



## ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

### Factors enabling and inhibiting facilitator development: lessons learned from Essentials of Care in South Eastern Sydney Local Health District

Tamera Watling

South Eastern Sydney Local Health District, Australia  
Email: [tamera.watling@sesiahs.health.nsw.gov.au](mailto:tamera.watling@sesiahs.health.nsw.gov.au)

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#### Abstract

*Background:* Building and sustaining facilitation capacity for the creation of person-centred workplace cultures is a strategic priority of the South Eastern Sydney Local Health District Nursing and Midwifery Practice and Workforce Unit. Skilled facilitation is considered critical to the successful implementation and sustainability of practice development-based programmes, including Essentials of Care. Review of facilitator activity across the district revealed that less than half of those who had participated in a facilitation development programme were actively applying their knowledge to the facilitation of Essentials of Care.

*Aim:* To understand the enablers and barriers to the development and application of facilitation skills and the implementation of Essentials of Care from the perspective of the programme's facilitators. The purpose was to inform ongoing strategies to build and sustain facilitation capacity for its effective implementation.

*Method:* A 21-question qualitative survey was designed using [Survey Monkey](#). Questions were framed to allow free text responses for qualitative content analysis. Ethics approval was applied for and deemed unnecessary by the local health district ethics committee; the committee deemed the project to be a quality improvement activity not requiring independent ethical review. The survey was distributed electronically to 230 health professionals who had participated in the facilitation development programme between 2008 and 2013.

*Findings:* The key enablers for both facilitator development and implementation of Essentials of Care were time, engagement of staff and leadership support. Additional enablers for facilitation development included access to development opportunities and practical application of skills. Facilitation was an enabler of Essentials of Care implementation. Leadership support is pivotal, especially where time and patient acuity impinge on the release of staff for facilitated activities.

*Conclusion:* Facilitators need to be enabled to access training, practise their skills and learn from more experienced facilitators. There are parallels between the enablers of progress of the implementation of Essentials of Care and those to promote the development of facilitation capacity. Organisational leaders have a significant role in supporting both; it is critical they ensure there is a team of facilitators to share the workload, that time is allocated for facilitators to be released from clinical duties for development opportunities, and that there is time for teams to engage in programme activities.

*Implications for practice:*

- Findings suggest a relationship between facilitation capacity, context and the progression of practice development-based work. This evaluation offers practical examples that inform how

- these elements may be enhanced for the successful pursuit of person-centred healthcare practice
- Managers and those in leadership positions have a key role in overcoming the contextual factors that inhibit facilitator development and programme implementation
  - Organisational planning and accountability to manage staffing, ensure optimal workloads and promote practice development work as a priority supports the engagement and motivation of staff to participate in programme activities, and therefore the capacity of teams to progress practice development work and transform culture and practice
  - The engagement of managers and those in leadership positions to clarify roles and responsibilities and establish agreed mechanisms for support of individuals and teams should precede the implementation of practice development programmes
  - Time is a significant resource in the successful advancement of facilitator development and programmes underpinned by practice development. In healthcare contexts, where staff feel time poor in the presence of the increasing demands of patient care, the pressure of multiple improvement programmes and other professional development requirements, there is an opportunity to explore the concept of time and how its negative impact on the progress of practice development work can be minimised

**Keywords:** Facilitation, practice development, leadership, workplace culture, change management, staff engagement, quality improvement

## **Introduction**

### **Background**

The delivery of effective person-centred healthcare depends to a significant extent on the health professionals who provide the care (McCormack et al., 2009). The New South Wales government's State Health Plan outlines a commitment towards this through supporting and developing the workforce to create an effective, values-informed workplace culture that fosters the delivery of high-quality, person-centred healthcare (NSW Ministry of Health, 2014, p 19). Within this commitment is the intent to 'build on the success of the Essentials of Care Programme', a practice development-informed programme to 'improve the patient's healthcare experience and outcomes, while encouraging responsive, empathic and focused nursing practice' (NSW Ministry of Health, 2014, p 14). In practice, this commitment involves state-led governance for the strategic direction of the programme, and the sponsorship of local health district leadership roles for district-level coordination and support of hospital and service implementation. This is reflective of the need for coherent organisational support and strategic commitment in order for practice development work to achieve its full potential (Manley et al., 2014)

### **Essentials of Care**

Essentials of Care (EoC) is a NSW patient safety and quality framework that ensures person-centred care provision. Implementation is sponsored by the Nursing and Midwifery Office of the NSW Ministry of Health. The framework is underpinned by practice development, which is defined by McCormack and Titchen (cited in Manley et al., 2008, p 9) as:

*'A continuous process of developing person-centred cultures. It is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that occurs brings about transformations of individual and team practices. This is sustained by embedding both processes and outcomes in corporate strategy.'*

In line with this, EoC supports the engagement and empowerment of staff to work collaboratively within teams and across disciplines for the evaluation and analysis of workplace culture and clinical care. The perspectives of clinicians, patients and the organisation are explored (Nursing and Midwifery Office, 2015). Through implementation of the framework, clinical teams are facilitated to participate in activities that raise awareness about the existing culture of care provision. This leads to the development

and implementation of strategies to improve practice and transform workplace culture. Activities reflect the methodology of practice development, including the clarification of team values and the collection of practice evidence, including safety indicators, patient stories and staff feedback. Critical reflection and interpretation of this evidence occurs in line with team values, practice benchmarks and practice development principles. This informs the development of collaborative action plans to address identified opportunities for improvement. Action plans are implemented and evaluated against the key aims and intent of the improvements, as well as the learning that has occurred for the team (Nursing and Midwifery Office, 2015).

### ***The role of facilitation***

Working towards a person-centred workplace culture requires the engagement of clinicians in critical reflection and workbased learning (Dewing, 2008a). This is reflected in principle 3 of the nine principles that underpin practice development and therefore inform the implementation of EoC. Principle 3 provides that practice development 'integrates workbased learning with its focus on active learning and formal systems for enabling learning in the workplace to transform care' (Manley et al., 2008, p 5). Translated to the workplace, 'active learning' enables the preparation of clinicians for contemporary healthcare provision, where change is continuous and clinical knowledge and skills must be effectively developed and applied to meet the rapidly changing needs of ageing populations and populations with increasing comorbidities (Youngblood, 2001; Dewing, 2010; Falzarano, 2010). This preparation of staff is enabled through skilled facilitation, a helping process that is considered critical to effective engagement of staff in the development of person-centred cultures and to the successful implementation and sustainability of practice development-based programmes like EoC (Rycroft-Malone, 2004; Simmons, 2004; McCormack et al., 2009; Crisp and Wilson, 2011; McCance et al., 2013; Hardiman and Dewing, 2014). In practice development, skilled facilitation ensures that transformation of individuals and practice occurs in line with the methodology and that processes are collaborative, inclusive and participative (Hoogwerf et al., 2008, p 54). EoC facilitators are clinicians who work alongside their colleagues, employing skills, tools and strategies that enable individuals and teams to engage meaningfully in practice development and active learning to transform culture and embed person-centred approaches to healthcare delivery and teamwork (Harvey et al., 2002; Kitson et al., 2008; Crisp and Wilson, 2011; Hardiman and Dewing, 2014).

### ***Development of facilitation skills***

Development of the facilitation skills, knowledge and confidence required for individuals to facilitate practice development work effectively requires a person-centred, evidence-based and systematic approach (Hardiman and Dewing, 2014) with ongoing support and opportunities for practical application and critical reflection (McCance et al., 2013). It follows that the learning methods facilitators employ to enhance workbased learning for their colleagues are also the learning methods used for the development of their own facilitation skills, knowledge and confidence (Crisp and Wilson, 2011). Informed by practice development methodology, the EoC Facilitation Development Programme runs parallel to the implementation of EoC, involving all organisation-based and clinically based facilitators in a comprehensive and ongoing programme over a period of 12 to 18 months, with the aim of developing their facilitation expertise. Within the programme, active learning opportunities are made available to participants in the form of facilitated workshops, site-based learning groups, peer support groups and one-to-one guidance.

Facilitator development can be enabled through the repeated application of skills to practice, with the opportunity for guided reflection on practice and critical feedback and support from an experienced co-facilitator, peer or mentor (Crisp and Wilson, 2011; Wales et al., 2013). Crisp and Wilson (2011, p 177) suggest that a 'critical guide' is effective in enabling the progress of facilitators along the skill and knowledge development continuum. A formal one-to-one relationship with a skilled colleague provides the structure and support for the facilitator to seek out and optimise learning opportunities, as well as enabling observation and feedback on the refinement of facilitation skills (Hardiman and Dewing,

2014). However, this relationship is inhibited by a number of factors, including time, capacity for growth, commitment of the individual, resistance of colleagues to practice development approaches, clinical demands and limited opportunities to practice facilitation (Crisp and Wilson, 2011; Hardiman and Dewing, 2014).

The importance of facilitation to the success of practice development work, as highlighted in practice development literature, underpins the strategic priority to build and sustain facilitation capacity for the creation of person-centred workplace cultures within South Eastern Sydney Local Health District (SESLHD). The aim of the critical inquiry described in this paper was to identify and understand, from the perspective of SESLHD EoC facilitators, the enablers and barriers to the development and application of their facilitation skills, as well as to the implementation of EoC. The purpose of this was to inform ongoing strategies to build and sustain facilitation capacity to support the effective progression of EoC.

### ***Context of the review***

The EoC programme was developed and piloted at the Prince of Wales Hospital in SESLHD. Since 2008, district implementation has been led by the EoC coordinator team within the SESLHD Nursing and Midwifery Practice and Workforce Unit (NMPWU). Building and sustaining facilitation capacity for person-centred outcomes represents a valuable investment for SESLHD; it follows that a person-centred and evidence-based approach to optimising the development of facilitators is required. The development of facilitation capacity for effective implementation of EoC is a key priority for this team as reflected in the SESLHD strategic framework for Nursing and Midwifery. This priority aligns with the commitment of the NSW Ministry of Health to promote EoC as a vehicle for the improvement of the healthcare experience and outcomes of patients, while developing a person-centred workforce (NSW Ministry of Health, 2014).

By the end of 2012, EoC had been implemented within the eight hospitals of SESLHD as well as the community specialties of mental health, child and family health and women's health. Strategic planning for 2013 involved a review of the engagement of district teams, with a focus on the identification of trends relating to governance structures, progression of teams through the phases of the programme and the development of facilitation capacity. The review identified six trends and presented an opportunity to conduct a critical inquiry into the existing enablers and inhibitors to facilitator skill development and to the implementation of EoC (see Table 1). The key objectives of this inquiry were informed by the need to identify the underlying factors that contributed to these trends.

**Table 1: Six SESLHD trends relating to team engagement with EoC**

1	<ul style="list-style-type: none"> <li>A total of 450 facilitators had participated in the SESLHD EoC facilitator development programme since 2008. Less than 50% were still facilitating EoC implementation. This raised the question of what contributes to facilitator disengagement?</li> </ul>
2	<ul style="list-style-type: none"> <li>Of engaged facilitators (those still facilitating EoC implementation), 10% had completed the facilitation development programme. This raised the question of what had prevented more facilitators from completing the programme?</li> </ul>
3	<ul style="list-style-type: none"> <li>Some 40% of teams had not progressed past the preparation phase of EoC and had spent up to 12 months in this phase. The proposed timeframe for the preparation phase is three months</li> </ul>
4	<ul style="list-style-type: none"> <li>Within each facility and community service, the percentage of teams implementing EoC varied from 30% to 100%</li> </ul>
5	<ul style="list-style-type: none"> <li>The progression of facilitators through the programme seemed to correlate positively with progression of their teams through the phases of the programme</li> </ul>
6	<ul style="list-style-type: none"> <li>Confidence to facilitate the implementation of the programme was enhanced for facilitators from teams where facility governance for EoC was in place and local leadership actively enabled their participation in every component of the development programme</li> </ul>

## Objectives

The six key trends informed the following key objectives:

1. To identify the enablers and inhibitors to the development and application of facilitation knowledge, skill and confidence
2. To identify how participation in active learning opportunities has enabled the development of facilitation knowledge, skill and confidence
3. To identify the enablers and inhibitors to implementation and progression of EoC

## Evaluation method

### Participants

A total of 230 health professionals currently working in SESLHD, who had participated in at least the first of the three workshops offered in the EoC Facilitation Development Programme since 2008, were invited to participate in an electronic survey using the online [Survey Monkey](#) tool.

### Methods

The survey questions were informed by the key objectives identified for the inquiry, the learning activities and outcomes of the programme curriculum, the enablers of facilitator development as described by Crisp and Wilson (2011) and the structure of the EoC programme.

The survey can be viewed at [tinyurl.com/EoC-programme](http://tinyurl.com/EoC-programme).

The survey questions were designed to collect feedback in the following key areas:

- The current phase of EoC that the facilitator's team was in and the length of time since starting the programme
- Whether the facilitator was currently engaged in the facilitation of EoC implementation. If respondents had disengaged, they were invited to give reasons
- The attendance at facilitation development workshops and frequency of participation in other active learning opportunities provided by the district co-ordinator
- The preferred active learning opportunities and suggestions for specific support required for development of skill, knowledge and confidence

- The enablers and inhibitors influencing attendance at workshops and available active learning opportunities
- A self-rating of confidence to facilitate programme implementation activities
- The enablers and inhibitors relating to the progression of the programme
- Specific examples of strategies to overcome inhibitors to both facilitator development and programme implementation

There was a 20% response rate (n= 46), with a broad representation capturing both engaged and disengaged facilitators from all facilities and services, and from teams at all phases of the programme and from all years of commencement since 2008. The response rate was lower than expected, but this can be explained in part by the relatively low numbers of staff with permission to access the internet from their work email accounts. A second factor was the role of the local IT firewall in blocking access to Survey Monkey. These factors were revealed after the end of the survey, and steps have since been taken to minimise their impact in the future.

### **Analysis**

The key survey questions allowed free text responses, for which a qualitative content analysis was performed, starting with the application of inductive category development by directly reviewing responses by question and using the language of survey respondents (Polit and Beck, 2012, p 564). This process was undertaken by seven members of the NMPWU team experienced in the use of practice development methodology and theming of data. The survey responses were grouped according to the relevant key objective. Each team member worked independently on category development. Through comparison and collaborative review, the team then reached a consensus on the categories. This was followed by discussion, identification and revision of major themes, sub-themes and quote examples. These are described in the findings.

### **Ethics**

Application was made to the local health district ethics committee for ethical approval. The committee deemed the project to be a quality improvement activity not requiring independent ethical review. Participation in the survey was voluntary and anonymous. Participants were contacted by email and provided with a link to the survey website and information regarding the anticipated time commitment and the benefits of completing the survey. Consent was implicit in their completion of the survey.

### **Findings**

The data analysis revealed parallels between the enablers and inhibitors to the implementation of EoC and to the development of facilitation capacity. Key themes that impacted on both elements were time, staff engagement and support. Additional themes were facilitation of the implementation of EoC, and access to development opportunities and skill application for the development of facilitation capacity. Survey responses indicated a relationship between these key elements, with organisational leaders having a significant role in promoting the enablers and overcoming the inhibitors. The overarching themes are mapped to the three key objectives of the inquiry, with sub-themes described within each theme. Enabling factors were grouped with inhibiting factors under each theme, as it was noted that these were often closely related. For example, a lack of time has been identified as an inhibitor to programme progress, while the allocation of time has been identified as an enabler. The overarching themes are described in Tables 2-4 below.



**Table 2: Enablers and inhibitors to the development of facilitation skills**

<b>Time</b>	Time was described in terms of having time, making time and using time. <i>Having time</i> related to clinical workloads and the challenge of being able to hand patients over to other staff so as to focus on facilitation development and related activities. Roster and shift vacancies contributed to this when leave was not backfilled and workloads increased. <i>Making time</i> related to the allocation and protection of time by managers for facilitation development opportunities and for facilitation teams to meet, plan and facilitate programme activities. Facilitators identified the need for 'allocated time to plan and to continue the work achieved with EoC'. <i>Using time</i> related to individual and group capacity to use any time available effectively. Facilitators shared that working cohesively with other facilitators, and being clear on the next programme steps affected how time was used
<b>Leadership support</b>	The importance of support from a number of roles within the organisation including managers at unit level and executive level, educators and other facilitators, internal and external, was highlighted. For example: <i>'The district's EoC coordinator, director of nursing, education department and my managers have supported me to continue to facilitate EoC'</i> . Supportive managers were described as individuals who understood practice development and were seen to prioritise the EoC programme through allocating time for facilitators to engage in development opportunities and for programme activities to progress. Managers also ensured that there were multiple facilitators within a team to provide support to each other. For example: <i>'My facilitator peers have been great as we do talk to each other'</i> and <i>'The EoC coordinator has been a great support, as well as other staff who have been facilitators for a long time'</i> . The need for access to more experienced facilitators, both internal and external, as mentors to develop confidence and model different facilitation styles and approaches was identified. The support of the educator as a source of guidance and as a coordinator of activities was also considered valuable
<b>Staff engagement</b>	Facilitators identified that the level of staff engagement affected their own motivation, resilience and confidence to facilitate: <i>'Lack of enthusiasm from staff affects my motivation – I feel I am not working with a team that values EoC'</i> . Engagement was described as the motivation of staff to participate in the programmes activities, the degree of resistance and negativity demonstrated by staff, and the level of understanding of the programme. Some facilitators identified that the programme was too long for them to be able facilitate the sustained engagement of some staff ( <i>'The cycle takes too long to maintain momentum and interest'</i> ) in addition to the time required for their own development: <i>'As EoC facilitators we are all learning and sometimes I feel challenged by how laborious it is to be a facilitator and to maintain the enthusiasm of the team.'</i> For other facilitators, celebrating achievements, highlighting evidence of the benefits of the programme and encouraging participation, ownership and a clear understanding of the programme, helped facilitate engagement for staff
<b>Opportunities for application of skills</b>	Facilitators identified the need for ongoing active learning opportunities, highlighting that <i>'confidence and understanding grows with exposure'</i> thus enhancing their understanding of practice development and building confidence to put their learning into practice. Co-facilitation with more experienced facilitators enabled observation of skills and strategies, with facilitators learning <i>'a great deal by co-facilitating with colleagues who have been facilitating since the start of the EoC process'</i> . The opportunity to receive feedback and supervision from a more experienced co-facilitator was also valuable. Other key opportunities that enabled development were: the completion of all three workshops of the facilitator development programme; regular attendance at active learning groups; using the EoC resource manual; and receiving coaching or mentoring
<b>Access to development opportunities</b>	The need to access development opportunities was an identified enabler to facilitators developing and applying their facilitation skill: <i>'Having the opportunity to practice facilitation in a supportive environment would increase my confidence and awareness to facilitate.'</i> Participation in workshops was considered an enabler to development, with facilitators feeling that <i>'attendance at workshops two and three would prepare me for getting EoC moving forward'</i> . Some facilitators indicated they were not aware that opportunities existed or that the facilitator development programme included more than one workshop. Facilitators with awareness of the development opportunities were unable to be released from clinical duties, unable to avoid roster conflicts and personal commitments. Limited access to approved study leave was identified as an insurmountable inhibitor to participation in development opportunities. One facilitator gave an example: <i>'I work full time and find it difficult to attend learning opportunities or workshops. I have been refused study leave four times in one year so I no longer apply'</i>

**Table 3: How participation in active learning opportunities has enabled the development of facilitation knowledge, skill and confidence**

Facilitators who had participated in active learning opportunities between workshops identified a number of positive contributions to the development of their facilitation confidence and skill. Improved leadership skills were identified, as well as confidence to plan facilitation sessions, present information and collaborate with the team. For example: *'I have gained confidence in presenting and planning for session'*; *'I have gained a lot more confidence with facilitating a group to achieve goals set by the group. I have learned skills in engaging staff in clinical issues and valuing each participant's contribution'* and *'I have learned how to promote change in a positive environment, involving the team and valuing people's ideas and suggestions'*. Some facilitators described an increased engagement in reflection, a process of deeper learning, the development of active listening skills and a greater awareness of self and others. For example: *'They have increased my level of confidence and self-awareness'* and *'I am able to reflect on different perspectives and have an understanding of why a person feels a certain way'*. The ability to provide feedback effectively as well as to have challenging conversations was described. One facilitator indicated that participating in active learning opportunities *'gives me the confidence to progress through challenging conversations with staff and my manager'*. Participation in active learning opportunities did not always translate to application of skills to practice, however, with two facilitators stating that they had still not been able to use this learning to facilitate EoC implementation due to a lack of opportunities to engage in the facilitation of programme activities. One facilitator could think of no benefit from participating in active learning, indicating there were *'none that I can remember, at the risk of sounding negative'*

**Table 4: Enablers and inhibitors to the implementation of EoC**

<b>Time</b>	Time was a theme identified by facilitators, particularly its allocation by managers to facilitators on an individual and team basis for the planning and the implementation of programme activities. Facilitators identified that when such time can be allocated, it requires protection from unforeseen circumstances, for example: <i>'Allocated time for EoC has continually been cancelled due to staff shortages'</i> and <i>'On a busy ward it is impossible to get groups together with any consistency'</i> . Common reasons for cancellation of allocated time related to workload, staff shortages and other priorities, with the inability to fill shifts resulting in staff being unavailable for programme activities. Facilitators also identified a role for themselves in committing to making time and creatively using time. For example: <i>'Time to organise staff to participate is needed, and now I accept that any time is a good time. I don't need a large room and large amounts of staff; a one-to-one conversation even in the tearoom with whoever is there can be enough'</i>
<b>Organisational Support</b>	Support to implement the EoC programme related to support at the organisational as well as ward level. Organisational support referred to the demands of conflicting organisational priorities and programmes on time and resources, as well as the allocation and approval of study leave. For example: <i>'From an organisational level we are always asked to report on progress and action plans of EoC in the ward. We are questioned if things have not progressed – however, we are often left short staffed with increasing patient acuity. Patient safety is our priority, and so important work that could be implemented through the programme is put on the back burner. The staff can be left feeling that all the work they have contributed to their EoC projects was a waste, or not taken seriously by the organisation'</i>
<b>Staff engagement</b>	Facilitators identified that the engagement of staff plays a significant role in the successful implementation of the programme. Engagement is described as enthusiasm for and prioritisation of programme activities, ownership by the team of the framework and tailoring it to fit the context. This is promoted through having team values on display, managerial and organisational prioritisation of the programme, and seeing programme outcomes. Engagement is negatively affected where there have been negative experiences with the programme, resulting in a lack of trust in the process. Programme progress is <i>'inhibited due to negative attitudes towards EoC'</i> . General resistance to change, workload pressures and extra time required to collaborate with all stakeholders' results in the programme taking a long time to progress and to produce outcomes. This affects the team's enthusiasm and engagement is hard to maintain
<b>Facilitation</b>	Implementation of the EoC programme is enabled by facilitation. Facilitation is most effective when there are multiple facilitators to share the load. Without this, individuals described the <i>'heavy load'</i> of facilitation and the need for <i>'more facilitators who are engaged, motivated and have time to share the workload'</i> . Facilitators can feel unprepared for the extra work of the role: <i>'I am surprised at how much extra work being a facilitator has involved – meetings, typing minutes, collecting data, communicating with the team about process.'</i> This has contributed to disengagement from the role: <i>'Facilitators have left one by one, which leaves a heavy workload for me.'</i> The benefit of multiple facilitators is highlighted in the following example: <i>'We have a great external facilitator who has given much guidance, and we also have more facilitators now, which has eased the burden from just a couple of people.'</i> Cohesiveness of the facilitator team and support from an experienced external facilitator keeps teams on track, and ensures that opportunities to practise are optimised. Turnover of facilitators was identified as an inhibitor to EoC progress due to the loss of expertise and help with implementation of programme activities. Participation in the facilitation development workshops renews motivation for the programme and provides clarity and direction on the next steps of the programme



## **Discussion**

The approach to data collection and limited response rate mean the findings of this survey cannot be generalised to all contexts in which practice development programmes may be implemented. In addition, the perspectives of a single stakeholder group have been represented. However, the survey findings do offer some insight into the experience of EoC facilitators within SESLHD. The findings align with some previously published international practice development literature regarding the enablers and inhibitors of the development of facilitators and the implementation of practice development-based programmes (Clarke, 1999; Dewing, 2008b; Crisp and Wilson, 2011; Eldridge, 2011). Themes echo those identified in currently unpublished Australian research evaluating the facilitation of the EoC programme at a state-wide level (Crisp et al., 2013). Key themes are discussed in the context of existing literature, with resulting recommendations for building facilitation capacity and progressing EoC at a district level, as well as opportunities for further research into the factors that enable practice development work.

The findings relating to skilled facilitation reflect the literature regarding the role that facilitation plays in both enabling the development of facilitation capacity and in enabling the engagement of teams and organisations in practice development work (Rycroft-Malone, 2004; McCormack et al., 2009; Crisp and Wilson, 2011; McCance et al., 2013; Hardiman and Dewing, 2014). Although not confirmed, themes suggest a positive relationship between the development of facilitation capacity and the progression of the EoC programme, while highlighting an interplay between both these elements and the contextual elements of time, leadership support and staff engagement. Optimising facilitation development for the successful implementation and sustainability of the EoC programme requires a focus on addressing the realities of the context in which the programme is being implemented. The role of context and the importance of understanding its influence on the success of practice development programmes and implementation of evidence into practice is described by a number of authors (Kitson et al., 1998; Rycroft-Malone, 2004; Dewing, 2008b; Perry et al., 2011; Seers et al., 2012; Choneer et al., 2014). The contextual factors that may be enhanced through the engagement in practice development work and skilled facilitation are also the factors that can inhibit its effectiveness.

### ***The enablers and inhibitors of facilitation development and facilitation of programme implementation*** ***Facilitation***

The importance of participation in active learning opportunities for the development of the knowledge, skill and confidence to facilitate is highlighted in the survey results. Primarily, this was about the need for regular and ongoing opportunities and exposure to practice development. Participation in the facilitator development workshops renews motivation for the programme and enables clarification of and preparation for the next steps of the programme. Active learning opportunities between workshops were identified as a safe space for observing the facilitation style of others and for practising facilitation with the opportunity for feedback. Of particular value was the opportunity for access to more experienced facilitators, both within and external to their teams, to provide support and constructive performance feedback in order to develop confidence as well as to role model facilitation session plans and engagement methods. Crisp and Wilson (2011) and Hardiman and Dewing (2014) support this need for a one-to-one relationship with a more experienced and skilled facilitator, describing this person as a 'critical guide' who engages in multiple strategies to enable facilitators to progress along a facilitator development continuum. This continuum, developed by Crisp and Wilson (2011), describes a preliminary stage of facilitator development, in which facilitators imitate experienced facilitators while they develop their own understanding of facilitation and its application. Highlighted in the findings of this study, and reflected elsewhere in the literature, a common inhibitor to development of facilitators is inadequate access to the opportunities and experiences that support ongoing development (Crisp and Wilson, 2011). This supports the value of ongoing learning and highlights the limitations of expecting a facilitator who has been to an introductory workshop to be able confidently and effectively to facilitate engagement of their colleagues in EoC programme activities.

The value of the role of external facilitators extends to the broader support of the organisation and the engagement of other stakeholders with practice development. While internal facilitators work within the context, leading and collaborating with their colleagues in the practical application of practice development, external facilitators provide planning and coordination expertise, orientate leadership teams to practice development, and provide and promote the active learning opportunities for development of internal facilitators. In combination, these roles enable practice development work at all levels of the organisation and enable facilitation teams to work more cohesively, ensuring that the workload of programme implementation is shared and that the opportunities for facilitators to apply their facilitation skills are optimised. It is important, however, to ensure that internal facilitators are supported to develop the capacity to fulfill the broader facilitation needs of the organisation. Dewing (2008b), highlights the importance of ensuring that there are many individuals within an organisation who are equipped with effective facilitation skills for the success and sustainability of practice development work. A key risk to sustainability lies in the turnover of skilled facilitators, resulting in the loss of expertise and leadership of activities, which may then slow or even stop.

This risk extends to the ward level, with the importance of a facilitation team to progress EoC as opposed to one or two facilitators. It was identified that having multiple facilitators who had attended workshops enhanced the cohesiveness of the team, as team members were 'on the same page' when it came to planning, and were able to help keep each other motivated, engaged and on track. For teams that experienced a high turnover of facilitators, progress had slowed due to the loss of expertise and the increased workload pressure on remaining facilitators to continue the programmes activities.

#### *Time*

The primary theme was that of time. For facilitators, time is needed to participate in workshops and other active learning opportunities, and to access support from more experienced facilitators. For the implementation of the EoC programme, time is needed for facilitators to meet and to plan what will be used with their teams to progress programme activities. Time was described by facilitators in terms of having time, making time, protecting time and effectively using time. The attitude of individuals around having time is a theme identified in other examples of the implementation of practice development programmes. Clarke (1999) says that practice development work can often be seen by individuals as extra work on top of everyday practice. Even though the intent of practice development is for the principles to be embedded into everyday practice, the reality can be that a lack of understanding and a sense of already being overwhelmed by change and multiple programmes in health can inhibit this. McCance et al. (2013) identify that conflicting organisational priorities with limited staffing and resources contribute to a feeling of pressure for staff, who then express the inability to maintain what they perceive to be the high level of commitment, energy and time required for practice development work.

In addition, determining the amount of time required for practice development work is difficult. Page (2002) reminds us of the nature of practice development work and the way it evolves over time; the inability to set time frames or end dates creates a level of uncertainty. In combination with conflicting organisational priorities, this affects the momentum of practice development activities and ongoing engagement of staff. This then presents facilitators with further challenges to fulfilling their role and using time effectively (Crisp et al., 2013). Eldridge (2011) acknowledges the discipline required to remain engaged with practice development processes, particularly in our time-focused healthcare contexts where a culture of 'quick fixes' has been embedded and is difficult to challenge. This all highlights a role for organisational leaders in building a foundation for clarifying organisational priorities and the intent of practice development to staff. Demonstrating a commitment to practice development programmes like EoC and the acknowledgement of time as an ongoing primary resource is critical. The prioritisation and allocation of rostered time by managers for facilitators to attend workshops and active learning opportunities is important. This also applied to time during the working day to focus on planning programme activities as well as meeting with staff to facilitate these activities and progress the programme.

The importance of creating time for teams to work with facilitators is highlighted by Seers et al. (2012) and by Crisp et al. (2013), who identify that the creation and prioritisation of time sends a message to staff about the importance of the programme, as well as being a necessary factor in the advancement of the work. The survey findings indicate that the common reasons for the cancellation of allocated time related to workload and staff shortages, coupled with a failure to fill shifts, resulting in staff being unavailable for programme activities. One facilitator indicated that this left staff questioning the value that the organisation placed on their efforts and investment into the programme. Specific examples of how time could be protected were also identified. Managers must be supported by the organisation to approve study leave, backfill unplanned staff absences, and promote the involvement of education departments and staff without clinical loads.

Another challenge is that of identifying how long it takes to develop the skill and confidence of a facilitator; no timelines exist within the literature for facilitator development. An individual reflection by Newton (2003, p 130) concludes that learning the skills of facilitation is 'an experiential process that requires an improvident amount of time'. This inability to predict time frames for facilitator development and for practice development programme activities and processes contributes to a tension between the need for timely improvements to patient care and the commitment of organisations to use EoC to achieve this.

#### *Leadership support*

Facilitators identified that leadership support was required, with a particular focus on the role of managers at unit level and at executive level in providing that support. Supportive managers were described as individuals who were present and available, who understood practice development and were seen to prioritise the EoC programme through allocating and protecting time for facilitators to engage in development opportunities and for programme activities to progress. Supportive managers also ensured there were multiple facilitators within a team to enable shared workload and fulfilment of the role. Dewing (2008b) confirms that managers need to address contextual factors as well as the skills and knowledge of staff around practice development work before sustainable improvements to practice can take place. Managers' understanding of practice development is considered pivotal to the success and sustainability of programme work (McCormack et al., 2009), as is ensuring the commitment to person-centred practice is consistently role modeled and communicated to staff, particularly in areas where turnover of staff is high (McCance et al., 2013).

Facilitators said support from all levels of the organisation was needed in order to implement the EoC programme within their teams. This is reflected in principle 2 of practice development, which says the success of practice development work at the micro-system level relies on cohesive support from interrelated mezzo- and macro-system levels (Manley et al., 2008, p 6). Facilitators saw organisational support as executive leaders prioritising the EoC programme through managing and reducing the demands of conflicting organisational programmes on the allocation of time and resources. Dewing (2008b) supports this, suggesting that nursing managers have a role in aligning practice development work with other organisational strategies. Supportive leaders demonstrate commitment to the EoC programme by, for example, approving study leave for facilitator development opportunities and ensuring staff to patient ratios that enable programme activities to take place. Commitment to a shared purpose has been identified by Manley et al. (2014) as essential to the process of transforming culture, along with resilience and systems of high support and high challenge. It follows that engagement of stakeholders at an operational level to develop a shared commitment to EoC is required (McCance et al., 2013).

#### *Staff engagement*

A key intent of practice development is to engage all stakeholders using methods that are collaborative, inclusive and participative. Practice development principle 7 describes multiple methods for facilitating engagement. The role of the facilitator is to employ these methods to engage their colleagues in the

transformation of practice and creation of person-centred cultures in health (Harvey et al., 2002; Kitson et al., 2008; Crisp and Wilson, 2011; Hardiman and Dewing, 2014). However, the survey findings highlight the challenges for facilitators; they identified that negativity, resistance and disinterest among staff inhibited engagement in programme activities. This has been described in literature as a form of inter-group conflict, with a very real impact on the capacity of individuals to feel confident and be effective in their roles (Currie et al., 2007). Harvey et al. (2002) and Seers et al. (2012) suggest that skilled and effective facilitators need to be flexible with regard to the needs of the individuals they are working with and remain aware of the context in which they are facilitating. This flexibility and awareness will take time to develop, as will the confidence and resilience required to work with negativity, resistance and apathy (Manley et al., 2014). McCance et al. (2013) highlight the challenge of building and sustaining facilitation capacity, acknowledging the varying needs of facilitators. The investment of time and resources in the preparation of facilitators, as well as access to support, are common enablers for the facilitation of engagement among their teams (Seers et al., 2012; McCance et al., 2013). Experienced facilitators play a significant role in supporting newer facilitators to engage staff and enable progress while their skills, knowledge and confidence develop (McCance et al., 2013).

The EoC co-ordinator team at SESLHD contributes to the development of sound governance structures for the programme, providing external facilitation expertise as well as advice to organisational leaders on strategic planning for effective implementation. Although the survey response rate was lower than anticipated, the themes identified through this inquiry resonated with the lived experiences of the team. The results from this inquiry contributed to the development of key actions for the NMPWU 2013 strategic plan for progressing EoC within the district.

Key findings of the inquiry were presented to the executive leaders of the district, with recommendations in three key areas:

1. To strengthen hospital governance for EoC, increase ownership of the programme and improve communication and collaboration with the district team through the identification of a facility-based co-ordinator for EoC. The holder of this role would provide leadership for facilitator support and development, facilitate effective reporting mechanisms on programme progress, be a point of contact for internal and external stakeholders and work collaboratively with the district co-ordinator and facility governance group to address contextual barriers to programme progress.
2. To develop an internal facilitator support model for each hospital and service. An overarching framework was developed to capitalise on the existing skill set within each hospital and reflects the support needs identified in the inquiry. This model would ensure that each facilitator was matched with a more experienced co-facilitator, coach or mentor and with leadership and support of the internal and district coordinators.
3. To promote the full participation of facilitators in the district's facilitation development programme. Inquiry findings suggested that ongoing and repeated exposure to practice development and opportunities for active learning helped with the development of facilitator knowledge, confidence and skill. Promotion would occur through engagement with the EoC governance groups, internal EoC coordinators, nurse unit managers and facilitators regarding the components and importance of the development programme. An expressed commitment to full participation in the programme would be obtained through the completion of a registration form and the advance approval of study leave for each of the three workshops. In combination with the framework for internal facilitator support, the intent was to meet most effectively the identified needs of facilitators to remain in the role and continue their development for the implementation and progress of EoC. These recommendations are still to be formally evaluated.

### **Limitations of the study**

This study involved the exclusive use of an online survey to identify, from the perspectives of the district's facilitators of EoC, the enablers and inhibitors to their development as facilitators and to the successful implementation and progression of the EoC programme. This survey was used to ensure that all facilitators within SESLHD were given an opportunity to provide their point of view. Key questions were open ended to allow flexibility of responses. Although the response rate of 46 equates to only 20% of the total sample of facilitators invited to participate, respondents included both active and disengaged facilitators from all facilities and services within the district, and from teams in all phases of the programme who had participated in at least one workshop of the facilitator development programme in each year since 2008.

The online survey enabled a short timeframe for data collection, allowing timely analysis to inform strategic planning for the local health district. Data collection would have been significantly enhanced through the addition of interviews and focus groups with both facilitators of EoC and managers from all levels of the organisation. This would have allowed a deeper exploration of the enablers and barriers as well as the more effective application of the principles of collaboration, inclusion and participation that underpin practice development. Analysis of data by individual facility would have brought greater clarity regarding the relationships between governance structures, approaches to support at organisational and ward levels and the progression of the EoC programme, as well as the facilitation capacity. There is an opportunity to repeat the study using another research methodology for greater depth and breadth of data collection and analysis, as well as to identify the factors that enable success and opportunities for transferability of findings to the broader context of practice development work.

### **Conclusion**

A positive relationship between facilitation skill development and the progress of the implementation of EoC cannot be confirmed given the limited response rate received for this inquiry but there are parallels between their enablers and inhibitors. Clinical and organisational leaders have a significant role in supporting both. For facilitation skills to be effectively developed and applied to practice, facilitators need to be enabled to access active learning opportunities to practise their skills and to learn from experienced facilitators. The allocation of time for facilitators to be released from clinical duties for development opportunities, as well as the prioritisation of time for teams to engage with facilitators for programme implementation activities is a key means of support. Ensuring there is a team of facilitators and promoting structure and accountability encourages motivation and interest among staff. This in turn promotes progress of the programme's implementation through positively reinforcing the commitment of facilitators and supporting their efforts to engage staff.

### **Implications for practice development**

Despite a limited response rate, the findings from this inquiry suggest a relationship between facilitation capacity, context and the progression of practice development-based work. The practical examples identified by survey respondents inform how these elements could potentially be enhanced for the successful pursuit of person-centred healthcare practice. There is opportunity for formal research to confirm the following:

- Managers and professionals in leadership positions have a key role in supporting facilitators to develop their capacity, using their influence over contextual factors to remove inhibitors associated with access to development opportunities, time to practise and to engage staff, ensuring that many facilitators share the responsibility and are supported by experienced external facilitators
- Organisational planning and accountability to manage staffing, ensure optimal workloads and promote practice development work as a priority supports the engagement and motivation of staff to participate in programme activities, and therefore the capacity for teams to progress practice development work and transform culture and practice
- The engagement of managers and professionals in leadership positions to clarify roles and responsibilities and establish agreed mechanisms for support of individuals and teams should



precede the implementation of practice development programmes. Ongoing evaluation and action regarding the enablers and barriers to programme progression and facilitator capacity development is required

- Time is a significant resource in the successful advancement of facilitator development and programmes underpinned by practice development. In healthcare contexts where staff feel time poor in the presence of the increasing demands of patient care, the pressure of multiple improvement programmes and other professional development requirements, there is an opportunity to explore the concept of time and how to minimise the negative impact the lack of this resource has on the progress of practice development work

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**Tamera Watling** (MHlthLeadMgmt, BNurs, RN, Grad Cert Neonatal Intensive Care Nursing), Essentials of Care Coordinator, South Eastern Sydney Local Health District, Dolls Point, Australia.

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