



CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Increasing awareness about self and facilitation practice in preparation for transitioning to a new role – the critical reflective process of becoming a certified professional facilitator

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Abstract

Background and context: I have been working as a practice developer in the Australian healthcare system for more than 10 years. For the last seven of those I was a lead facilitator for a practice development programme that is being implemented across a large statewide health service. The programme's purpose is to create person-centred care environments that enable patient and staff empowerment. My role was in a small team that supported facilitators predominantly at local health district and state levels. The intent was to phase out the team over time as capacity increased and local teams gained the required skills and knowledge to continue implementing the programme. During the two-year final transition phase, a strategic plan was implemented to guide the development of systems and capacity that would support the programme once the team had exited. A decision was made to shorten the phasing-out period and during this transition period I found myself facing an unknown and unpredictable future, for the first time in my career promoting something other than my clinical nursing skills. As I transitioned into an independent facilitator role I wanted to consolidate my expertise as a facilitator, to gain further learning in specific areas and to achieve recognition of the facilitation skill set I had honed over time, and which has now become my way of working. Given that my experience was limited to the healthcare context, diverse though it is, I pondered which of my skills would stand me in good stead to enable groups and organisations as an independent professional facilitator and what additional skills I'd need. I was encouraged to become a certified professional facilitator by colleagues who were using process facilitation and person-centredness more broadly. This paper reflects my experience of the preparation, assessment and accreditation process, the feedback I received from my international assessors and how these are influencing my facilitation practice as I venture beyond the boundaries of the healthcare context, and more specifically nursing, with which I am so familiar.

Aims and objectives: To reflect on my experience of the facilitator accreditation process in the context of my practice development work with New South Wales Health, and the implications for my facilitation practice now and into the future.

Conclusions: This experience has enabled me to increase my awareness and understanding of my personal facilitation philosophy and practice, to gain insight into my strengths and areas for further development, to develop my skills during the rigorous process and to integrate the fundamental attributes and competencies that set skilled facilitators apart. It has also allowed me to reconsider facilitation in the context of my practice development experience and how I will incorporate practice development principles in my future practice, in healthcare and in other contexts such as community and social efforts.

Implications for practice:

- Accreditation validates the facilitation skills of practice developers
- Facilitative approaches enable sustainable transformation of individuals, and their practice, as they experience enlightenment, empowerment and emancipation
- Neutrality about issues, decisions and outcomes enables the facilitator to guide individuals and groups towards increased engagement and ownership of outcomes
- Development of expertise in facilitation is greatly enhanced through engagement in mentorship
- The role of the facilitator is highly challenging, requiring skill, creativity, resilience and specific knowledge, especially in contexts where facilitation is not readily accepted or understood. Initial work requires preparation of the context and persistence to reap the rewards

Keywords: Neutrality, outcomes, learning, practice development, mentorship, facilitator accreditation

Introduction

The purpose of this paper is to reflect critically on my experience of moving out of a role in a large practice development programme and preparing to broaden my scope as an independent facilitator by acquiring professional accreditation. It explores the learning I gained through the accreditation process about my practice as a facilitator, my deeper understanding of the value of facilitation and how the process will impact on my future practice. I have used Johns' (1995) structured model of reflection because I've found it helpful when mentoring other facilitators to explore past experiences. I find the five cue questions provoke critical analysis and decision-making, particularly in relation to my emotional response to situations and the use of my existing knowledge. During my accreditation process to gain certified professional facilitator (CPF) status, I was aware that I'd reacted, sometimes defensively, to challenges and feedback about my practice. Johns' model helped me explore the basis of these reactions. I also used this model to help me make the decision to apply for CPF.

Description of the event and experience

Facilitating a large practice development programme – the end of an era

Until recently I held the role of external facilitator and practice developer in a large practice development programme that is being implemented across NSW Health. The programme's purpose is to create person-centred care environments where people at the care interface (patients and staff) are empowered to take ownership of clinical care, to lead practice and service improvements that are within their influence, and to have a voice in clinical decision-making. The programme is facilitated at ward level by internal facilitators who are supported by more experienced external facilitators and managers, many of whom participate in training on emancipatory practice development, person-centred practice and leadership, and/or transformational facilitation. My initial role was within a collaborative group of practice developers and clinicians to develop the programme's framework and resources, develop facilitators through workshops, design an evaluation process and pilot the programme. During the first 18 months of statewide implementation, this role involved orienting, training and supporting individuals and teams to lead and facilitate the programme at local health district and ward levels, and to write a facilitation development curriculum. As the programme expanded across the whole state, the role evolved to encompass a small team that supported facilitators at local and state levels (Green and Higgs, 2011). This team functioned under a statewide manager and, in collaboration with the statewide manager and stakeholder representative committee, designed training and resources to support teams to implement and evaluate the programme. The team also mentored facilitators and enabled growth of practice development capacity at all levels to facilitate the work into the future. From the outset, the intent was to phase out the team over time as capacity increased and local teams gained the required skills and knowledge to continue implementing the programme. However, phasing out was delayed due to the ebb and flow of the programme, as key personnel (managers, facilitators and coordinators) moved, engagement levels varied, priorities changed and roles altered. A constant influx of inexperienced facilitators at all levels created a need for consistent facilitation development and support. The practice development approach and the use of process facilitation

were regularly challenged and often resisted, and it was acknowledged that key influencers of the programme, who were unfamiliar with the intent of practice development and facilitation, had not been genuinely engaged and that, without their leadership and support, others often failed to engage. Without authentic engagement, the programme's purpose and intended outcomes would be unattainable (Dewing and McCormack, 2015) and the benefits of process facilitation could not be realised. The ongoing need for experienced practice developers and facilitators was recognised and a two-year phasing out period was agreed. To maximise impact during this final transition phase, a strategic plan was endorsed and implemented to guide the development of systems and internal capacity that would support the programme once the team had exited. A decision was made to shorten the phasing-out period by up to six months, resulting in the objectives of the strategic plan not being fully realised and evaluated as planned. So although my role had continued much longer than initially planned after seven years, alas, it was time for me to move on. This was simultaneously frightening, exciting, confronting and empowering!

The challenging role of being a practice development facilitator

For more than 20 years, the role of facilitation has increasingly been recognised across diverse industries and disciplines as contributing positively to a variety of outcomes (Burrows, 1997; Shaw et al., 2008; Thomas, 2008; Shaw et al., 2010; Bergin, 2011; Haskell and Cyr, 2011; Thorpe, 2011; Titchen et al., 2013). I experienced my role as an external practice development facilitator to be stimulating and rewarding, but not without its challenges. As an external facilitator, I had the benefit of being neutral about issues, decisions and outcomes, which allowed me to help the group achieve things it may otherwise not have achieved (Schwarz, 2002; Bens, 2012). These included increased engagement and collaboration, leading to ownership of practice changes and awareness of consumer perspectives. These processes and workplace cultural outcomes are crucial to gaining sustainable care outcomes (Manley et al., 2011b).

On the other hand, I experienced difficulty articulating the value of facilitation and my role, and in identifying my contribution, the outcomes specific to my role and its unforeseen benefits to the team such as ownership and empowerment, increased engagement and satisfaction. I regularly felt pressured to lead a group to commit to predetermined decisions and outcomes. Through my reflections with my critical companions, mentor and other team members, I identified some possible contributors to this. These included a lack of understanding of the methodology and consequent resistance to the unfamiliar, a perception of being directed to implement the programme rather than opting in, and failure to gain permission from key influencers to facilitate. Other factors included the absence of genuine collaboration and positive regard for people who engage in practice development work, as well as working within a context that conflicted with the goal of person-centred culture. To overcome these issues some strategies were undertaken, including learning modules for managers, a review of programme resources and information, establishment/improvement of local governance frameworks, facilitated activities with stakeholder groups and discussion with the stakeholder representative committee.

I felt facilitation was viewed by some influencers as superfluous and ineffective, and also had to take into my account my personal assumptions about the people and situations I encountered. Being external to the organisation meant gaining access to facilitate was often difficult and for some participants there was an expectation that I would do or teach or tell the team rather than guide them towards decisions that best suited them; for many, practice development was a paradigm shift (Green and Higgs, 2011) from a task-focused, technical and hierarchical approach. When I gained access, my facilitation was sometimes met with perplexity and lack of engagement, which, although disheartening, allowed me to think on my feet as facilitators to, and to mobilise my most creative techniques and approaches. This often led to gutsy conversations with teams and a shift towards awareness, empowerment and ownership. However, a lack of time coupled with pressure to produce outcomes didn't always allow facilitated practice development processes to evolve and take effect.

This left me somewhat disillusioned about the prospect of achieving the outcomes, as well about as my professional competence. The competence and confidence I had achieved in eight years of practice development and facilitation experiences were in danger of being eroded and, at times, exiting from the programme seemed prudent. I regularly felt isolated and misjudged. Yet I felt obliged to support those genuinely interested facilitators, programme coordinators and managers who benefited so greatly from the support team's input.

Decision and rationale for becoming an accredited facilitator

The phasing out of my role meant a significant career disruption for me as, living in a rural area, I anticipated limited opportunities to secure a practice development role. I was also concerned that moving on from a role that enabled others to achieve their outcomes could result in a lack of recognition for my personal achievements as a facilitator. As I pondered my future I was aware that the culture in which I was working impacted on my facilitation approach and effectiveness (McCormack et al., 2011), causing me to doubt my skills. Through my desire to network with skilled facilitators and to continue to learn from experts, I became a member of the International Association of Facilitators (IAF). I found it a wonderful resource that greatly validated my practice and the notion of facilitation as a worthwhile process. It gave me a number of opportunities, including mentorship, expanding my facilitation knowledge and practice, boosting my confidence and belief in facilitation and the idea of accreditation against internationally recognised competencies.

Preparation

During my time in the statewide practice development programme I benefited significantly from the mentorship and critical companionship of a number of expert practice developers, so I was seeking something to extend that support and learning. I undertook some study and signed up for the six-month IAF mentorship programme. The objectives I identified for this programme included gaining IAF Certified™ Professional Facilitator status and preparing myself to transition to facilitating practice development work independently.

This time held an element of sadness for me and I knew I needed some time to transition to the next phase of my career. Hence, in preparation for accreditation and establishing myself as an independent practice developer, I undertook regular reflective walks through my property in the Australian bush to create some thinking space. It was approaching winter in the southern hemisphere, a beautiful time of winding down and stillness in the bush. During many of my walks I found myself still inside my head and overwhelmed by thoughts of the past and the future; I often returned to my desk without remembering any part of the walk! Practising mindfulness helped me to focus on the present, to appreciate nature and notice variations as the seasons changed. This helped me view my situation differently – I was making some adjustments and changes as I moved into my new phase. I began to notice differences in the winter sun's rays, winter flowers, and fungi of all shapes and colours that only grow in winter and are often hidden from view in dark places. So at a time when the landscape appeared to be in degeneration I discovered growth in abundance. This lifted my spirits and opened me to appreciating all that was happening around me. These feelings are expressed in the following images and a Haiku that emerged over the course of my transition (see Figure 1).

Figure 1: The surprise of light and colour in the winter landscape, with Haiku



Mentorship

A mentor enables a less-experienced person, offers opportunities, shares wisdom and instils confidence (Shea and Gianotti, 2009). My mentor was a highly experienced facilitator in government and private industry and was an IAF-accredited CPF. I was concerned that facilitation outside practice development might be something totally different to what I was familiar with and could really be more about project management, but I was quickly reassured. My mentor and I exchanged experiences, techniques and approaches that reassured me of my skill and effectiveness as a facilitator. He challenged my assumptions about many situations and relationships, how I managed my biases and maintained neutrality, and provided a space for me to plan and reflect on my practice. I found myself in many dilemmas where I drew on a discussion we'd had or a process we'd explored that I was able to employ with confidence. My learning and development were immense, giving me a newfound confidence in my practice and re-igniting my commitment to collaborate with all stakeholders and to promote practice development and facilitation. This increased my resolve to challenge misconceptions and assumptions respectfully, and prepared me to undertake the CPF assessment process assertively.

Accreditation

The IAF accreditation process is based on the association's core competencies (International Association of Facilitators, 2015; see Table 1), similar to the UK's Royal College of Nursing competencies (RCN, 2007).

Table 1: International Association of Facilitators core competencies	
Competency	Sub-competencies
A: Create collaborative client relationships	<ul style="list-style-type: none"> • Develop working partnerships • Design and customise applications to meet client needs • Manage multisession events effectively
B: Plan appropriate group processes	<ul style="list-style-type: none"> • Select clear methods and processes • Prepare time and space to support group processes
C: Create and sustain a participatory environment	<ul style="list-style-type: none"> • Demonstrate effective participatory and interpersonal communication skills • Honour and recognise diversity, ensuring inclusiveness • Manage group conflict • Evoke group creativity
D: Guide group to appropriate and useful outcomes	<ul style="list-style-type: none"> • Guide the group with clear methods and processes • Facilitate group self-awareness about its task • Guide the group to consensus and desired outcomes
E: Build and maintain professional knowledge	<ul style="list-style-type: none"> • Maintain a base of knowledge • Know a range of facilitation methods • Maintain professional standing
F: Model positive professional attitude	<ul style="list-style-type: none"> • Practice self-assessment and self-awareness • Act with integrity • Trust group potential and model neutrality

Consisting of three stages, the process is comprehensive and rigorous. Assessors are selected from an international pool of experienced CPFs and each applicant is assigned two assessors. The processes and evidence these assessors use in their decision about an applicant's success or otherwise is overseen by an international 'process assessor'. All assessors are carefully selected to ensure impartiality and must declare any conflict of interest. All assessment activities are digitally recorded and written notes taken to provide comprehensive, constructive feedback. The three stages are outlined in Table 2.

Table 2: International Association of Facilitators accreditation process

Stage	Process elements
Stage 1	<p>Application and submission of evidence of practice</p> <p>I was required to submit a career resume and overview of seven activities I'd facilitated in the previous two years. In each case, verification by the client was required to confirm I had facilitated the activity as described and achieved the agreed outcomes. The application called for a 'deep dive' into one activity to describe how I addressed each of the IAF's six competencies and 18 sub-competencies</p>
Stage 2	<p>Client assessor dialogue and intervention design</p> <p>Once the assessors were satisfied with my evidence I was assigned a 'client assessor' – one of the assessors assumed the role of a client who was enlisting me to enable a group to achieve a desired outcome. This required me to engage and work collaboratively with the 'client', develop a contract and design an intervention to meet and evaluate agreed outcomes. It involved a number of planning meetings until we were in agreement about the intervention. The expectation was that all competencies would be demonstrated during these interactions. Given the vast experience of facilitating community and social activities that my client assessor had, I found this stage of the process intense and stimulating; it involved critical dialogue about my assumptions and whether my interventions could disengage or disempower the group and their ownership of the outcome. The experience was highly reflective, leading to significant learning about my facilitation practice and myself as a person</p>
Stage 3	<p>Pre-interview, practical assessment and exit interview</p> <p>On the final day I was interviewed by two assessors about the evidence I'd submitted and about my facilitation practice. I facilitated a group activity with the other five applicants and the assessors as participants, while being observed by two other assessors. All activities in this practical component were observed by the process assessor to ensure equity and rigour. Finally, I had an exit interview to clarify any outstanding questions and to hear the final decision about whether I gained CPF accreditation</p>

Shortly after I submitted seven examples of my facilitation practice, two were rejected because the evidence appeared to suggest learning and development using facilitative approaches rather than process facilitation. A third example required additional explanation for similar reasons. This led to some interesting dialogue with my CPF assessors about the purpose of facilitation and its relationship to learning. Insightful discussions ensued regarding the nature of practice development workshops – a combination of active learning and theory that enables participants to realise that the processes used are scientific and evidence informed while also allowing innovation (Dewing, 2010). Moreover, we discussed how important it is that such learning enables individuals and teams to build internal capacity so they can continue practice development work independently after the facilitator has left; this in itself is empowering (Heron, 1999; Schwarz, 2002).

My personal interest in is whole-person engagement and learning; when the whole person is engaged, their reflections and actions are more likely to lead to increased self-awareness, the generation of new knowledge and changes in their perspective of and approach to their practice. This is both a purpose and a consequence of practice development and facilitation (Heron, 1999; McCormack et al., 2004), and is vital for individuals' transformation. By failing to accentuate the learning, I would be facilitating technical changes likely to be isolated and unrepeated, so empowerment would be improbable. On the other hand, if my facilitation comprised teaching and imparting information, albeit facilitative, without focusing on individuals changing the way they approach, think about and do their work, then my interventions could be disempowering, even oppressive (Rogers, 1969; Fay, 1987; Boud et al., 1991). Both these concepts (facilitating learning and facilitating change) employed separately could create a dependency on the facilitator. In my experience as a practice development facilitator, combining practitioner-led action and change with strategies that deliberately highlight participants' new insights and learnings offers an effective way to sustain personal and practice transformations. With this additional clarification about the intent of my practice and the submission of further client-

validated evidence of process facilitation, I was invited to proceed to stage 2. On completion of all three stages, I was much relieved to be informed that I had passed. Immediate feedback was provided by my assessors, followed by a comprehensive report two weeks later.

Critical feedback

The critical feedback contained much evidence of my achieving the competencies: making groups feel relaxed, cared for and respected; engaging in meaningful dialogue with clients to create a shared understanding; designing interventions that are engaging and effective; and enabling group empowerment and ownership. The feedback acknowledged my skilled facilitation and advised on increasing awareness in the following practice areas:

- Identification and evaluation of the outcomes of facilitation
- Neutrality about the issues and outcomes
- Being a process facilitator versus using facilitative approaches to teach

Thoughts and feelings

This time of transition was dotted with feelings of sadness and glimmers of hope that gained perspective during my reflective walks and as I took steps towards my new future – one of the most significant being CPF accreditation. Undertaking the IAF accreditation process was both exciting and challenging, providing a unique and insightful development experience for me. I found it to be a highly professional, rigorous and person-centred process.

The feelings I experienced throughout the process from preparation to assessment were:

- Sadness
- Defensiveness
- Surprise
- Confusion
- Concern
- Recognition and validation
- Pride and reassurance

I was surprised when some of my initial evidence was rejected and I reacted somewhat defensively. The notion that enabling learning and development was not valued confused me. The experts on facilitation that I look to, such as Habermas (1972), Fay (1987), Heron (1999), Schwarz (2002) and McCormack et al. (2013), all identify learning as an essential component of facilitation and empowerment. I was concerned my fears of being accredited as a project manager as opposed to a process facilitator were coming to pass but these anxieties were quickly dispelled as my assessor explained that, while learning as an outcome of facilitation is valued, the IAF accreditation was interested in process facilitation and keen to separate this from the use of facilitation skills in training. This stems from the reality that the term 'facilitation' is used to describe a huge variety of activities, from teaching, mediation and doing to or for others, to using processes and interventions to help people reach shared decisions and outcomes (Heron, 1999; Schwarz, 2002).

The tension surrounding outcomes was one I recognised and felt had escalated over time as the statewide practice development programme was embedded. The feedback around this validated my feelings and my sense that focusing solely on tangible, measurable outcomes made neutrality and process facilitation challenging. Adding to the challenge was the necessity to balance the needs of administrators and sponsors so they could see value in practice development work and continue to support it (Manley et al., 2011a).

Overall, I felt that the accreditation process and the critical feedback verified and enhanced my facilitation knowledge, ability and professionalism, which was very reassuring and well worth the effort. It has increased my critical awareness as I facilitate as well as the self-confidence that comes

from knowing the approaches I use are valid. It also gave me an opportunity to reflect on and feel proud of the person-centred work I have been involved in and the teams I have worked with in the statewide programme.

Evaluation

The assessment and my subsequent certification as a professional facilitator was a highly positive experience. Highlights of the process included the opportunity to delve into some critical reflection about my practice, engage in critical dialogue with expert facilitators and see other facilitators in action. The act of expanding my horizons and being exposed to facilitators in fields other than health (the other five candidates worked in banking, non-government organisations, the taxation office and private businesses) was immensely beneficial and reaffirming. This experience increased my awareness of the value of facilitation in achieving sustainable, person-centred changes in diverse settings. It also reassured me that my practice development work aligns very well with the broader perceptions and practice of facilitation.

I feel strongly that striving for education that is facilitative and enables learning, rather than educators imparting information, aligns with the foundational facilitation competencies. I also realise that failing to document evidence of facilitation outcomes along the way is detrimental to our practice and to recognition of facilitation as a valid process and profession.

Analysis

The experience of being assessed and accredited as a professional facilitator has been insightful, reassuring and empowering; I have grown as a facilitator and gained confidence as my career takes a new turn and evolves. I am excited about applying practice development principles and methods in new territories.

The highlights of my learning during this process relate to:

- Maintaining neutrality about issues, actions and outcomes as a facilitator
- Recognising the place of learning as both an objective and outcome of facilitation
- Identifying and differentiating between the facilitator's outcomes and those the group are interested in

Maintaining neutrality

In light of the feedback from my IAF assessors, my reflections on my work as a practice developer and facilitator indicated that I could improve my effectiveness by increasing my ability to remain neutral. On reflection, I realise the context in which I was facilitating impacted on my neutrality because of the pressure on teams to achieve tangible, measurable outcomes within short time frames (McCormack et al., 2011; Bergin et al., 2013). This was probably compounded by my extensive nursing background. I have changed my practice to be more conscious when applying appropriate enabling interventions to guide teams to explore their issues, make informed decisions and commit to their actions. This frees the facilitator to enable individuals and groups to achieve their outcomes (Schwarz, 2002; Bens, 2012) by focusing on participant engagement, group dynamics, questioning, managing conflict, challenging assumptions and helping to identify appropriate actions.

Another aspect of the healthcare context is the hierarchical approach to change and improvement, meaning clinical staff often have the expectation that a facilitator is the 'doer' and are disconcerted by the use of enabling skills. Many state that as clinicians they 'just want to get on with it' and not 'waste time talking and reflecting'; that they are already busy and time poor and perceive practice development work as extra rather than an empowering way to practise, and they expect the facilitator to do the work rather than enable them.

Novice facilitators, in their desire to demonstrate their ability to help teams achieve outcomes, may unknowingly be leading and influencing the team's decisions. This highlights the importance of mentorship and role modelling of effective facilitation for those at the preliminary stages of their development (Crisp and Wilson, 2011; Titchen et al., 2013). My self-awareness of my tendency to

allow my own biases and assumptions to contaminate the group's decisions was heightened through mentorship, assessment and feedback. If novices don't have access to or avail themselves of these resources they are likely to lead instead of actively enabling (Shea, 2009).

Recognising the place of learning

The IAF assessor's inquiry about whether I was a facilitative educator as opposed to a process facilitator prompted me to explore my thoughts about where the place of learning is in my facilitation practice. Fay (1987) identifies education as an important step in a person or group achieving freedom, and states that in the absence of education and learning emancipation cannot occur, as the first vital step of enlightenment has not been realised. Habermas (1972) describes how our engagement with the world and our worldviews are greatly influenced by our preferred ways of knowing, with emancipatory ways of knowing requiring the presence of educational opportunities and openness to education. Heron (1999) and Schwarz (2002) state that learning must occur, especially if it is anticipated that the facilitator will eventually walk away. A core principle of practice development (McCormack et al., 2013) is active learning that enables practitioners to engage with and learn from personal experiences, to transform their practice and to sustain changes within an organisation (Dewing, 2010). Practice development leaders, including Dewing (2010), McCormack et al. (2013) and Sanders et al. (2013) describe active learning as being central to emancipatory practice development and an important consequence of practice development.

My interest in learning objectives and outcomes when I facilitate continues, although I am now conscious that in most facilitated situations the learning is a consequence of the group members engaging in reflection, critical dialogue, creativity, visioning, problem solving and action planning, as opposed to being directed on what actions to take or what information to learn and how to learn it. I will continue to be a facilitative educator who is interested to enable others to learn what they feel is important in ways that work best for them.

The feedback from my CPF assessors made me think about the priority I give to learning when I am facilitating; I had sometimes put my learning goals for the group ahead of other outcomes that the group desired, thereby undermining the greater value of facilitation in guiding groups towards their own outcomes – some of which may, of course, be learning. I was also acknowledging some health settings and cultures I experienced as valuing passive learning as opposed to active learning (Dewing, 2010; McCormack et al., 2013), whether or not the learning transfers to practice. I feel this places even greater onus on facilitators to assert their practice as enablers and proponents of active learning, and to communicate the value of this to staff and administrators.

Identifying the facilitator's outcomes and guiding groups towards their outcomes.

As a facilitator I realise I have a responsibility to clarify the value I bring to a situation and to strive to provide evidence of this value – the outcomes of facilitation that only skilled facilitators can realise. These include the ability to create for groups an environment of trust and safety, to draw thoughts from people's minds and expand awareness, to interpret verbal and nonverbal cues and make appropriate interventions, and to instil confidence to envision and work towards outcomes (Schwarz, 2002; Bens, 2012). Facilitation expertise, though generally intangible, brings knowledge about group processes, engaging people through positive experiences, reducing risk and building effective relationships (Schwarz, 2002; Bens, 2012).

The focus on measurable outcomes in healthcare created a tension – one I had experienced and I felt had escalated over time in the statewide programme. I constantly felt judged against the teams' outcomes, and that evidence of effective facilitation was both difficult to show and undervalued in a context that is, understandably, outcomes driven. A shift is needed in the contexts of care and in interest towards more person-centred attributes and outcomes (Shaw et al., 2010; Manley et al., 2011a, 2011b; Shaw, 2012).

Clarifying purpose is a fundamental step towards achieving the outcomes of facilitation and convincing stakeholders of the value of facilitation in achieving team and organisational outcomes (Schwarz, 2002; McCormack et al., 2004).

Conclusion and action plan

I have already changed my practice. I define outcomes with clients up front, clarify the scope of facilitation and establish the responsibilities of the facilitator, so these aspects can be adhered to, evaluated and reported on. I am consciously checking my neutrality gauge and facilitating from a stance of 'this is not *my* issue, I am here to help the group to understand and sort *their* issue'. This has freed me from becoming entangled in the issues, allowing me to rise above them and enable others. I have become more appreciative of the contexts (McCormack et al., 2011) in which many internal facilitators are working and the challenges they face in being facilitative, remaining neutral, and enabling ownership and empowerment in the group.

These insights lead me to wonder about the difficulties novice facilitators face in developing the required skills without appropriate mentorship, a balance of support and challenge, and leadership that promotes empowerment and ownership. In my opinion, the benefits of mentorship cannot be overstated and I advocate its use at every opportunity.

Though I continue to find it difficult to help people understand and appreciate what facilitators do, engaging in mentorship and becoming more critical in my practice has brought greater success in enabling individuals, groups and organisations to achieve the outcomes that are important to them.

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