significant to the group. They appreciated his participation. As the facilitator I had meetings with the manager between workshops and I acted as an advocate for staff and a coach for the manager at the same time.

The participants' dialogues illuminated the importance of engaging their manager more as an engaged leader rather than as an unchallenged authority. They also revealed the influence of a wider workplace culture and how other departments within the hospital hierarchy influenced their departmental culture. They saw it as important to collaborate with other departments and not only look inwardly for change. This was an important emancipatory moment in their conscientisation process because they no longer accepted poor communicative spaces as normal. The electronic hospital newsletter was used to inform all departments in the hospital of this project. Updates of the communicative spaces project were made regularly. Through this newsletter the sterilisation services department found a voice. Further, we designed a poster to illustrate the technical and cultural profile of the department, see Figure 4.

Figure 4: sterilisation services department poster
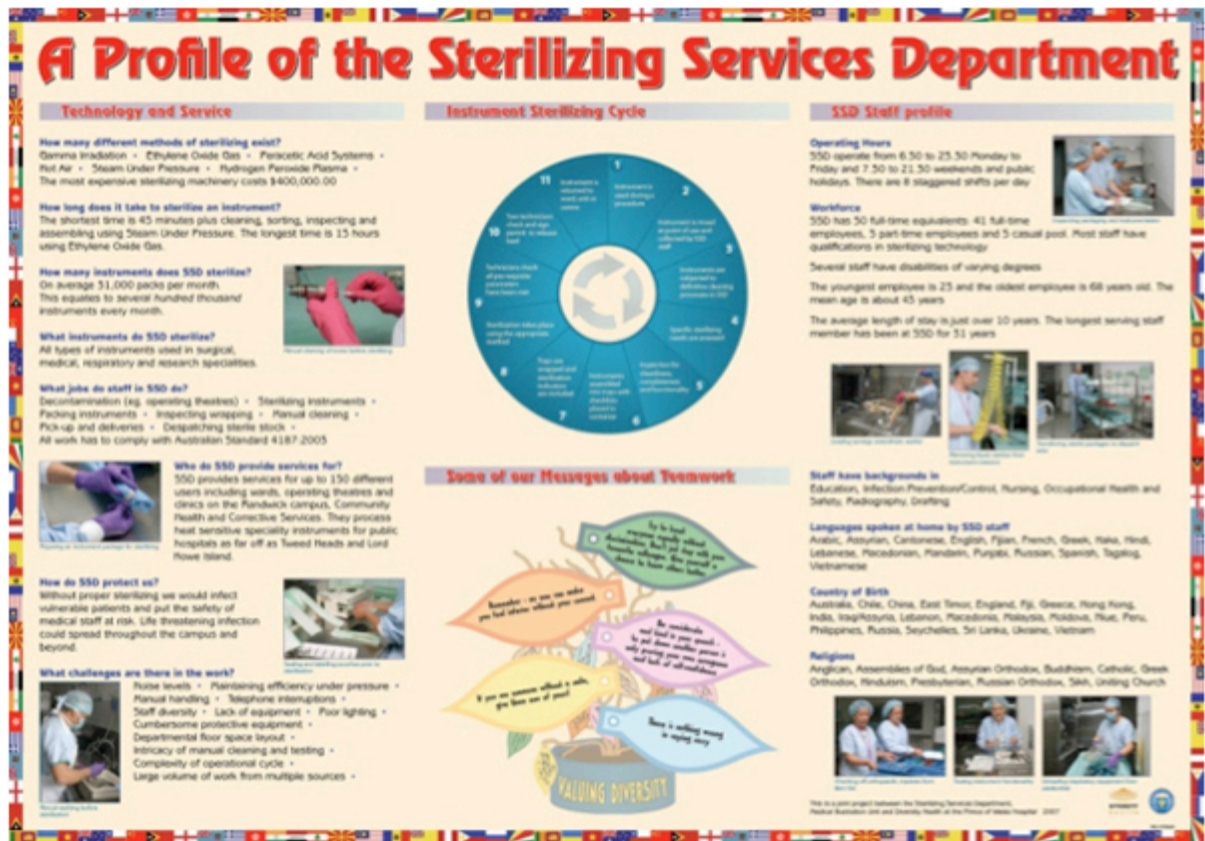
These posters were displayed in the departments that the sterilsation services department worked closest with.

Creating communicative spaces in complex organisations is challenging and perhaps should be seen as 'building islands of democratic practices' (Newman 1994, p.82). This project made small steps towards creating communicative spaces. Sustained encouragement and support from the wider organisation is required to have an impact beyond this department.

- What do you think is needed to create communicative spaces?
- Is there a role for an external facilitator?
- What is needed to sustain change in large complex hospitals?
- What does the absence of the manager at the workshops tell you about the culture in this workplace?
- Is this research in your view? If so, why? If not, why not?

Key principles of transformational practice development research

In the search for common principles between these two case studies we found that both describe research that is transformational in intent. They are both rooted in critical social science with its agenda of enabling democratisation, enlightenment, emancipation, equity and power sharing, and they both use creative approaches. We have crystallised the following eight key principles that underpin transformational practice development research:

1. Practice is situated, embodied, discursive and relational

2. Research is action-oriented and enables human flourishing as end and means of action and research
3. Communicative spaces are underscored by democratic, transparent and emancipatory intent
4. A shared vision and common purpose and agreed principles for ways of working together are essential
5. Research and practice is person-centred, collaborative, inclusive and participative
6. Research and practice is a journey that continues through cycles of learning-planning-action-observation-evaluation-knowledge creation-planning-action
7. Research facilitation is based on high challenge/high support within trusting relationships
8. Achievements, small and large, by all involved are celebrated along the way

However, we also found differences in the interpretation of transformational practice development. In case study 1, the philosophical assumptions of critical social science and theoretical assumptions of critical theory are entwined with those of creative arts and of ancient wisdom that sees interdependency between human beings and the natural world, ecology and spirituality. It seems that it is these latter assumptions that distinguish our research approaches. Spirituality refers to the search for meaning at the edge of the known and artists and indigenous peoples alike make connections with nature to understand something deeply embedded and embodied within us. For example, a facilitator of transformational practice development research underpinned by critical creativity will help people to connect with flow and transformative energy in nature to be able to cope with the turbulence of practice change (see Box 2, for example). Such a facilitator provides conditions to enable people to be still, open and empty in the practice development research space. Being still enables people to embrace the fear of working in radically different ways to technical, biomedical research or practice cultures, and to step into new ways of knowing, doing, being and becoming that promote person-centredness and human flourishing. Case study 1 shows that, over time, we were able to create the conditions and creative dialogues for people to embrace the fear of exposure, vulnerability and being seen as uncreative (these fears often accompany blending the body, creative imagination and expression with cognitive criticality in practice development research).

Case study 2 shows how the critical pedagogy and public sphere worldview is located in critical theory intended for individual and collective emancipation from disharmony, racist prejudice and miscommunication. The key emphasis is on creating fair, open and uncoerced spaces where individuals can express their diversity and use creative tools to do so. Creativity was not the focus but simply a strategic tool for expressing and learning about self and from others within a cultural and political context where not all participants had a good command of English language. Creative approaches such as storytelling were used to enable participants to express themselves more fully (not depending on spoken language only), question their deeply rooted assumptions about each other and make shifts for themselves and with each other. They were given permission to think for themselves and speak their truth to each other. The emphasis was on being reflexive and empathetic, which points to the importance of relating to one another honestly and transparently at a human, not hierarchical, level. This is quite a challenge in hospital settings governed by hierarchies and standards. Once unnecessary constraints and unreflected assumptions are brought to the surface (conscientisation) people are set free to imagine other possibilities (dialogue) and enact them (collective action). The dialogue can take up creative approaches whether they are role played, danced, talked about, or only appreciated. The intention was to use creative-creative dialogues to collectively create environments for people actually to practise their imagined possibilities within their reality.

Preliminary conclusion

We would like to continue our dialogue with our commentator, but we preliminarily conclude that both case studies were located in a critical worldview but, within that, each followed different directions based on different ontological and epistemological traditions. Critical creativity seeks to find a balance between criticality and creativity, cognitive and artistic critique, words and art forms and nature, spirituality and human ancient wisdom. Critical pedagogy seeks to advance critical ways of knowing through critical dialogues and places human agency and critical consciousness at its core. Maybe case study 1 emphasises critical-creative dialogues, whereas case study 2 emphasises critical dialogues, but both engaged in cyclical and reciprocal dialogues. And both case studies engaged with highly contextual and situated practices.

The implication for practice and research that both case studies raise is that transformational practice development researchers need to be very skilled facilitators. They need to be willing to take calculated risks and be able to act in the moment creatively and flexibly. They also are self-reflexive and inquire critically into their role in transformational practice development research. These skills and dispositions can be developed through living and critiquing our key principles.

We invite our commentator to respond to the following critical questions and look forward to getting some in return!

Are our preliminary conclusions supported by the substance of our case studies and our dialogue with each other? Are there other conclusions that we have overlooked?

AND
In our dialogue, we have focused on looking for epistemological and ontological similarities and differences in our approaches, rather than focus at the level of method. What is your critique of this focus?

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A commentary by David Nicholls follows on the next page.

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COMMENTARY

Transformational practice development research in the healthcare professions: a critical-creative dialogue

Dr David Nicholls

In recent years, the field of qualitative research has experienced a creative flourishing that must be comparable with the early years of the Enlightenment. The growth of methodologies and research methods has been extraordinary, and this is no more evident than in the work surrounding transformative practice. Franziska Trede and Angie Titchen are no strangers to this work and in this paper they provide a superb case study of transformational practice-based research.

I first came across Angie Titchen's work through her collaborations with Joy Higgs. Titchen's research engages with critical questions of authenticity and the possibilities for research as a transformative, egalitarian and essentially critical praxis. Her engagement with forms of creative expression as modes of research puts her at the forefront of a vibrant and emerging field of research being led by people like Norman Denzin, Yvonna Lincoln, Michael Giardina, Carolyn Ellis and Chris Poulos.

Franziska Trede recently contributed to an edited collection compiled by me and Barbara Gibson, but I had known Franziska for her work in critical pedagogy, notably her 2008 book 'A critical practice model for physiotherapy practice.' Franziska is one of the few physiotherapists engaging with transformative dialogues, critical emancipatory pedagogy and cross-disciplinary conversations in practice-based education. Her work builds on a growing body of scholarship now emerging from The Education for Practice Institute at Charles Sturt University in Sydney, where Joy Higgs is also resident.

This paper privileges the notion that transformational practice is both necessary and inevitable in personal and professional growth. It argues that a mature engagement with modes of creative expression that are all too often marginalised by orthodox health professionals, can yield surprising and deeply meaningful results.

Trede and Titchen's paper builds on a growing body of qualitative research that explores the possibilities for imagination, performance and sensory engagement as methods of research and practice. Crucially, their work goes beyond blending research and practice, to challenge the very distinction between the two. Transformational practice development looks to liberate and reveal the voices of people who would otherwise be marginalised and so it also engages with a vast body of critical theory work that has emerged in recent years.

The author's engagement with outdoor spaces in the paper is significant, because outdoor spaces remind us of our ecological responsibilities. But they also provide a critical response to calls that research should be abstracted to a laboratory. Trede and Titchen's work is a powerful reminder that,

first and foremost, research is about praxis and the day-to-day 'being-with' that comes from collaborative conversations and critical self-enquiry.

Their paper re-ignites arguments within qualitative research over the role of the 'companion.' When the researcher is no longer lord and master, what role do they take on? What role does the 'voice' of the research participant play? Are we, as researchers, there to represent that voice, or should we be seeking to emancipate it? If it is the latter, has our role changed from detached, objective observer that is the fantasy of quantitative research? These questions are tackled squarely by Trede and Titchen, who see their role as emancipatory and critical. To see a distinction between practice and research is artificial, as are the distinctions between researcher and participant: inside and outside. Their interest is in collaborative enquiry, discursive decision making and situated/contextual approaches to learning.

Transformational practice development will be profoundly destabilising for health professionals schooled in the craft of clinical trials and evidence-based practice. Much of the language is challenging, for its direct engagement with the reader and its call for a more holistic appreciation for an ongoing, cross-disciplinary, boundary-transcending approach to practice. But the paper is all the more enjoyable, engaging and valuable for that.

Trede and Titchen's work gives me hope that health professional practice – particularly allied health practice – has begun to emerge from the shadow of biomedicine and begun to discover its own place in the cosmos. For too long, health practitioners have been bound by a dogma that has constrained as much as it has enabled. Those of us who have sought to promote other ways of thinking and practicing our craft have often come up against resistance, not from outside our respective professions, but from within; from people who are frightened by change or the necessity to think otherwise. Trede and Titchen's paper will help both of us.

Noted author and proponent of creative expression in qualitative research, Laurel Richardson, recently proposed that:

> 'If research falls in the academy,... For whom do we write? Only for each other? Why do we publish where we do? Only for our academic advancement? What about the myriad of possible audiences outside the academy? How might we reach them? How about jumping out of the box? Off the page? We can make a difference; we can affect quality of people's lives. If we reach them.' (Abstract to keynote address given at the Ninth International Congress for Qualitative Inquiry, held at University of Illinois at Urbana-Champaign, 15-18 May 2012, http://www.icqi.org/).

Trede and Titchen's paper taps directly into this imperative to reach people beyond the walls of the academy. It takes us out into the streets and the forests and asks us to explore the creative spaces that exist around us and between us for the possibilities they hold for meaningful engagement in critical conversations that will liberate, emancipate and resonate with more authentic future practice.

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RESPONSE TO COMMENTARY

Transformational practice development research in the healthcare professions: a critical-creative dialogue

Franziska Trede and Angie Titchen

We thank Dr Nicholls for his complimentary comments on our paper. We particularly welcome his thoughts about the resistance from within our professions to critical and creative perspectives in research and practice. Exploring other possibilities, especially those that liberate and emancipate ourselves from unnecessary constraints and make our practices more socially relevant, will resonate with others and have a ripple effect. For professions to thrive and mature it is imperative to embrace the critical agenda.

We would like to encourage readers to take up this challenge of resistance from within and engage in critical-creative dialogues with their peers, colleagues and communities of practice. Below are some references that might be helpful resources to conduct such dialogues.

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