

An Exploration of Developing
Skilled Facilitation within
Transformational Practice
Development in Healthcare

Margaret Kelly

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University of Technology Sydney

Faculty of Health

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Certificate of original authorship

I, Margaret Kelly, declare that this thesis, is submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the Faculty of Health at the University of Technology Sydney. This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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Table of Contents

Certificate of original authorship	i
Acknowledgements.....	ii
Table of Contents	iii
List of Tables.....	vii
List of Figures	viii
Abstract.....	ix
Chapter 1: Introduction.....	1
Defining language used in the thesis.....	1
Personal context.....	2
Significance of the research	6
Research questions.....	8
Overview of the thesis.....	9
Chapter summary	13
Chapter 2: Context for the research	15
Overview of practice development.....	15
Overview of person-centred practice	28
Chapter summary	33
Chapter 3: Exploring literature about transformational facilitation and facilitators	35

Literature search	35
Overview of the literature	39
Strategies used in facilitation	40
Building relationships	51
Developing facilitators' knowledge and skills	59
Chapter summary	68
Chapter 4: Philosophical basis for the research.....	71
My positioning as a facilitator	71
Transformative change.....	74
My positioning as a researcher	87
Chapter summary	88
Chapter 5: Research methodology and methods	91
Constructivism	92
Naturalistic Inquiry	93
Data collection methods	98
Ethical considerations.....	113
Ensuring rigor in the research	118
Chapter summary	123
Chapter 6: Findings	125
Themes	126

Internal to the facilitator (cluster 1)	128
External to the facilitator (cluster 2)	159
Enacting transformational facilitation (cluster 3)	177
Embodying facilitation.....	191
Chapter summary	195
Chapter 7: Discussion.....	197
The nature of self-talk in facilitation	198
Being flexible	205
Learning the craft of facilitation	211
Being present as an authentic facilitator	218
Chapter summary	225
Chapter 8: Conclusion and recommendations	229
Contribution to the existing body of knowledge	229
Recommendations in relation to facilitator development.....	233
Recommendations in relation to future research.....	237
Limitations of the study.....	238
Personal reflection on the research process.....	239
Final remarks	245
Appendix 1: Invitation for study participation, stage 1	250
Appendix 2: Invitation letter, stage 1	251

Appendix 3: Information sheet, stage 1.....	253
Appendix 4: Consent form, stage 1.....	256
Appendix 5: Reflection proforma, stage 1	258
Appendix 6: Information sheet, stage 2.....	259
Appendix 7: Consent form, stage 2.....	262
Appendix 8: Schedule of interview questions.....	264
Appendix 9: Extract 1 from audit trail.....	266
Appendix 10: Extract 2 from audit trail.....	267
Appendix 11: Example of thematic map in development September 2014.....	268
Appendix 12: Example of thematic map in development August 2015	271
Appendix 13: Stages in development of facilitation skills	280
Appendix 14: Location of participants in Crisp & Wilson Framework	281
References.....	283

List of Tables

Table 1: Practice development principles.....	22
Table 2: Outcome of database search strategy	37
Table 3: The theories and sub-theories of Critical Social Science	75
Table 4: Characteristics of Naturalistic Inquiry guiding the research	96

List of Figures

Figure 1: PD approaches mapped to conceptual framework	18
Figure 2: PD conceptual framework	19
Figure 3: Person-centred Practice Framework	30
Figure 4: Outcome of search strategy.....	39
Figure 5: Cluster 1: Internal to the facilitator	128
Figure 6: 'Inside your own head' sub-themes.....	129
Figure 7: 'Walking a fine line' sub-themes.....	139
Figure 8: 'Being me' sub-themes	149
Figure 9: Cluster 2: External to the facilitator	159
Figure 10: 'A lens on facilitation' sub-themes.....	160
Figure 11: 'Making sense of theory' sub-themes.....	168
Figure 12: Cluster 3: Enacting transformational facilitation	177
Figure 13: 'Being fluid' sub-themes	178
Figure 14: 'Understanding people in context' sub-themes	183
Figure 15: Summary of themes.....	191
Figure 16: An extract from Jennifer's story.....	194
Figure 17: Embodiment of facilitation	231

Abstract

Facilitation is key to engaging people in transformational change and facilitators require considerable skill. However, a thorough understanding of the nature of facilitation and how people develop as facilitators remains elusive. This research investigated the experiences of practice development (PD) facilitators regarding their understanding of transformational facilitation and becoming skilled.

The research was situated within the Constructivist paradigm and used Naturalistic Inquiry as the guiding methodology. The study was a two-stage in-depth exploration of the topic. The first stage incorporated 15 interviews with PD facilitators in Australia/New Zealand to gain their understanding of transformational facilitation and their practice as a facilitator. The second stage allowed for deeper understanding, and elaboration, of the themes identified in stage 1. This stage explored transformational facilitation internationally through interviews with seven leading PD facilitators from four European countries.

Seven overlapping and interacting themes were identified that formed three distinct clusters. Within each theme there was evidence of a continuum of development. Inexperienced facilitators were at one end of the continuum with those who were highly skilled at the other end. The continuum reflected the increasing sophistication of facilitators' thinking and management of situations as they gained expertise.

Cluster 1: *Internal to the facilitator* identified elements that related to the way a facilitator thinks (***inside your own head***), the way they interact with groups, finding the right balance in facilitation to enable people to transform practice and to flourish (***walking a fine line***) and how they react to situations and manage their own reactions (***being me***).

Cluster 2: *External to the facilitator* related to facilitators' development. This cluster incorporated the significant learning that was gained from interactions with other facilitators (***a lens on facilitation***) and getting to grips with and using theories to underpin facilitation practice (***making sense of theory***).

Cluster 3: *Enacting transformational facilitation* conveyed how facilitators assimilated their learning and experiences to enable them to work effectively with people in diverse settings (***understanding people in context***) and become flexible in their practice (***being fluid***).

This doctoral study provides new insights regarding the nature of skilled facilitation and ways in which facilitators practice and develop themselves. The findings contribute new knowledge about the inner dialogue of facilitators and how they draw together all aspects of their practice to enable transformation in individuals, teams and healthcare cultures. These findings have implications for all facilitators, as well as facilitation practice and ways to support facilitator development.

Chapter 1: Introduction

This thesis explores skilled facilitation and the development of facilitators, in the context of healthcare. My interest lies in the practice of transformational facilitation to develop person-centred workplace cultures. This is a form of facilitation that focuses on working *with* people, rather than telling them what to do. It emphasises the importance of people having ownership of, and taking responsibility for, the way in which healthcare delivery occurs. Practice development (PD) is a systematic way of working collaboratively with practitioners to create person-centred environments in which everyone can flourish. The approach taken in PD aims to foster sustainable transformation of individuals and teams, and the ways in which they work, with skilled facilitation being a fundamental part of this process. I provide a comprehensive overview of PD in the next chapter. My aim in undertaking the research contained within this thesis was to gain a better understanding of the nature of skilled transformational facilitation and how people gain expertise in this form of facilitation.

In this chapter, I introduce the thesis by providing my personal context and reasons for my interest in the topic. I then outline the significance of this research to improving workplace cultures in healthcare. I conclude the chapter with my research questions and objectives, and an overview of the subsequent chapters in this thesis.

Defining language used in the thesis

Throughout the thesis I use the word ‘facilitator’ to mean a facilitator who works within a transformational PD framework.

In healthcare, there are diverse terms used when referring to the people being treated and cared for. These include patient; child and young person (in paediatric

practice); client; woman (in maternity practice) and service user. For consistency, and in an effort to be inclusive of all these groups, I use the term 'service user'.

The people who are connected with service users are also referred to in a variety of ways, including family, parent, carer, significant other. I use 'significant other' to encompass anyone who is connected with a service user and who may be involved with their care and treatment.

Finally, when referring to the staff involved in caring for, and treating, service users and their significant others, I use the term 'practitioner'. This includes health professionals and ancillary staff.

Personal context

Facilitation has become increasingly more prominent in healthcare as a means of enabling positive changes to the environment in which care is delivered. A deep-seated interest in this area has been building for me personally since 2004 when I had an opportunity to attend a 5-day intensive International Practice Development Collaborative School (PD school). At that time, I had been a paediatric nurse for 20 years, predominantly within the intensive care (PICU) environment. I had practiced in a variety of workplace cultures during my nursing career, but in PICU particularly, the environment placed heavy emphasis on technology as we focused on nursing children who were critically unwell. This was a high-stress environment for healthcare practitioners and, while I was exposed to some very effective and person-centred leadership, this was generally outweighed by the controlling and directive practices I experienced. I can recall two nurse managers in particular, who were instrumental in creating environments in which staff felt unvalued and even intimidated. During the shifts that these managers worked, they expected care to be delivered in the way that they had decided was best. Any staff member who did not comply with this view was chastised in front of other practitioners, service users and their significant others. The

result of this was a general attitude of 'keep your head down' so as not to incur the attention of these nurses. Both managers were expert clinical nurses and, when they engaged with less experienced staff, imparted a wealth of knowledge about caring for children with the diverse illnesses and injuries treated in the unit. Their engagement, however, was sporadic and inconsistent which left other nurses feeling very unsure, and sometimes, fearful of asking questions. Although these managers were not the most senior nurses in the department, those who were more senior than them seemed to be powerless to address their behaviour.

Although I did not want to be like the two nurse managers I worked with, as my seniority increased, I found myself setting standards for care delivery that I expected other nurses to meet. I also followed the example of many of the people I worked with, thinking that the way to effect change in practice was to work on people, telling them, or persuading them, to do this in the way that I thought was best. I was passionate about family-centred practice and about providing the best care possible to the service users and significant others we engaged with. I wanted to maintain high standards in doing that and I wanted my colleagues to feel the same way as me. As I reflect on the approach to practice change within my working environment at that time, I realise that it was very technical and took little or no account of the prevailing culture or the people impacted by proposed changes.

By the time I attended PD school, I had left PICU and my professional role involved supporting nurses in my organisation to implement evidence-based nursing, and to undertake and use research in practice. I had continued to apply the ways of working that I was familiar with, of telling people what and how to change, and I became increasingly frustrated at the lack of practice change that resulted from my efforts. Being exposed to transformational processes at PD school taught me that there was another approach that could be taken to changing practice, one that involved working with the culture inherent in a ward or department to bring about improvement. However, initially, I thought that to become a 'good' facilitator I needed to develop technical skills and considerable knowledge so that I could help people 'do things', for

example, making changes to their care processes. I thought that I would guide or help people to do this work with an extensive knowledge of the techniques and tools that could be used to bring about change. I was facilitating but without a real understanding of the principles and theories underlying transformational PD and facilitation.

It was at this time that I embarked on my own journey of development to become a transformational facilitator. Being exposed to the ideas underpinning PD, and to the ways in which facilitators using these processes worked, made me feel that there was a better way of providing high quality family-centred care than telling people what to do. Working with more experienced facilitators encouraged me to reflect and get feedback on my facilitation efforts. This helped me to look at how I was working with people and the ways in which I was trying to facilitate practice change. As a result, I began to see a disconnect between how I wanted to work, or what was needed, and how I was working with people in reality. I started to explore my own values explicitly and to consider the skills and attributes that I needed in order to work as a transformational facilitator, who would enable people to learn, to grow and to achieve changes in practice that were meaningful and sustainable. My exploration of my personal values helped me to recognise that I wanted to engage practitioners in deciding for themselves what to change in their environment and how this could best be done. I also wanted practitioners to see that I valued them as people and valued their thoughts and ideas, even if these were not the same as mine.

At this stage, however, my understanding of what it was to be a transformational facilitator was still limited. I thought that if I could just learn the PD tools and approaches to change, then the ability to work with them and facilitate skilfully would automatically follow. At times, I felt that I was making considerable progress in my development, particularly when I could see that processes I was facilitating were achieving change and practitioners were changing their attitudes towards practice. At other times, however, I felt stagnant and reverted to old patterns of behaviour. This generally happened when I could not see any progress in changing practice, so I would

be more directive with people. I measured myself against other facilitators and tried to copy them and what they were doing, without really knowing how they were doing it.

While I was developing myself as a facilitator, a significant part of my role changed to include enabling the development of other facilitators. I could see some similarities with my own journey in the people I was supporting on their road to being facilitators. I was aware of individuals developing skills and knowledge that often changed the way they practiced and interacted with others. However, what I perceived to be the expectations of my organisation in terms of facilitating broad cultural change weighed heavily on me. My perception was that, in return for supporting my attendance at the PD school, my organisation expected me to immediately be effective in using PD to improve culture. I had received some training in PD and facilitation at the school, I had delved into books and literature about PD and facilitation and had the ongoing support of an experienced facilitator. I thought that I should be able to facilitate effectively, despite this being a new way of working for me. My confidence diminished as I realised that I did not really feel prepared to facilitate at the level required to enable healthcare practitioners to change their workplace culture.

Gradually it began to dawn on me that I was not sure what skilled facilitation actually meant even though it was a term used frequently in the PD literature. It seemed a difficult concept to get hold of, quite nebulous. Although I thought I could recognise expertise in other facilitators, I was unclear about how they achieved this and what it was that gave them their expertise. I found it difficult to articulate what skilled facilitation was to the less experienced facilitators I was working with, and how they too could become highly skilled. This meant that both I, and the practitioners I was supporting, struggled to put our ideas about facilitation into practice. I began to realise that I could not adequately answer practitioners' questions about PD and facilitation, because I had similar sorts of questions myself. I wanted to be a very skilled facilitator who could work with practitioners in person-centred ways to create workplaces with effective teamwork that engaged service-users and their significant others in care. As this was not my reality at the time, I felt a need to discover what

skilled facilitation meant. By doing this, I hoped to become skilled myself, and help other practitioners to do the same.

My experiences and the uncertainty I often felt, as a facilitator, led to my deep-seated interest in how people become skilled in transformational facilitation. I wanted to understand and have a clear picture of what skilled facilitation in PD meant. I wanted to know how the facilitators, who were considered to be PD experts, gained their expertise. Although there is a wealth of literature relating to facilitation and the development of facilitation expertise across a range of contexts, I found that a thorough understanding of the nature of facilitation remained elusive. The difficulty in finding the answers I was seeking led me to the research study that is reported in subsequent chapters within this thesis.

Significance of the research

Globally there has been emphasis on creating effective workplace cultures within healthcare systems, focusing on the way in which healthcare teams function and the way in which service users receive and experience healthcare. Health reforms in the UK, US and Canada have placed increasing recognition on the significance of workplace culture in provision of quality healthcare (Davies, Nutley & Mannion 2000; Manley 2008; Scott et al. 2003). Within the Australian context, the Special Commission of Inquiry into Acute Care Services in NSW commented on the cultures inherent within healthcare and contained recommendations relating to effective communication and teamwork (Garling 2008). Meanwhile, the Independent Inquiry into care in Mid-Staffordshire NHS Foundation Trust (the Francis Report) suggested that 'fundamental culture change' was needed (Francis 2013, p. 5). Manley and colleagues highlight that workplace culture is where care delivery takes place and where staff interface with patients (Manley et al. 2011). Creating effective workplace cultures, therefore, is likely to have the greatest impact on quality of care delivery and the way that service users experience care (McCormack, Dewing & McCance 2011; Williams et al. 2007).

Changing the culture of a workplace, however, is recognised as being a challenging undertaking, in settings as diverse as healthcare (Boomer & McCormack 2010; Vella et al. 2014; Wolstenholme et al. 2017), and corporate enterprise (Hargreaves 2011). Although changes in healthcare delivery may be well planned and resources made available, the practitioners caring for service users do not always change the way they work (Hewitt-Taylor 2013). There could be many reasons for this. In his extensive work on organisational culture, Edgar Schein (1984) highlights one reason for resistance to change is the anxiety felt by people that the reformed environment will be worse than the one they knew. Likewise, Malloch & Melnyk (2013) refer to the underlying fear that is often the reason for opposition to change. This anxiety or fear needs to be addressed if improvements are to be introduced successfully. It is important that healthcare practitioners see the need to implement proposed innovations and are involved in every stage of the process (Cioffi, Leckie & Tweedie 2007; Hewitt-Taylor 2013). Transformational PD is one approach that seems to work in taking on the complexity of improving workplace cultures, considering both processes and the people involved. This approach is discussed in more depth in the next chapter.

Practice development relies on highly skilled transformational facilitators who support and challenge individuals and teams to change the ways in which they work together and provide high quality care (Sanders, Odell & Webster 2013). Skilled facilitation within this field enables teams to explore and transform their workplace culture in collaborative ways that provide opportunities for everyone impacted by the context of care delivery to participate and share in decision-making (Murray, Magill & Pinfold 2012; Shaw et al. 2008; Wolstenholme et al. 2017). However, it is not clear in the current literature, what skilled facilitation means in practice and how individuals learn how to facilitate skilfully. In 2008, Shaw and colleagues suggested that the literature to that point had failed 'to capture the essence or the spirit of facilitation in PD' (Shaw et al. 2008, p. 158). Despite the wealth of literature published since 2008 relating to PD, person-centredness and facilitation, I suggest that this is still the case.

Research questions

I undertook this research to explore the nature of skilled facilitation and how facilitators gain expertise in their practice. In so doing, I intended that this would serve to increase understanding of how skilled facilitation is enacted to transform practice, how facilitators work and how they learn to be facilitators. I recognised that my firsthand experiences as a facilitator had given me insight into the concepts that I wanted to explore but this also meant that I was not wholly objective in approaching the research topic. At the same time, I was clear that I did not have a preconceived idea of the outcome of the research, rather that I wanted to gain the perceptions of the reality of facilitation held by facilitators. The gap that I could see because of my own experiences and the evidence in the literature resulted in two research questions that I wished to address. These questions were:

1. What do practice development facilitators working in healthcare understand by transformational facilitation?
2. How do healthcare practitioners become skilled transformational facilitators?

Objectives of the research:

- To explore facilitation from the perspective of facilitators who were working to effect positive changes to workplace culture using PD methodology (overview of PD methodology is provided in the next chapter)
- To uncover what it is that individuals are aiming for in developing as transformational PD facilitators
- To discover how facilitators work on their own development

Overview of the thesis

This thesis is presented in eight chapters and focuses on facilitation and facilitators of transformational practice development. I used a qualitative naturalistic methodology to explore the topic. In keeping with my values of interacting with people on a personal level and with the methodological approach, which is one of discovery and uncovering, I wrote this thesis using active voice rather than passive. The following section provides an overview of chapters 2-8 which make up the remainder of this thesis.

Chapter 2

In chapter 2, I provide the context for my research, giving an overview of transformational PD and person-centred practice. I describe how PD provides a systematic approach to transformative change in health and social care, enabling individuals and teams to shift attitudes, mindsets and ways of working to improve their practice. I highlight how person-centred practice encompasses the kind of environment where everyone is valued and respected. I illustrate the concepts within the Person-centred Practice Framework that contribute to an effective culture which places care firmly around the service user as a unique individual. In addition, I demonstrate that the Framework emphasises the responsibilities of healthcare practitioners in creating such an environment and places value on their ability to do so. Delivering healthcare in this way leads to positive outcomes for service users, their significant others and practitioners as well as the potential for individuals and teams to flourish.

Chapter 3

Chapter 3 explores the literature that exists about facilitation which aims to bring about improvement in workplace settings. As I have described earlier in this chapter, my interest was concerned with the nature of skilled facilitation practice within a transformational PD framework. I also had a keen interest in the facilitators of this practice, how they enacted facilitation and what their development entailed. The literature review, across diverse speciality fields such as education and commercial enterprise as well as healthcare, reveals the complexity of facilitation and the variation inherent in facilitators' roles. The skills and qualities needed by facilitators to enable transformative action are varied and comprehensive. The chapter focuses on common themes across the different settings in terms of facilitation practice and approaches to development of facilitators. The common themes that I explore incorporate strategies used by facilitators, relationship-building and mechanisms for development. In analysing relevant literature, I uncovered a gap in our knowledge about the nature of skilled facilitation and how facilitators bring together everything that is required to be an effective transformational facilitator.

Chapter 4

I devote chapter 4 to a discussion of the philosophical basis for my research. I explore how theories relating to transformation of society, such as Habermas' Theory of Communicative Action (Habermas 1984, 1989) and Critical Social Science (Fay 1987) underpin the concept of transformative change that forms the basis for this research. I outline the challenges faced by practitioners in both recognising and acting to change ineffective thinking and behaviours as well as aspects of workplace culture that constrain them. I include in chapter 4 my positioning from two stances – that of a facilitator as well as a researcher. These stances guided my exploration of the topic and dictate the approaches I used in undertaking my research.

Chapter 5

In chapter 5, I give an account of the methodology and methods used to accomplish the aim of the research study to explore the nature of skilled facilitation and the practice of facilitators, as well as how they become skilled. The chapter explains the selection of a suitable research paradigm and approach for guiding the study methods. It also provides detail of the methods used in conducting the research, including how the sample of participants was determined and the ways in which potential participants were identified and recruited. The chapter presents a full account of data collection using in-depth semi-structured interviews. The strength of this work lies in capturing experiences from facilitators with a broad range of skill level and experience, practicing in diverse countries and in a multitude of roles. I then discuss the approach I took to thematically analysing my data and the use of critical discussion and reflexivity with my supervision team to ensure that I stayed true to the experiences captured and to the identified purpose of the research. The final sections of chapter 5 describe the ethical considerations for the study and strategies for management of ethical concerns, in addition to the mechanisms I used to ensure research rigor.

Chapter 6

In chapter 6, I provide an in-depth report of the findings from the research. This chapter is a rich description of the experiences and views of the participants involved in the research, using their words where appropriate to illustrate themes and sub-themes. Although the themes identified were common across all participants, the way in which highly skilled facilitators talked about their practice and development was different and more sophisticated than those who were new or relatively inexperienced. The chapter presents each theme along with its sub-themes, which served to give depth to the findings and tease out the many complex elements involved in facilitation and facilitator development.

The themes and related sub-themes are arranged in three clusters that explain the elements of facilitation practice and development that were important in the ongoing journey of being a skilled facilitator. The first cluster contained the themes that were internal to the facilitator, including the nature of their inner dialogue and how this impacted their practice; the way in which facilitators balanced all the aspects of their practice and how they gained insight into their practice and found their personal style of facilitation.

The second cluster of themes was related to development of facilitators and included elements that were external to them. This cluster incorporated the ways in which facilitators interacted with, and learned from, each other as well as illuminating the art of facilitation and making it explicit. This cluster also encompassed sub-themes about facilitators' understanding and integration of theory into their practice.

Finally, the way in which facilitation was enacted comprised the third cluster of themes. These concerned the importance of context in facilitation practice and working with people across settings. The theme of being fluid in this cluster outlined achieving flexibility in facilitation practice and the burgeoning self-confidence that grew as facilitators became more skilled.

Chapter 7

My discussion, presented in chapter 7, draws out four key issues that were reflected in the findings about facilitators, their practice and their development. The chapter places those issues in relation to existing bodies of literature. I discuss in detail how the nature of individuals' self-talk changed over time as facilitators grew in experience and confidence. The second issue I focus on concerns being flexible. This theme within the findings uncovered how facilitators worked to achieve flexibility in their practice. Discussion of this issue includes drawing on literature relating to expertise and the differences between novice and expert practitioners in varied

contexts. Ongoing learning was an important issue for all facilitators, the opportunities they had access to and diverse ways of approaching their learning. There was a clear message that although facilitators were highly skilled, they never stopped looking for ways to develop further, both personally and professionally. The final issue I discuss relates to the authenticity with which facilitators practiced in the moment, which is strongly associated with literature about authentic leadership. I also examine how the personal values and beliefs held by facilitators impacted on their practice and how they embedded the values of transformational PD in their practice. The discussion in chapter 7 shows how my findings provide new perspectives on the nature of skilled facilitation and how facilitators become skilled.

Chapter 8

I conclude the thesis with chapter 8 which summarises the research I have undertaken. I indicate the contribution that my findings make to the existing body of literature about facilitation and facilitators. I go on to make recommendations concerning development of transformational facilitators. These recommendations cover the clarification of, what are termed helping relationships, the structure of facilitator development and the place of facilitation training in pre-registration courses. I also offer recommendations for future research into facilitation practice, including exploration of the inner dialogue, use of intuition and decision-making by facilitators. I finish the chapter with a personal reflection of engaging in a doctoral degree and undertaking this research before making some final remarks.

Chapter summary

This chapter has been devoted to the background for this research. I have explained how my firsthand experiences of facilitation and becoming a transformational facilitator led to my deep interest in studying this topic. I have also

identified the significance of the research to the complex milieu that is healthcare. I have outlined that transformational PD provides a systematic means of changing and improving workplace cultures to ensure person-centred practice is embedded in all aspects of care and practitioner interaction. Skilled facilitation is key in this endeavour, however, the nature of such facilitation and how facilitators of transformational PD become skilled is unclear. The chapter concluded with an outline of the subsequent chapters in this thesis. In chapter 2, I explore PD methodology and person-centredness within the context of healthcare.

Chapter 2: Context for the research

In this chapter, I focus on the context for the research, that being facilitation of person-centred practice within healthcare. Although healthcare practitioners endorse person-centred care and espouse it as the basis of their practice, in fact, this is often not the case (Ekman et al. 2011; Hooke et al. 2008). The traditional medical model of seeing a disease or illness, rather than the person behind it, prevails even though this is not adequate in engaging service users in their care, to meet their needs in a holistic way (Edvardsson, Winblad & Sandman 2008; Ekman et al. 2011). The challenge for healthcare practitioners is to move away from this model to establishing a partnership between themselves and the person receiving care (McCance, McCormack & Dewing 2011). Literature relating to person-centredness points out that, even though practitioners may engage in moments of person-centredness, the practice is not consistent (McCormack, Dewing & McCance 2011; McCormack & McCance 2010). Transformational practice development (PD) is a means of achieving person-centred healthcare in a way that is systematic and sustainable. In this chapter, I provide overviews of PD and the Person-centred Practice Framework as the means and outcome of improving workplace cultures.

Overview of practice development

Practice development is a complex and multi-faceted intervention (Manley 2017; Manley, Crisp & Moss 2011; McCormack et al. 2007). It has, at its heart, care of service users and improving the way that healthcare is delivered. This is achieved by creating person-centred environments that place service users at the centre of care and puts focus on all members of the healthcare team. Practice development is defined 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. (Manley, McCormack & Wilson 2008, p. 9)

The definition highlights the importance of facilitation, learning and strategic interfaces. The intent of PD is to create person-centred cultures which improve care delivery to service users and their significant others and, in addition, create a person-centred environment for practitioners (Garbett & McCormack 2002; Hennessey & Fry 2016; Manley, McCormack & Wilson 2008; Wilson 2005b).

Culture is defined quite simply by Drennan (1992, p. 3) as 'the way things are done around here'. It incorporates shared values, beliefs and norms, as well as assumptions that people make, which are often hidden from view, along with how they manifest in behaviours (Schein 2010). The values and beliefs held by people in a workplace underpin their expectations, attitudes and the behaviours which are displayed, as expressed by Martin (2000) in her discussion of value conflicts. When beliefs in a culture are accepted as the true nature of the way things are done, they become basic assumptions which are tacit and taken for granted by the people in that culture (Manley 2000a). This then becomes the culture-in-practice by which everyone abides and is passed on to new people entering the environment (Manley 2000a). However, organisations are complex, and as such are unlikely to have a single culture, rather many sub-cultures may exist (Schein 1990; Scott et al. 2003). The culture-in-practice in these sub-cultures may not be the same as that espoused by the organisation, which is often what people desire the culture to be, rather than what it is in reality (Manley 2000a). The fact that many sub-cultures may exist, and that the assumptions underpinning practice are often hidden, can make the work of changing culture a challenging undertaking.

An effective workplace culture creates an environment in which people (service users and practitioners) can flourish (Manley et al. 2011; Shaw et al. 2008). Other

terms used that invoke the idea of flourishing are spirit at work (Kinjerski & Skrypnek 2008) and caring values (Pross et al. 2011). Regardless of the term used, a desired outcome is that everyone in the environment is cared for in ways that enhance their wellbeing and sense of worth. Beckett et al. (2013) consider that staff attitudes are an important element in the make-up of a ward culture. This aligns with the view expressed earlier that attitudes guide behaviour (Martin 2000). If attitudes are positive, then the workplace is more likely to be one where service users and practitioners have a positive experience (Beckett et al. 2013). In such cultures practitioners, such as nurses, feel empowered to deliver high-quality, effective patient-centred care (Cleary, Horsfall & Happell 2010; Goedhart, van Oostveen & Vermeulen 2017).

The theoretical underpinning of PD has been evolving over the last two decades. A conceptual framework was first described by Garbett & McCormack (2002). The framework demonstrated that the core elements of PD are: creating shared values and vision for care; transforming individuals and cultures by establishing a learning environment and using systematic approaches to change. This results in a person-centred culture (Garbett & McCormack 2002). [Figure 1](#) shows PD approaches mapped to the conceptual framework, published as part of an account of using PD to develop a managed clinical network (Henderson & McKillop 2008). We can see, in this diagram, activities that enable practitioners to learn in and from practice, take ownership for their own development and involve stakeholders in decision-making.

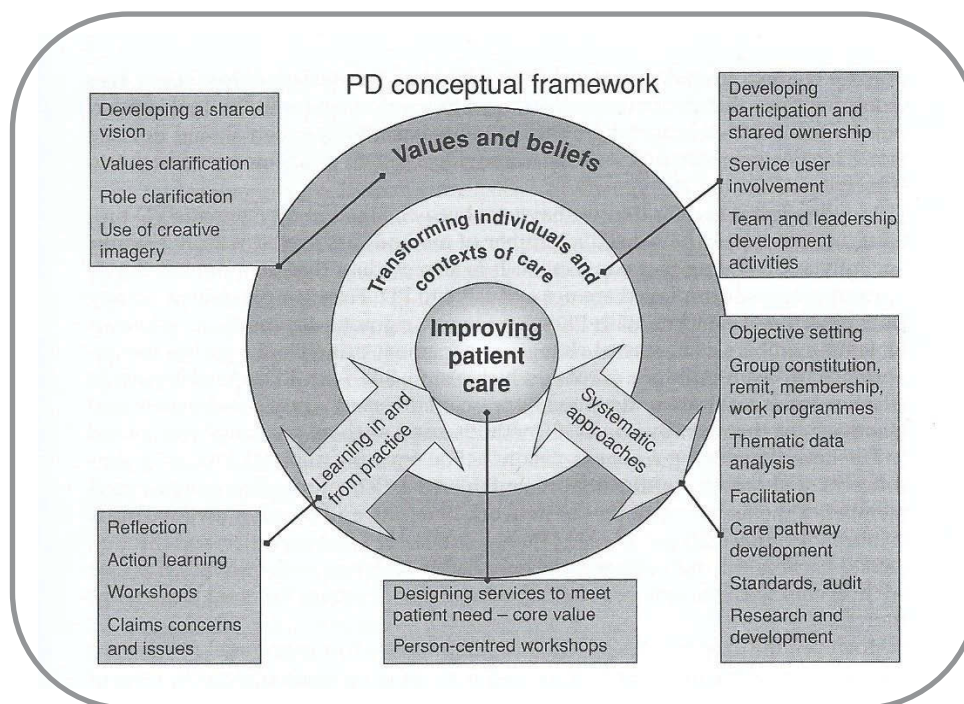


Figure 1: PD approaches mapped to conceptual framework

(Henderson & McKillop 2008, p. 337). Copyright 2008 Wiley. Used with permission Manley, K., McCormack, B. & Wilson, V. (eds), *PD approaches mapped to conceptual framework*, International practice development in nursing & healthcare, Blackwell Publishing, Oxford

Although facilitation is identified under *systematic approaches*, in this version of the framework, facilitators working with PD enable practitioners to engage with all the approaches shown. This includes helping individuals and teams to critically reflect on their behaviours, ways of working and established practices. Assisting practitioners to uncover the hidden established and embedded knowledge and practices is a critical element of creating person-centred cultures (McCormack & McCance 2017b). Without this aspect of PD work, according to McCormack & McCance (2017b), person-centredness in care will not happen. This makes sense when we consider that workplace culture is determined by the tacit assumptions of practitioners based on their underlying values and beliefs.

In 2013, McCormack and colleagues adapted the original framework in their

updated PD textbook, shown in [Figure 2](#). They considered that there are two critical facilitation strategies for engaging in PD work, these being ‘facilitated active learning’ and ‘authentic engagement’ (McCormack, Manley & Titchen 2013, p. 9). Where facilitation was originally listed as one of the systematic approaches, as identified above, evolving knowledge of PD and achieving its purpose has highlighted the importance of facilitation. Authentic engagement incorporates authenticity of practitioners as well as facilitators. Both groups need to be willing to engage genuinely with each other in creating more effective workplaces. Dewing, McCormack & Titchen (2014) believe that authenticity in the way people relate to each other is an essential component of creating person-centred cultures.

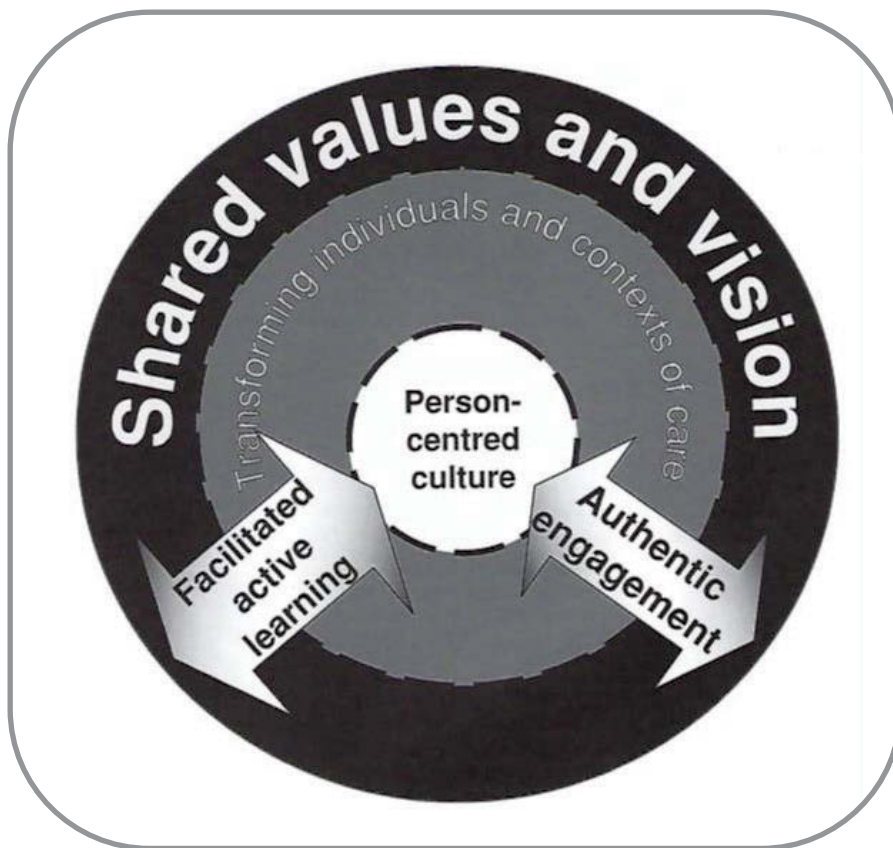


Figure 2: Practice development conceptual framework

(McCormack, Manley & Titchen 2013, p. 9). Copyright 2013 Wiley. Used with permission from McCormack, B., Manley, K. & Titchen, A. (eds), *Practice development conceptual framework*, Practice Development in Nursing and Healthcare, 2nd edn, Wiley-Blackwell, United Kingdom.

The middle circle in the framework *transforming individuals and contexts of care* involves the use of facilitated methods. McCormack, Manley & Titchen (2013, p. 7) identified 19 PD methods that can be used to enable practitioners to achieve the purpose of PD, these being:

- Agreeing ethical processes
- Analysing stakeholder roles and ways of engaging stakeholders
- Being person-centred
- Clarifying the development focus
- Clarifying values
- Clarifying workplace culture
- Collaborative working relationships
- Continuous reflective learning
- Developing a shared vision
- Developing critical intent
- Developing participatory engagement
- Developing a reward system
- Evaluation
- Facilitating transitions
- Giving space for ideas to flourish
- Good communication strategies
- Implementing processes for sharing and disseminating
- High challenge and high support
- Knowing 'self' and participants

These methods aim to bring about changes in practice by giving practitioners opportunities to engage in considering how the care delivery environment could look, for example through *clarifying values; clarifying workplace culture; developing a shared vision*. While *developing participatory engagement* and *collaborative working relationships* enable practitioners to examine the way in which they relate to other

team members as well as service users and their significant others. Changing attitudes and practice can be made possible by *continuous reflective learning, high challenge and high support* and *giving space for ideas to flourish*. However, each of these methods can be complex and challenging to achieve, for example *being person-centred* may have different meanings for individuals.

The methods show that PD takes a systematic approach to enable practitioners to investigate and take action to change their workplace culture. It places emphasis on working with individuals and teams of practitioners (McCormack, Manley & Walsh 2008). However, changing culture at an organisation-wide level cannot be achieved by one or two practitioners, or even a team, working in isolation. So, while working within local contexts, PD facilitators engage people at all levels of an organisation to enable teams to undertake the work needed and ensure a commitment to creating an effective practice environment (Cleary, Horsfall & Happell 2010; McCormack, Dewing & McCance 2011; Shaw et al. 2008). In their concept analysis of enabling PD, Shaw et al. (2008) identified that facilitators may need permission from managers to commence or progress PD work in an organisation. They can achieve this by developing shared ownership with managers, which is crucial to implementing PD successfully and achieving sustainable outcomes (McCormack et al. 2007). These latter authors also point out that facilitators need to negotiate their role, particularly if they are external to the organisation (McCormack et al. 2007).

Facilitators assist practitioners in using the methods, which are encapsulated as one of the principles (principle 7) that underpin PD methodology, articulated in 2008 by Manley, McCormack & Wilson (2008, pp. 4-14). The principles were distilled from evidence produced by evaluation of the effectiveness of PD approaches and activities in a range of programs and it is anticipated that they are transferable across settings ([Table 1](#)).

Table 1: Practice development principles

(Manley, McCormack & Wilson 2008, pp. 4-14)

Principle 1	Practice development aims to achieve person-centred and evidence-based care that is manifested through human flourishing and a workplace culture of effectiveness in all healthcare settings and situations
Principle 2	Practice development directs its attention at the micro-systems level - the level at which most healthcare is experienced and provided, but requires coherent support from interrelated mezzo and macro-systems levels
Principle 3	Practice development integrates work-based learning with its focus on active learning and formal systems for enabling learning in the workplace to transform care
Principle 4	Practice development integrates and enables the development of evidence from practice and the use of evidence in practice
Principle 5	Practice development integrates creativity with cognition in order to blend mind, heart and soul energies, enabling practitioners to free their thinking and allow opportunities for human flourishing to emerge
Principle 6	Practice development is a complex methodology that can be used across care teams and interfaces to involve all internal and external stakeholders
Principle 7	Practice development uses key methods that are utilised according to the methodological principles being operationalised and the contextual characteristics of the programme of work
Principle 8	Practice development is associated with a set of processes including skilled facilitation that can be translated into a specific skill set required as near to the interface of care as possible
Principle 9	Practice development integrates evaluation approaches that are always inclusive, participative and collaborative

It can be seen that principles 1 and 2 capture the essence of the earlier discussion in this chapter of enacting changes in local contexts to transform workplace culture, requiring support at all levels of the organisation, with an outcome of human flourishing for all. These nine principles underline the complexity of PD, stated within principle 6, and the diverse aspects involved in operationalising them, such as active learning (principle 3), evidence-based practice (principle 4) and creative approaches (principle 5). The complexity makes it a challenge for practitioners to use these principles to positively impact the way in which they interact with, and provide care to,

service users. Hence, the need for skilled facilitators to guide and support practitioners ([principle 8](#)) as they work with PD approaches.

The way in which practitioners and facilitators use the principles and PD methods is important. As the principles outline, PD work is collaborative, inclusive and participative for everyone within a workplace, particularly in undertaking evaluation ([principle 9](#)) (Manley, McCormack & Wilson 2008). While this may sound simple, it is not always easy to accomplish. For example, developing collaborative working relationships requires commitment from all team members and taking time to understand each other. It may involve individual team members changing their perceptions and attitudes towards others in the team. In addition, it may require changes to long-established team practices and hierarchies. Collaboration also incorporates service users and their significant others, which is often a challenge for busy practitioners who think their expertise allows them to decide what is best (Haynes & Janes 2011).

In order to achieve an effective workplace culture, the PD principles outline the need for work-based learning ([principle 3](#)), the use, as well as generation, of evidence to underpin practice ([principle 4](#)) and creativity ([principle 5](#)). In a study of implementing PD strategies to transform the culture of a special care nursery, Wilson, McCormack & Ives (2006) highlighted the close links between a learning culture and workplace culture. This study reported how establishing a learning culture increased nurses' confidence in their ability to challenge practice as well as enhancing their expertise and embedding learning in their everyday practice (Wilson, McCormack & Ives 2006). McCormack, Dewing & McCance (2011, p. 2) identified that a learning culture is one 'in which nurses view their work as exciting and revitalising, offering them the prospect for both personal and professional growth'. Learning cultures enable practitioners to develop the skills, knowledge and attributes they need to deliver person-centred care. It also supports them in this endeavour and, as Walsh and his colleagues point out, it doesn't matter how good a solution is, it will not be

implemented if people do not have the skills and support, as well as the willingness, to do so (Walsh, Moss & FitzGerald 2006).

Practice development approaches to creating a learning culture include action, and active, learning. Action Learning Sets (ALS) offer opportunities for individuals to reflect as they work through real life issues, questioning taken for granted assumptions in an environment of high challenge/high support (Cebrián 2017; Ceely et al. 2008; Edmonstone & MacKenzie 2005). People may use an ALS to explore issues relating to their own development or challenges that they meet in facilitating individuals and groups. The skills learned in the group setting are then transferred to the practice environment (McGill & Beaty 2001; McGill & Brockbank 2004; Wilson, McCormack & Ives 2008). As part of a larger study using PD approaches, Wilson and colleagues reported offering a range of learning activities to practitioners in one unit (Wilson, McCormack & Ives 2008). They described how engaging in an ALS enabled participants to develop critical thinking skills, change their thinking and introduce more effective practices (Wilson, Ho & Walsh 2007; Wilson, McCormack & Ives 2008). This study used skilled facilitation within the ALS, however in their paper about self-managed action learning, O'Hara, Bourner & Webber (2004) maintained that ongoing facilitation by someone external to the set should not be needed. They demonstrated that, once established, participants could learn with and from each other without outside help (O'Hara, Bourner & Webber 2004). This is commensurate with an aim of PD being to develop facilitation skills in practitioners to manage their own ongoing needs in terms of maintaining an effective workplace culture.

In the last decade, active learning has become embedded in learning cultures utilising PD approaches to culture change. Dewing identifies that active learning 'revolves around reflection, dialogue with self and others and engaging in learning activities in the workplace' Dewing (2008, p. 273). This work-based learning is undertaken with colleagues and involves use of multiple intelligences and all the senses (Dewing 2010; McCormack, Dewing & McCance 2011). It means that learning is not an activity that is removed from the workplace setting, rather it is embedded in

everyday practice. Middleton (2013) described introducing active learning to the classroom in an undergraduate course. She identified that the use of active learning encouraged critical thinking which would enhance the students' practice as nurses when they began to work in a clinical setting and they felt empowered to make changes (Middleton 2013).

One opportunity to engage in active learning using all the senses, is for learners to take some time to observe their workplace, thinking about what they are seeing, hearing, smelling, feeling etc. Facilitators can support and guide practitioners through the process, especially if observation of this sort is not a traditional part of the culture. For example, practitioners may need the help of the facilitator to engage in a critical dialogue to unpick what they have observed and to learn from the activity (Dewing 2008). In addition, the Workplace Culture Critical Analysis Tool (WCCAT) developed within PD provides facilitators and practitioners with a systematic way of observing practice (Hennessey & Fry 2016; McCormack, Henderson, et al. 2009). This tool uses five phases that incorporate preparing to observe practice, undertaking observation, analysing the data, providing feedback to teams and planning action. The paper by (McCormack, Henderson, et al. 2009) provides significant detail and examples about the process that are useful for practitioners and facilitators to follow.

Active learning starts with engaging feeling, based on John Heron's belief that 'all learning is rooted in feeling' (Dewing 2008, p. 284). This author maintains that skilled facilitation is required, as facilitators need to be comfortable and confident in working with strategies that engage people's feelings, in order not to unnerve or disengage practitioners. Engaging in active learning can enable individuals to transform themselves and, ultimately to transform the culture in which they practice (Dewing 2010).

The place of creative approaches in learning and in transforming individuals and culture is outlined in the current definition of PD; [principle 5](#) outlined earlier in the chapter and work on active learning. Critical creativity theory has become an integral

part of PD and is discussed in chapter 4 (McCormack & Titchen 2006; Titchen & McCormack 2008; Titchen & McCormack 2010). Facilitators use a range of creative methods to promote learning which may include games, artwork, music, visioning and walking (Dewing 2008; Dewing 2010). This is often challenging for practitioners and facilitators alike, particularly less experienced facilitators. Use of such strategies, however, can enable practitioners to think differently and discover untapped inner areas of potential (Titchen & McMahan 2013). This helps them to be innovative in their approach to changing practice and their workplace environment (Titchen & McMahan 2013). Examples of using creativity to enhance practitioners' approach to PD includes a reflection by Price et al. (2016), in which a student described how creative writing helped to free up her thinking, and Cardiff (2012, p. 606), who discussed the use of 'critical and creative reflective inquiry' to help nurse leaders explore person-centred leadership within their practice.

Development of a learning culture can also enable staff to use knowledge, such as research findings, in their practice. The process of implementing evidence into practice is complex and often takes a considerable length of time (Barth et al. 2012; Gerrish 2003). However, the use of evidence in, and generation from, practice is an integral part of PD programs (O'Neal, Gray & Thompson 2008). Evidence use is captured in [principle 4](#). The Promoting Action on Research Implementation in Health Services (PARIHS) framework encourages clinicians to take account of context and facilitation as well as the strength of evidence being considered (Rycroft-Malone 2013). It is proposed that implementation is more likely to be successful when the evidence is strong, the context is one that is amenable and open to change and there is skilled facilitation available (Kitson, Harvey & McCormack 1998; Kitson et al. 2008; Rycroft-Malone 2004). The context can serve to enable or hinder knowledge transfer; a setting that facilitates the implementation of new knowledge is said to be fertile (Szulanski 2000). Transforming cultures to ones which incorporate active learning and activities to build person-centred practice is likely to create fertile ground for the integration of evidence-based practice. An example of this was provided by Hooke et al. (2008) in describing one hospital ward's journey of changing culture using PD approaches, which

included building relationships between researchers and practitioners. These relationships enabled practitioners to engage with the researchers in using evidence from a project undertaken within their ward to improve their clinical practice. The role of the facilitator in implementing evidence into practice is defined as helping people to understand what needs to change and how they can bring about the change (Stetler et al. 2006). This includes reducing obstacles to implementing evidence into practice as well as fostering an evidence-based culture (Hauck, Winsett & Kuric 2013).

Facilitation is key to PD in developing sustainable person-centred cultures in healthcare because practitioners need to be supported to examine their current culture and make sustainable changes (Cleary, Horsfall & Happell 2010; Petrova et al. 2010). Titchen and colleagues state that 'Facilitators are a vital connection in achieving a vision of a person-centred culture in our healthcare workplaces' (Titchen, Dewing & Manley 2013, p. 109). In healthcare settings, facilitators often work with teams that have diverse learning needs. This requires that the facilitators have 'expertise in a range of skills' (Titchen, Dewing & Manley 2013, p. 110). Such individuals guide practitioners through cycles of reflection and action to enable them to learn in, and from, their practice, to reflect on themselves and their situation, and to help people recognise the everyday assumptions they make (Cooper & Mercer 2017; Wilson, McCormack & Ives 2005). This helps practitioners to be deliberate in determining what needs to change and making a commitment to change so that they do not revert to old, more familiar habits (Baker et al. 2000).

A skilled facilitator can assist individuals and teams to recognise and discuss possibilities for change and consider what steps they can take to enact those changes. This involves bringing to the surface assumptions that people often keep hidden and contradictions between espoused and realised values (Wilson, McCormack & Ives 2006). Facilitators need to have the capability to enable practitioners to confront such contradictions and resolve them (Cleary, Horsfall & Happell 2010). This is how effective and evidence-based workplace cultures are created that provide high quality safe care; and that value the contributions of service users and practitioners.

The approaches used within PD have a person-centred focus, that is, they aim to foster inclusion of individuals and teams in assessing their current workplace culture, determining changes to be made and enacting those changes (Hennessey & Fry 2016; Manley 2017; O'Neal & Manley 2007; Vella et al. 2014; Walsh et al. 2004). The person-centred focus in healthcare settings is captured in a Framework, first presented by McCormack & McCance (2006). An overview of the Framework is provided in the next section.

Overview of person-centred practice

The idea of person-centredness is not a new one. Carl Rogers used a person-centred approach to enable clients to make positive changes in their lives in the psychotherapy field in the 1950's (Rogers 1961). This approach placed the emphasis on the client and helping them to achieve their potential, rather than on the psychotherapist who was providing the help. Rogers translated his approach to teaching in the 1980's when he advocated moving from traditional didactic methods of educating students to facilitating learning through creation of student-centred environments (Rogers 1983). In modern healthcare, Ekman et al. (2011, p. 249) asserts that 'person-centered (sic) care highlights the importance of knowing the person behind the patient – as a human being with reason, will, feelings, and needs'. This enables people to be active partners, rather than passive recipients, in their care (Ekman et al. 2011).

At the heart of person-centredness is meaningful relationships, in this context that is the relationship between practitioners and service users and/or their significant others (Edvardsson, Winblad & Sandman 2008). This means respecting service users as persons, recognising what is important to them in meeting their healthcare needs and maintaining their dignity (McCauley et al. 2014). Person-centredness is also concerned with values, both transparency of individuals' values and living out espoused values (McCormack & McCance 2017b). This lends itself to the idea of being authentic and

helps to explain the importance of values in PD approaches and facilitation. Respecting personal values and living shared values contribute to a person-centred environment. Aligning personal values with facilitation practice is essential in becoming an authentic facilitator, which is part of the updated PD conceptual framework presented earlier in this chapter ([Figure 2](#)). The Person-centred Practice Framework, which is described below, incorporates working with service users' values and beliefs and engaging authentically.

The Person-centred Nursing Framework, as it was originally devised, comprised four constructs which focused on: attributes of the nurse, the environment in which care delivery happens, person-centred processes used in care delivery and the expected outcomes for service users of delivering person-centred care (McCormack & McCance 2010; McCormack & McCance 2006; Wolstenholme et al. 2017). Since then the Framework has evolved from being focused solely on nursing practice to being concerned with the practice of all who deliver healthcare to service users and their significant others (McCormack & McCance 2017a). The updated Framework, which can be seen in [Figure 3](#), continues to focus on the same four constructs identified above. The circles indicating the prerequisites, care environment and person-centred processes identify the characteristics which are instrumental in creating and sustaining a person-centred environment.

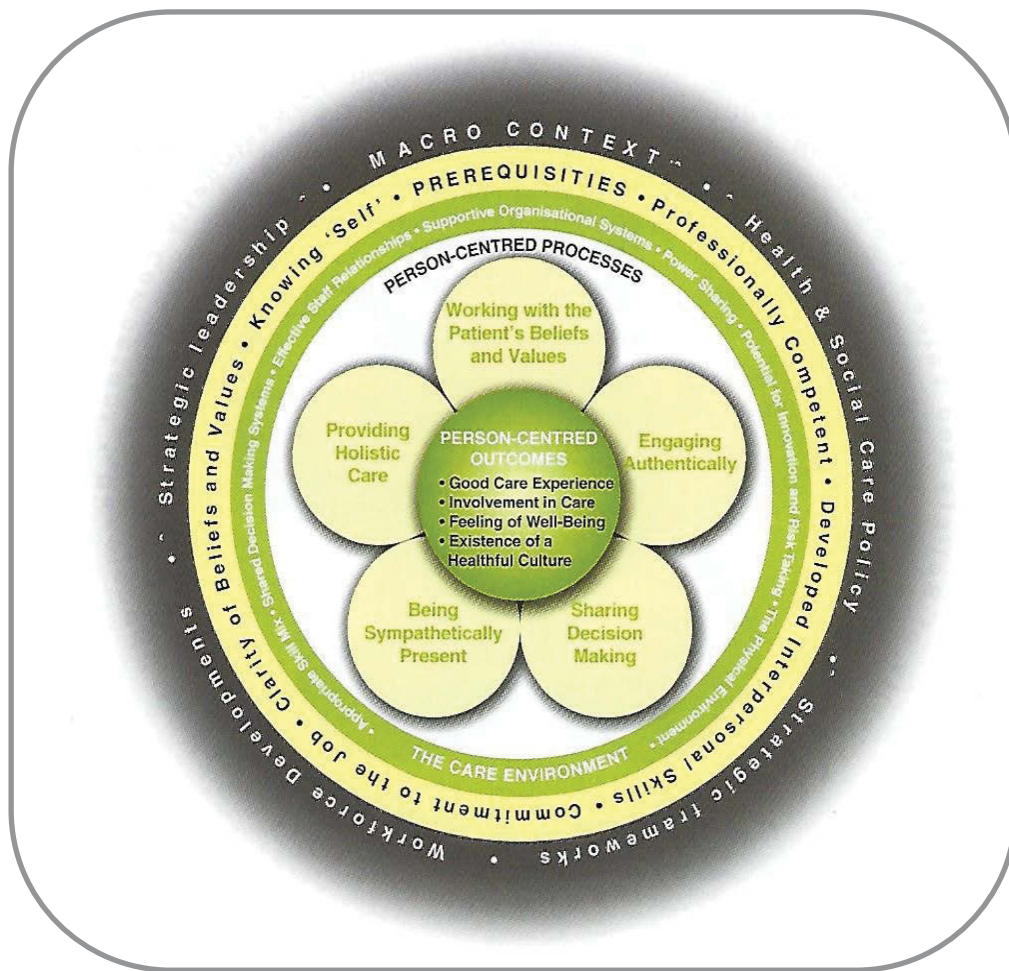


Figure 3: Person-centred Practice Framework

(McCormack & McCance 2017a, p. 263). Copyright 2017 Wiley. Used with permission from McCormack, B. & McCance, T. (eds), *Person-centred Practice Framework re-presented*, Person-centred practice in nursing and health care: theory and practice, 2nd edn, John Wiley & Sons Inc, Chichester, West Sussex.

The attributes of practitioners, outlined in the prerequisites, are all equally important in contributing to their ability to deliver holistic care that meets the needs of service users and their significant others. Being professionally competent, committed to the job and clarity of values and beliefs imply individual practitioner responsibility to further knowledge and skills in their field of practice; incorporate their personal values into the way they practice and to be committed to delivering person-centred care. These attributes, however, also involve the responsibility of organisations to provide environments conducive to learning and to achieving person-centred outcomes

(McCance & McCormack 2017). The importance of clarifying shared values and beliefs was highlighted earlier in this chapter. This aspect of PD work is discussed further in chapters 3 and 7. The other two attributes within prerequisites – knowing self and having developed interpersonal skills – place emphasis on practitioners having a high degree of self-awareness and developing trusting relationships with service users and their significant others. These attributes require practitioners to be aware, and take account, of their own thoughts, behaviours and attitudes that influence the way in which they practice (McCance & McCormack 2017). Critical reflection and feedback are mechanisms used by practitioners, and facilitators, to increase their self-awareness. These are discussed further in the next chapter.

The care environment, shown within the next circle in the [Framework](#), enables practitioners and service users, and their significant others, to work in partnership. The characteristics within this construct refer, not only to the configuration of the physical environment, but also to the make-up of the team and the ways in which they interact. According to McCance & McCormack (2017), characteristics of the care environment will be conducive to facilitation, or will hinder it. Appropriate skill mix and effective staff relationships incorporate the value that is placed on the practitioners within the team and their contributions to person-centred care delivery. Meanwhile, shared decision-making involves service users and their significant others, as well as practitioners, and requires that individuals and teams are willing and able to share power. Supportive organisational systems have been identified, in the overview of PD earlier in this chapter, as being vital to successful implementation of practice development. Such systems enable practitioners to focus on the attributes identified in prerequisites, and to create person-centred cultures in which individuals and teams feel able to introduce innovations to practice (Dewing, McCormack & Titchen 2014).

Person-centred processes, which constitute the next circle within the [Framework](#), are those which focus on the service user and result in the delivery of person-centred care. We can see repeated here the emphasis on values and beliefs and shared decision-making. The ability to engage authentically has been outlined earlier in this

chapter in terms of facilitators. Equally, practitioners need to engage authentically with service users in order to provide holistic care that demonstrates the value placed on the perspectives and needs of individual service users. This shows sympathetic presence in the ways that practitioners interact and work with service users and their significant others (Dewing, McCormack & Titchen 2014; McCance & McCormack 2017)

All of the characteristics contained within the three constructs described above, lead to the person-centred outcomes at the centre of the [Framework](#). These indicate the impact on service users of receiving effective person-centred care, including the ways in which service users experience, and are involved in, their care. The outer layer of the Framework, the macro context, was added, by McCormack & McCance (2017a) in the course of updating the Person-centred Nursing Framework to the Person-centred Practice Framework. This circle demonstrates the importance of embedding person-centred practice in organisational and healthcare strategy and garnering the support of all levels of staff, as highlighted in the overview on PD earlier in this chapter.

Although represented in separate circles in the Framework, each of the constructs has a relationship with, and influences, the others. So, even though the attributes of practitioners are prerequisites for delivering person-centred care, these are in turn influenced by the care environment and the person-centred processes that are put in place. For example, shared decision-making (*person-centred processes*) and supportive organisational systems (*the care environment*) are likely to enhance interpersonal skills and commitment to the job.

In their account of using PD to change the culture of a critical care unit, Murray, Magill & Pinfold (2012, p. 3) stated that ‘person-centred care incorporates the practice development principles of inclusiveness, respect for each other, valuing individual contributions and connecting’. The constructs in the Person-centred Practice Framework demonstrate these principles. It is anticipated that the attributes of practitioners will be constantly evaluated to build teams with all the requisite skills to

deliver person-centred care together (McCormack & McCance 2017b). A number of papers have described processes of engaging with or implementing the Person-centred Practice Framework at a local (Drayton & Reddy 2014), national (McCormack, Dewing & McCance 2011) and international level (McCance & Wilson 2015). Drayton & Reddy (2014) engaged staff in critically reflecting on an aspect of the Framework that they had successfully incorporated into practice. McCormack, Dewing & McCance (2011) implemented a PD program underpinned by the Framework across 18 residential units for older people. McCance & Wilson (2015) meanwhile, reported a study of introducing key performance indicators based on the constructs of the Person-centred Practice Framework into paediatric practice. These examples provide evidence of the wide application of the Framework across contexts of care delivery.

McCormack & McCance (2017a, p. 20) highlight that person-centred practice is enabled by ‘...cultures of empowerment that foster continuous approaches to practice development’. The complexity and challenges involved in change mean that transforming practice to create this type of person-centred workplace culture doesn’t just happen. Practice development, explored earlier in this chapter, is the means of implementing the Person-centred Practice Framework to ensure care delivery is underpinned by respect for all persons in the environment. There is a need to develop critical intent in individuals and groups so that they understand the need to transform their culture and can engage with the changes required (Wilson 2005b).

Chapter summary

This chapter has provided overviews of PD and the Person-centred Practice Framework. There is no doubt that changing culture is complicated and involves engaging the hearts and minds of people and changing attitudes (Davies, Nutley & Mannion 2000; Titchen & McCormack 2010). All of the factors identified in the PD conceptual framework are important. Equally important is the Person-centred Practice Framework and achieving an environment in which the elements of the Framework are

present. Practice development activities undertaken by healthcare practitioners, as individuals and in teams, enabled by skilled facilitation, create the kinds of environments where all can flourish. The complexity inherent in PD and the Person-centred Practice Framework make the need for skilled facilitation a critical aspect of undertaking this kind of work, and means that the facilitation itself is complex (Shaw et al. 2008). A critical mass of skilled facilitators is needed to ensure that healthcare practitioners are supported in their endeavours to practice in person-centred ways (Manley et al. 2014). This requires that individuals be supported and helped to become effective facilitators. Developing such skills is intended to help individuals feel empowered to make those practice changes that will lead to a positive environment for service users, significant others in their lives, and practitioners (Cleary, Horsfall & Happell 2010; Manley 1997; McCormack, Manley & Titchen 2013). In the next chapter, I explore published literature to discuss what is known about transformational facilitation and facilitators.

Chapter 3: Exploring literature about transformational facilitation and facilitators

This chapter explores the published literature and existing gaps relating to facilitation and facilitators with an emphasis on transformational facilitation. As highlighted in chapter 1, this type of facilitation focuses on working with people to help them make positive changes as individuals and within teams. There is a strong developmental aspect to transformational facilitation, freeing the individual to achieve their potential and flourish, in other words, a person-centred approach. Although my focus is on facilitation within healthcare and specifically within the field of transformational practice development (PD), literature from a range of settings is used. Similar to healthcare, corporate organisations and those in education are complex workplaces with needs for learning and development in order to create optimal environments for their service users. This chapter examines what is available in the published literature about transformational facilitation and what is known about facilitators working within a transformational framework.

Literature search

In order to retrieve relevant literature about transformational facilitation and facilitators, I conducted a literature search across 10 databases: Academic Search Complete; Cumulative Index of Nursing and Allied Health Literature (CINAHL); Health Source: Nursing/Academic Edition; MEDLINE with full text; PsycINFO; ERIC; Business Source Complete; Professional Development Collection; Psychology and Behavioral Sciences Collection and SocINDEX with full text. I chose these databases to undertake the search across a range of settings and specialty fields, including healthcare, education, psychology, business enterprise and sociology. From my prior engagement with information about facilitation I anticipated that these were fields that were likely to include programs, projects and accounts of transforming individuals and practice.

As my interest lay in exploring the nature of skilled facilitation and how facilitators become skilled, I used the following search terms: practice development; developing practice; practice chang*; changing practice; transformation*; emancipat*; facilitat*; enabl* along with the Boolean operators AND; OR. The * at the end of partial words was used to pick up records that contained the root of the word preceding the asterisk with a variety of endings, so for example facilitat* would pick up records containing the words facilitate, facilitates, facilitating, facilitator, facilitators and facilitation.

The references that I retrieved from the databases search included a small number published in the International Practice Development Journal (IPDJ). I was familiar with the existence of this journal as a platform for the publication of scholarly papers in PD and related fields. Given that the context for my research was transformation of healthcare workplaces using PD methodology, I hand searched the IPDJ (2011-2017) for papers that provided information about facilitation and facilitators. The outcome of the database search strategy is shown in [Table 2](#), which provides detail of the database searched, number of records identified and those retrieved after rejecting records that I deemed not relevant or which met one of the exclusion criteria (provided on page 38) based on the abstract provided.

Table 2: Outcome of database search strategy

Database <i>*duplicated references shown in brackets</i>	References found*	References rejected from lists generated by databases*	References retained from databases*
Academic Search Complete (1986-2018)	220 (30)	145 (31)	75
CINAHL (1992-2018)	79 (49)	33 (20)	46 (28)
Medline with full text (1992-2018)	106 (69)	64 (31)	42 (38)
Health Source: Nursing/Academic Edition (1986-2018)	43 (42)	19 (18)	24 (24)
PsycINFO (1984-2018)	163 (46)	129 (19)	34 (27)
ERIC (1990-2017)	67 (24)	54 (14)	13 (10)
Business Source Complete (1993-2018)	76 (28)	66 (24)	10 (4)
Professional Development Collection (1986-2018)	24 (23)	16 (15)	8 (8)
Psychology and Behavioral Sciences Collection (1986-2018)	8 (8)	5 (5)	3 (3)
SocINDEX with Full Text (1986-2017)	43 (30)	40 (27)	3 (3)
Totals (including duplicates)	829 (349)	571 (204)	258 (145)
Totals (excluding duplicates)	480	367	113

Table adapted from Garbett & McCormack (2002, p. 91)

I read the abstracts of each reference found in the databases after discarding duplicates. I considered that papers were relevant to the review if they reported using transformational approaches to facilitate changes in practice or personal approaches to development. As I was interested in the way facilitation and facilitators are managed in published literature, I excluded the following types of papers:

- Editorials that described the content of a journal
- Books, book reviews and manuals
- Dissertations
- Magazine articles
- Conference papers
- Government reports and policy statements

I reviewed all the papers from the database searches that appeared relevant on reading the abstract for information provided about transformational facilitation and facilitators. After reading each of the papers, a further 36 were excluded from the review because they did not in fact provide information about facilitation or facilitators, despite the abstract seeming to indicate that they did. My hand search of the IPDJ identified an additional 58 relevant papers. This resulted in 135 papers being included in the review of literature contained within this chapter. [Figure 4](#), adapted from Watkins, Dewar & Kennedy (2016), displays the number of records identified, screened, and finally included in this literature review.

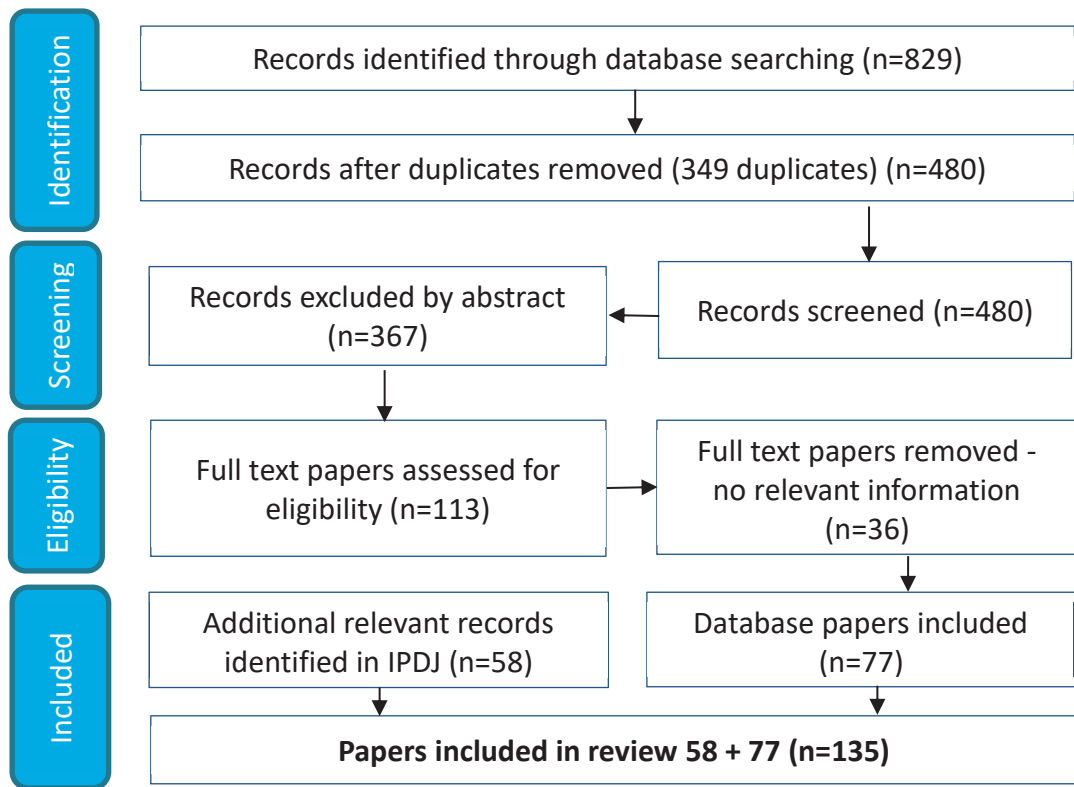


Figure 4: Outcome of search strategy

Overview of the literature

The body of literature reviewed was largely within the field of healthcare. These papers included those which explicitly identified the use of transformational PD approaches in the creation of person-centred cultures. In addition, healthcare papers involved knowledge transfer or implementation of evidence-based practice, promoting self-management by people with chronic disease, changes in practices that were not specific in their use of PD methodology and nurse education. However, there were also papers from the fields of education and commercial enterprise. A number of papers were reflective accounts of the personal development of the author, within the fields of PD and education.

Several healthcare papers reported large scale comprehensive PD programs that included multiple strategies used across settings to foster the creation of person-centred environments and make improvements to care delivery (Dewing, Harmon & Nolan 2014; Manley et al. 2016; Manley et al. 2014; McCormack, Dewing, et al. 2009). Other papers in this field reported change activities undertaken in one setting, such as Bothe & Donoghue-Emeritus (2009); Hooke et al. (2008); Murray, Magill & Pinfold (2012). While further papers reported on one aspect of a larger program of work, (Brown & McCormack 2016; Dewing, Brooks & Riddaway 2006; Dewing et al. 2004; Knott, Brown & Hardy 2013; Wilson 2005a; Wilson, McCormack & Ives 2006; Yalden et al. 2013). Papers originating in North America were largely within primary care and reported implementation of national models such as the Patient-centered (sic) Medical Home (PCMH) (Coleman et al. 2014; Nutting et al. 2010). Change initiatives in the field of education were focused on facilitating learning and creating student-centred environments, for example Tiberius (2001). A number of papers concentrated on development of facilitators including personal accounts, such as Eldridge (2011) and Hunnisett (2011). The following review of papers is constructed within three major themes identified in this body of literature:

- Strategies used in facilitation
- Building relationships
- Developing facilitators' knowledge and skills

While there were many connections and overlapping elements across themes, I have endeavoured to address elements within the theme that seemed to be the best fit.

Strategies used in facilitation

There was a wide range of strategies described in this body of literature to enable individuals to change themselves and their practice. Practice development principles, discussed in chapter 2, outline the importance of active, work-based learning,

integrating creativity with cognition and evaluation methods that are collaborative, inclusive and participatory (Manley, McCormack & Wilson 2008). Many of the strategies described in this body of literature are intended to reflect these principles. In addition, the strategies align with the 19 methods, identified in chapter 2, as enabling practitioners to achieve the purpose of PD, that of creating person-centred cultures (McCormack, Manley & Titchen 2013).

Practice development literature often presented a program of work designed to transform culture, in line with the systematic approach advocated in the definition of PD and the conceptual framework explored in the previous chapter. These programs incorporated a range of strategies, not only to transform the workplace culture but also to enable the development of practitioners and facilitators. Examples of reports of such programs included Boomer & McCormack (2010) whose focus was on engaging and developing clinical leaders within two healthcare organisations as part of a PD program to transform culture; the work of Manley (2000b) with consultant nurses; and transforming culture in clinical areas such as critical care and a special care nursery (Wilson 2011). The use of a diverse range of strategies was also reported in a PD program evaluated in a large health and social care setting (McCance et al. 2013).

Using a range of strategies was evident too in some of the education literature such as those reported by Tam (2015), that were used by secondary school teachers in Hong Kong to create student-centred learning environments, including dialogue to brainstorm ideas and question their practice; observation, mentoring and reflection groups that fostered shared decision-making. Papers reporting large scale programs in education gave accounts of overarching programs as well as strategies used by participants in their individual settings to foster transformation. One example of this was an action research project undertaken across 10 schools in South Africa (Wood & Govender 2013). The authors described their strategies of engaging school leaders in the project, such as creating a Community of Practice to enable critical reflection on current practices and work on potential improvements. They then reported strategies used by the school leaders in their individual organisations to bring about change.

These included collaborating with teachers and students to address problems of literacy and involving all at a school in choosing values to live by (Wood & Govender 2013).

Individual strategies described in this body of literature are further divided into sub-themes relating to: challenging people and practice; asking enabling questions; fostering an environment of reflection and creating a safe environment.

Challenging people and practice

A recognised starting point in transforming workplace cultures using PD approaches in healthcare settings is clarifying values and beliefs and creating a shared vision to work towards (Boomer, Collin & McCormack 2008; Manley 2000b; Wilson 2005a). Having a shared vision enables practitioners to determine how their environment could look and function in person-centred ways. Martin and colleagues described how developing a shared vision in a hospital setting gave staff a basis from which to explore and challenge their current practice (Martin et al. 2014; Martin et al. 2016). However, developing a shared vision was not enough, it is the work that goes into realising that vision which creates change in culture, pointed out by authors such as Nutting et al. (2010) in their report of widespread change in North American primary care to create PCMHs and Wilson's facilitation of workplace transformation in a special care nursery (Wilson 2005a; Wilson 2011). Strategies employed in enabling practitioners to realise their shared vision in practice included challenge and fostering critical reflection. The facilitator's role in using these strategies was to work with people to raise awareness about the reality of their current practice and contradictions between that and their espoused vision for care, as demonstrated in several PD programs in healthcare settings (Manley 2000b; Manley & McCormack 2003; McCormack, Henderson, et al. 2009).

A framework that has been used in such diverse contexts as action for climate change and challenges for rural communities, called Three Horizons, provided people with a similar opportunity as the PD strategy of visioning, aimed at exploring current and future practices. Sharpe et al. (2016) reflected on their experience of Three Horizons over many years in diverse contexts. The first horizon represents the current state, which is often no longer fit for purpose, much as the traditional hierarchical structures within healthcare do not effectively meet the needs of service users or practitioners. The third horizon is the future and there are many possibilities of how the future could be. This is similar to the visioning of a transformed culture that is a core aspect of practice development. The second horizon then is described by Sharpe et al. (2016, p. 754) as 'the turbulent domain of transitional activities and innovations that people are trying out in response to the changing landscape between the first and third horizons'. However, in the second horizon, as in PD activities, it was important to retain and strengthen the aspects of the culture that were working well. Like PD, Three Horizons is a facilitated process to enable people to become involved in reframing their view of the present and future. Despite the depth of detail provided in this paper, facilitation of the processes is implicit rather than explained. Facilitation is referred to throughout the paper, but it is not clear how the facilitators enabled the dialogues, and particularly how they managed the turbulence of the second horizon.

Providing high challenge with high support is a facilitation strategy that is central to PD work and in enabling practitioners to take ownership of change (Adetokunbo Adegoke 2017). It was also an identified strategy in education literature as important for helping secondary school teachers to change their beliefs and practices about student learning (Tam 2015). While facilitators challenged practitioners' thinking and practice, individuals also accessed support from experienced facilitators to challenge their way of working. Scott (2013) provided detail of leading a PD project in which she worked with an experienced facilitator who challenged her assumptions about the team's ability to undertake the project and reasons for its slow progression, as well as helping her to explore her own attitude towards the work.

Although challenging people's thinking and practice is identified in the literature there is often no explanation regarding how a facilitator implements the strategy, for example in the use of 360 degree feedback by practitioners to explore their leadership reported by Dewing et al. (2004); the evaluation of reflective groups with students doing a post-registration diploma (Platzer, Blake & Ashford 2000); implementing collaborative PD approaches to change the culture in a mental health setting (Lamont, Walker & Brunero 2009) or using tools such as Claims, Concerns and Issues to explore after-death care in a hospital setting (Anderson 2017). In fact, the latter authors identified, with the benefit of hindsight, that it would have been beneficial to involve practitioners other than nurses in their exploration of patient care (Anderson 2017). This demonstrates that, in addition to engaging teams in challenging practice, facilitators need to work with them to consider the range of stakeholders who should be involved. Coaching and Communities of Practice were strategies used by Coleman et al. (2014) in changing practice when implementing the PCMH model of care but, again, there was no detail of how these were facilitated. Similarly, projects using a range of strategies, including the use of high challenge with high support and action learning, were described in several papers without any information of how they were facilitated. These included projects relating to assessment and management of pain in an acute hospital setting; a report of the experiences of healthcare practitioners with practice development and creating a learning culture in justice healthcare (Gregory 2012; Shaw 2012; Walsh & Bee 2012).

Information was not generally provided in the literature about how a facilitator decided how much challenge and support was appropriate and how to balance these two elements to create a positive difference. In their paper discussing Critical Ally and Critical Friend, Hardiman & Dewing (2014) identified high challenge/high support as a PD strategy that aims to raise practitioners' awareness of the reality of their practice, in a non-threatening way. Often novice facilitators feel uncomfortable about challenging their colleagues and the practices they see, as articulated in Hunnisett's personal account of being a novice facilitator within a healthcare unit (Hunnisett, 2011). A report of involving service users in creating a shared vision also highlighted

the uncertainty a new facilitator felt about how much to challenge the views of the service users (Haynes & Janes 2011). Challenging people's practice can result in high levels of discomfort and vulnerability on the part of practitioners; there is a risk that they will disengage from the process and react negatively to facilitators (Dewing & Traynor 2005). Such situations are also uncomfortable for facilitators when, as Dewing & Traynor (2005) highlight, their practice may be criticised and their credibility affected. Facilitators then need capacity to deal with the effect on themselves and manage their own reactions, which is explored in *building relationships* later in the chapter. Facilitators, therefore, need to learn how to challenge people effectively and how to ask questions that will stimulate critical thinking (Manley & Titchen 2017). One strategy used by Marriott-Statham (2017) to challenge her nursing colleagues' knowledge of the residents they cared for was a pop quiz. The first experience of using this strategy was negative and the facilitator described feeling guilty about challenging her colleagues in this way. The author then described facilitating a second pop quiz six months later. On this occasion, the changes which nurses had made to their practice and their mindsets resulted in an overwhelmingly positive reaction to the strategy (Marriott-Statham 2017).

Asking enabling questions

Enabling questions was one of the mechanisms facilitators used for bringing to light taken for granted assumptions and challenging people's mindsets and perspectives on practice. Rowe & Hogarth point out the tensions that can be created when facilitators ask 'wicked' questions, in other words those 'that have no obvious answers, but expose assumptions' (Rowe & Hogarth 2005, p. 402). Although papers referred to using questions to enable practitioners to reflect and challenge their practice, there was often no detail about how facilitators learned to question effectively. Examples of questions provided in papers are discussed later in the chapter, in the section on *learning by doing*. However, one paper did provide detail of engaging participants, in a leadership program in the healthcare context, in learning how to ask enabling

questions. The strategies employed in the program outlined by Martin (2016) involved using play as a means of enabling participants to learn about different types of questions and practicing questions within small groups.

Enabling questions used in PD work are underpinned by the work of John Heron, in particular the six-category interventions he described (Heron 1976). Most of the papers that referred to the questions used in facilitating PD work did not explore what underpins them, however, some exceptions included personal reflections by authors on their practice. In her account of attending a school dedicated to learning PD and facilitation as a pre-registered nurse, Agate described how engaging with Heron's six-category interventions enabled her to 'question my own facilitation methods when attempting to offer both high challenge and high support' (Agate 2017, p. 4). A second paper exploring boundaries in a Critical Companionship relationship discussed the use of Heron's interventions in facilitating the relationship (Williams 2012a). McCormack (2011), meanwhile, provided a comprehensive exploration of the contribution of Heron's work to PD facilitation and his influence on McCormack's practice.

Fostering an environment of reflection

Reflection was often fostered through development of a learning culture, as advocated in the PD principles discussed in chapter 2 (Manley, McCormack & Wilson 2008). In a learning culture, people took responsibility for their own learning and development rather than expecting others to provide for them as reported in descriptions of learning activities employed in a residential care home (Marriott-Statham 2017) and a special care nursery (Wilson, McCormack & Ives 2006). Practitioners were enabled in such an environment to become facilitators of work-based learning as well as active learners themselves, highlighted in a concept analysis of work-based learning in healthcare undertaken by Manley, Titchen & Hardy (2009).

A variety of mechanisms were used to foster critical reflection, including action learning in healthcare settings (Boomer & McCormack 2010; Lynch & Verner 2013; Parlour & McCormack 2012; Wilson, McCormack & Ives 2006). Marriott-Statham (2017) described how engaging in an action learning set enabled nurses in a residential care home to change care practices that had been putting residents at risk. Other strategies were creative mechanisms such as cards to reflect on ideas or experiences during doctoral research (Buckley 2017). Active learning that was used as part of a national PD program in the Republic of Ireland enabled practitioners to learn with and from each other about practice and implement change successfully (McCormack, Dewing, et al. 2009; McCormack, Dewing & McCance 2011). This strategy was also used in workshops to prepare medical students for gathering meaningful feedback from patients (Hytiris, Prentice & Baldie 2017). Medical students were able to apply their learning from this study in practice. Their confidence and capability to interact with patients increased, as well as their ability to engage other practitioners (Hytiris, Prentice & Baldie 2017). Drayton & Reddy, in their 2014 paper, described the use of active learning in the workplace, incorporating Claims, Concerns and Issues (an evaluation tool used to engage stakeholders in change), reflection and critical conversations to enable practitioners to identify how they were achieving person-centredness in their context (Drayton & Reddy 2014).

Critical reflection was often used in conjunction with challenging people. Robinson et al. (2008) described how critical reflection groups were used to challenge community nurses' mindsets in relation to care of patients with a chronic respiratory condition. Nurses were also enabled in such groups to explore and improve their management of complaints in acute care settings (Odelius et al. 2015). This strategy further helped a healthcare team in acute care to explore assumptions about practice and 'oppressive behaviours' as they used PD activities to reflect on, and change, their practice (Brown & McCormack 2016, p. 2929). In their critique of PD processes used in redesigning a nursing assessment, Cioffi, Leckie & Tweedie (2007) described the value of reflective discussion to raise awareness among practitioners of the deficits in their practice. The intent of reflective strategies is often to give people the space to consider

their current attitudes and practices and how they could be different. Middleton (2017) drew attention to this in the ability of reflection to expose contradictions between espoused values and what is practiced. Her personal story of struggling with structured reflection models also highlighted that transformation occurs when individuals take action to address the contradictions that are brought to light (Middleton 2017). Meanwhile, practitioners in a paper by Knott, Brown & Hardy (2013) engaged in critical reflection to analyse their ward culture as part of changing practice on a teenage and young adult cancer ward.

Discussions that encouraged practitioners to reflect on practice and challenge assumptions about care delivery and taken-for-granted behaviours were often stimulated in feedback of outcomes of observation data (Dewing et al. 2011). These authors described using unstructured observation of practice as practitioners amassed evidence about their workplace in a community hospital. Similarly, practitioners caring for older people with dementia were engaged in a critical discussion following observation of mealtimes. The discussion helped staff to explore their experiences of action taken at these times (Jensen et al. 2016). Observation is an often-used PD strategy to investigate espoused values about care delivery alongside the reality of practice. A paper devoted to the use of observation in raising awareness about the reality of, and evaluating, practice provided detail of the theoretical frameworks underpinning the Workplace Culture Critical Analysis Tool (McCormack, Henderson, et al. 2009). Meanwhile, Dewing & Traynor (2005) described the practical use of observation in PD programs in a caring for older people environment and Wilson's study employed it in an environment treating newborn babies (Wilson 2011). In the studies reported by these authors, sharing observed behaviours and practices along with other data sources such as staff interviews and feedback from service users, formed the basis of critical discussion about the culture (Dewing, Brooks & Riddaway 2006; Dewing & Traynor 2005; Wilson 2011). During presentation of data gleaned from observation and interviews, Unsworth, Lawton & Linklater (2012) drew attention to problems that were discovered.

In order to provide people with the space to reflect and challenge their thinking, facilitators engaged a range of creative strategies, thus aligning with PD principle 5 that advocates integrating creativity with cognition, as discussed in the previous chapter ([Table 1](#)). Such strategies helped people to explore at a deeper level, or to articulate concepts and feelings that they found difficult to put into words. Some examples were using poetry to help student nurses explore the concept of compassionate care (Jack & Tetley 2016) and engaging nurses in a range of creative activities and dialogue to enable them to explore how they defined and practiced person-centred care in mental health settings (Lindsay & Schwind 2015). Other activities included nurses' creation of art to understand their practice (Walji-Jivraj & Schwind 2017) and the use of photos and poetry to explore compassion in care of older people settings (Dewar 2012). Meanwhile Yalden et al. (2013) used a series of creative and reflective workshops incorporating, for example, use of paint and collage to explore and develop holistic models in end-of-life care. While Drayton & Reddy (2014) outlined how one nursing team created a Christmas wreath as a means of displaying what they valued about person-centred care.

A number of papers described creative methods used by facilitators to enable exploration of themselves and situations they were in, such as the use of metaphors in student nurse education (Weaver 2010) or story telling in transforming cardiovascular prevention in primary healthcare (Lessard et al. 2016). Buckley (2017) engaged with images on cards and poetry to examine her experiences of reflecting during her doctoral studies. She highlighted that use of these methods encouraged a deeper exploration and promoted self-dialogue (Buckley 2017). Others focused on using creativity in developing shared visions for healthcare services, such as using paint and image (Boomer, Collin & McCormack 2008) or analysis of comics (Al-Jawad & Frost 2014). All of these creative strategies were described as providing opportunities for practitioners to think about their service in new ways.

In terms of creative mechanisms, Titchen & McCormack (2010) described their journey in development of critical creativity theory to add to the Critical Social Science

theories underpinning practice development. Critical creativity as a means of enabling practitioners to deconstruct, then reconstruct their practice in a new way was also described by Titchen in a paper that explored transformational PD research (Trede & Titchen 2012). The two authors of this paper presented individual case studies of creating communicative spaces, for which Titchen focused on exploring critical creativity (Trede & Titchen 2012). The development of critical creativity within PD is discussed further in chapter 4.

Creating a safe environment

Creating a safe space in which people could reflect on and challenge practice was an integral element of facilitation (Walsh & Bee 2012). An initial step in creating such an environment was negotiating ground rules, highlighted by Platzer, Blake & Ashford (2000) in their evaluation of learning in reflective practice groups for nurses. Adhering to agreed ground rules fostered a supportive environment in this study (Platzer, Blake & Ashford 2000). Walsh & Bee (2012) and Johnston & Tinning (2001) also commented on establishing ground rules in their studies of creating a learning environment in a justice healthcare setting and using reflective practice groups to develop teachers involved in problem-based learning strategies respectively. Odelius et al. (2015), meanwhile, commented on establishing a safe and confidential environment during communication training for nurses to work through issues they were experiencing. However, it was not clear in these papers, in common with others, what a safe space meant or how facilitators achieved it.

There were exceptions to this, for example a description by Williams (2012a) of how facilitators can set up a safe space for themselves and learners, which provided detailed information for readers. This author incorporated frameworks and theories (such as humanism) in her comprehensive discussion of acting as Critical Companion to a practitioner (Williams 2012a). Similarly, in a paper by Trede & Titchen (2012), Trede presented a case study of changing the culture of a hospital sterilisation department.

She described in some depth the workshops she facilitated with staff. One of the mechanisms used to create a safe environment was the use of scenarios that were not directly about the staff involved (Trede & Titchen 2012). Titchen et al. (2011) provided a detailed account of exploring and using critical creativity, undertaken by four skilled facilitators. This paper stated that facilitators need to establish conditions that enable transformation. The personal narratives provided by these authors highlighted the discomfort experienced during some activities and tips for ensuring that people were in a safe space when engaging in work that they found challenging (Titchen et al. 2011). In her study of professional development for educators, using a restorative justice framework for schools, Vaandering (2014) described how, and why, the location was set up using a circle for participants and the specific techniques she used to engage them. This included details of the activities the author facilitated with participants, such as exploring their personal and collective values and using reflective questions. Meanwhile in his discussion of power, Chambers (2006) highlighted the importance of reflective spaces to enable people who feel powerless to be creative and realise their potential, thus becoming empowered. In addition, Kinsella (2017) described a safe space created by a Community of Practice for doctoral candidates that supported her to share deeply personal reflections. Attributes that facilitators needed to have in creating a safe psychological space for practitioners included being tenacious and encouraging action, as well as maturity and resilience (Brown & McCormack 2016).

Building relationships

In facilitating transformation, individuals had to learn PD strategies and how to use them effectively. In order to be successful in this work, facilitators needed to develop trusting relationships with individuals and teams. Creating trusting relationships was important as practitioners could feel anxious, vulnerable and uncomfortable about examining their culture and making changes (Brown & McCormack 2011). Effective relationships between facilitators and groups enabled partnership in the work being

undertaken, as described in an initiative for schools to practice inclusive education (Poon-McBrayer & Wong 2013). Building trusting relationships involved the personal qualities of facilitators as well as the processes they used. This section explores the sub-themes of creating effective relationships; managing reactions, being self-aware, and engaging in flexible practice.

Creating effective relationships

Facilitators work with people and the very fact that transformation of culture aims to create person-centred environments in which everyone is valued makes the building of trusting relationships an essential component of a facilitator's practice (Poon-McBrayer & Wong 2013). In their discussion of how schools implement an education policy that is inclusive of all, these authors concluded that being sensitive to, and meeting, the needs of the people being facilitated was integral to building relationships (Poon-McBrayer & Wong 2013). This view was endorsed by Tiberius (2001) who developed a taxonomy incorporating four teaching roles. The taxonomy included a relational role which maintained that the quality of relationships between teachers and students affected the way in which they interacted (Tiberius 2001). Meeting people's needs involved understanding their context, not only in the present but gaining understanding of how the context evolved over time as changes occurred. Buscaj et al. (2016) highlighted the importance of this in their description of implementing the PCMH model in primary care. This aspect also required facilitators to get to know the people they were working with and the community in which the work was situated as demonstrated by Parker et al. (2010) who helped physical education teachers in developing and disseminating a district wide curriculum. Learning about people and the context of work fostered relationships of respect (Parker et al. 2010; Rowe, Jacobs & Grant 1999) and, according to Tiberius (2001), finding out about learners was essential in order for teachers to target interventions to the specific learning needs of a student. Titchen (2011) described how she facilitated group discussions for nurses to agree where they were at currently, as well as deciding where

they wanted to get to and how they thought they could achieve that. An important element of this strategy was for the author to use language that she knew would engage nurses in the process (Titchen 2011). These papers demonstrated how facilitators can use their knowledge of individuals and groups to determine appropriate approaches that will meet their needs and enable them to engage in the work being done.

Creating relationships that were person-centred meant unconditionally valuing all the people facilitators worked with and required a non-judgmental attitude according to Rill (2016), in a context of commercial enterprise. Vaandering (2014) agreed with the ideas of valuing people and not judging them. She used a relationship matrix in fostering professional development of teachers, to articulate several aspects of expectations of people and the support offered to them. The matrix ranged from doing things for people by having low expectations while providing a high level of support through to having high expectations and offering high support which indicated that the author was fully engaged with people. The aspects described by Vaandering (2014) are important in terms of facilitating culture change. This author talks about expectations but translating that idea to challenging people, when facilitators offer high challenge with high support, they engage with people to develop themselves and their practice, as discussed earlier in *challenging people and practice*.

Building effective relationships involved using processes that enabled exploration of practice by diverse groups of practitioners. Practice development facilitators had an important role in ensuring that such exploration was done in collaborative ways that were inclusive of all involved as highlighted by Snoeren & Frost (2011) in their report of culture change activities in care of older people settings. Discussions of engaging in action research also emphasised the importance of collaborating authentically with everyone being equal partners (Aasgaard, Borg & Karlsson 2012; Evans 2014). This concept was demonstrated in literature from other fields as well. Rill (2016) endorsed the idea in his discussion paper about organizational development in corporate settings, stating the importance of involving everyone impacted by the context of

service delivery in shared decision-making. Engagement of those impacted in creating a shared vision was an important aspect of challenging people to investigate their practice as people were more likely to take ownership of changes if they felt involved. This was expressed in the work of transforming workplaces across healthcare contexts such as acute care in two healthcare trusts (Boomer, Collin & McCormack 2008); a special care nursery (Wilson 2005a) and a paediatric ward (Hooke et al. 2008). Nutting et al. (2010) highlighted, in their evaluation of primary care practices implementing a PCMH model of care, that when collaboration does not happen, change initiatives often stall. Manley et al. (2016), meanwhile, provided an example of engaging a large group of stakeholders in identifying positive aspects, gaps in and vision for, emergency and urgent care. These authors then used process mapping exercises to achieve greater depth in exploring what worked well and what did not across services. Undertaking such participatory processes gave a broad group of stakeholders the opportunity to engage in reviewing current practice and creating a vision for the future. For a facilitator, creating effective relationships also involved managing their own and others' reactions to the situations they were in, this is discussed next.

Managing reactions

Part of engaging in effective relationships was awareness of, and the ability to manage, reactions such as apprehension and skepticism demonstrated by practitioners who were new to PD activities. McCormack et al. (2008) provided an example of such feelings in their work on using action learning sets with nurse leaders in a PD program in acute healthcare. The facilitators in this study spent some time engaging participants in reflective activities to articulate their feelings. They also created safe environments within the sets to ensure participants felt supported to be involved. A further example was given by Wilson (2005a) in facilitating values clarification and development of a shared vision with practitioners in one department. This author identified the underlying tensions and conflicts that the process brought to the surface. While this was positive in that it allowed the conflict to be explored and

resolved, it highlights that facilitators need to have the skills to negotiate negative feelings and energy in order that individuals feel able, willing and safe to participate. It meant that facilitators needed to handle the emotional life of individuals and teams, as highlighted by Lessard et al. (2016) in their exploration of the role of external facilitators and interprofessional facilitation teams in implementing change.

At the same time as dealing with practitioners' reactions, facilitators need to have the ability to pay attention to their own reactions. Understanding their motivations, flaws and the way in which they practiced led facilitators to be more caring and trusting of others and enabled them to take risks to improve their practice (Demulder & Rigsby 2003). In their paper discussing psychological safety, Brown & McCormack (2016) highlighted the importance of facilitators being aware of how the 'self' impacts on all aspects of a participatory approach to change. For new facilitators, emotional responses to work they are engaged in could be unsettling and challenging to manage. In Haynes and Janes account of involving service users in creating a shared vision, one of the authors described needing to be reflective in working through feelings such as anger, sorrow and defensiveness. She was a new facilitator and was not expecting the emotional response that occurred (Haynes & Janes 2011). Similarly, Benson (2015) identified the benefit of mentorship in helping her to work through feelings of anxiety and vulnerability. This author's feelings as a new facilitator were not all negative. She also described feeling upbeat and capable in working with her team to change practice (Benson 2015).

Being mindful could be instrumental in creating awareness of emotions and reactions to situations. Napoli & Bonifas (2013) presented a model of mindfulness designed to help social workers engage with American Indians. They described attributes of social workers as including empathy, listening without judgment, being aware of one's own biases and patience. The mindfulness model incorporated four components

- empathically acknowledging what is occurring

- intentionally paying attention to one's physical and emotional reactions to what is occurring
- accepting one's reactions without judgment
- taking action toward change based on associated insights (Napoli & Bonifas 2013, p. 204)

For facilitators to engage with mindful practice, they needed to gain a high degree of self-awareness, which is discussed in the next section. Their conscious awareness of thoughts, feelings and reactions to a situation could enable a facilitator to let go of judgments about self and be present in the moment. According to Napoli & Bonifas (2013, p. 209) this 'increases one's ability to observe responses communicated through the body, thoughts, and senses, and thereby deepens self-reflection and empathy'. The need for facilitators to use empathy was reiterated by Johnston & Tinning (2001) along with other interpersonal skills like active listening. The literature identified that such skills helped facilitators in managing the reactions they encountered during their practice. In order to manage their relationships with individuals and groups, facilitators needed to be aware of their own thoughts, feelings and behaviours.

Being self-aware

Self-awareness involved recognising ways of thinking, and the emotions engendered during a facilitator's practice as well as how facilitators incorporated their personal values and beliefs into their practice. Personal accounts of their practice and their development by facilitators often included how they felt at various stages in their practice. In a commentary on her role in introducing PD to Canadian healthcare Janes (2014) pointed out her ability to maintain hope as a key aspect of success in facilitating PD work. Hope was needed to navigate the struggles faced in changing workplace culture and supporting other PD facilitators. A struggle faced by Hunnisett (2011), articulated in her story of developing facilitation skills, was that of challenging people's practice. Her challenge of colleagues as she facilitated multidisciplinary meetings often

made her cry as she felt like the 'wicked witch' (Hunnisett 2011, p. 3). Scott (2013), on the other hand, felt responsible for the team's lack of progress in changing their workplace culture, leading to feelings of anxiety. A common thread in these personal stories was the need for help to work through such feelings.

Authors illustrated different means of becoming self-aware. These involved using a variety of mechanisms for reflection, for example Adetokunbo Adegoke (2017) described using the JoHari window model to promote his self-awareness in a personal reflection of engaging in a clinical leadership program. Others used more creative activities to enable their reflection. In an account of understanding self throughout her doctoral studies, Kinsella (2017) described using paintings to critically reflect in a creative way. Her reflections resulted in a feeling of personal flourishing and proved valuable in raising her awareness about herself and her research. A group of educators, in an academic setting, used critical creativity to explore their sense of self (McCormack et al. 2014). The group engaged in creative activities to enhance their skills in person-centred facilitation of learning for nursing students. Middleton meanwhile, found that using a Critical Companionship model helped her in reflecting 'on assumptions, practices and expectations, and understanding these in relation to who I am as a person' (Middleton 2017, p. 5). In a discussion of his personal thinking style and how that impacted on his teaching practice, du Toit (2013) engaged in Communities of Practice to increase his self-awareness. He then encouraged students to use the same strategy to discover more about themselves (du Toit 2013). Dewing, Harmon & Nolan (2014) used reflections from a group of facilitators who participated in a 3-year PD program in aged care settings to demonstrate outcomes. These included increased self-awareness of the facilitators, a better understanding of their personal values and beliefs and how these impacted their practice (Dewing, Harmon & Nolan 2014).

In general, papers described reflecting on experiences after they had occurred. However, a discussion paper by Edwards (2017), of mechanisms for reflection taught to student nurses, proposed adding dimensions to the reflection-on-action and

reflection-in-action strategies traditionally used. One of these dimensions was termed reflection-beyond-action which involved the use of story to enhance students' understanding through reliving experiences. Edwards argued that nurses would learn more about themselves in using this technique, by recounting their actions to themselves and others during the reflection process (Edwards 2017). These extra dimensions for reflection could prove useful in enabling facilitators to reflect in different ways on their experiences and increase their self-awareness. Gaining an understanding of themselves contributed to a facilitator's ability to be flexible in their practice.

Engaging in flexible practice

One of the key attributes of facilitators implicit in the literature is flexibility, which Buckley (2017) felt required a facilitator to be willing and have the ability to change direction, if that was what a team needed. She came to this view through her critical reflection about the work she was facilitating and her role in it (Buckley 2017). An example of flexibility was provided in a paper about trainee teacher education (Pearson 2011). This personal account from the senior lecturer demonstrated how she changed direction after the trainees disengaged from a process she suggested. Rather than insisting they continue, she devised a new strategy that allayed the anxieties of the trainees and in which they could engage with enthusiasm (Pearson 2011). Platzer, Blake & Ashford (2000) referred to encouraging people to set their own agenda, rather than imposing a structure as they did in small reflective groups for nurses undertaking a post-registration diploma course. Flexibility requires a facilitator to have confidence in their skills and ability to manage any situation. Such confidence can be gained through recognising strengths and identifying areas to work on, which was a feature of engaging in a clinical leadership program for Adetokunbo Adegoke (2017).

Rowe & Hogarth (2005) explored issues relating to change in a program for public health nurses. Their work reflected that when a facilitator starts working with a team

to help them map their current workplace culture and consider what needs to change, they are not sure how things will progress. This highlights that every team and workplace is unique and while there are often common elements in the way that teams create culture change, the process for each team and workplace will be unique. The fact that individual units in an organisation each have their own culture was pointed out in a concept analysis outlining the attributes, enabling factors and consequences of an effective workplace culture (Manley et al. 2011). Such variation requires facilitators to have the capacity to use methods and processes that are meaningful to the individuals and teams they are supporting. They need to be ready for any kind of response, positive or negative and be able to work with situations as they unfold. These traits were highlighted in a PD program in an acute surgical hospital department (Brown & McCormack 2016), and in a discussion of locally driven PD programs in healthcare (Hardy et al. 2013). Achieving the flexibility needed can be difficult for inexperienced facilitators but engaging in strategies for development can help them to gain confidence in their skills and increase their capacity to be flexible in their practice.

Developing facilitators' knowledge and skills

In his paper on organisational development, Rill (2016) pointed out that change has to start with the individual. Therefore, facilitators need to develop themselves before they can help others to develop, which was indicated in the work of Manley (1997) and Manley & Titchen (2017) with consultant nurses. The account of one facilitator's development journey highlighted that facilitators become capable of enabling others as they increase their own work effectiveness (van der Zijpp & Dewing 2009). Facilitators, therefore, need to have access to appropriate learning opportunities in order to develop relevant skills and knowledge, a point that was raised by the individuals who led a PD program across a large health district in Australia (Watling 2015).

The opportunities that facilitators did, or were able to, access varied across the body of literature. Many of the strategies suggested are the same as those used by facilitators when enabling practitioners to achieve culture change. The sub-themes discussed in this section are formal training opportunities; helping relationships in which facilitators learn through self-reflection, dialogue with another and group learning. Learning by doing is the final sub-theme explored in this section.

Formal training programs

There was evidence of facilitation training as part of tertiary courses. These included incorporating active learning and creative approaches to learning, such as role play and guided visualisation, into a tertiary degree program for Advanced Practice Nurses (van der Zijpp, van Lieshout & Frost 2011) and in a post-graduate nurse education curriculum in Canada (LeGrow et al. 2016). In their report of implementing a person-centred practice approach across a health district in the UK, Manley et al. (2014) described programs to enable practitioners to develop facilitation skills. These included enabling medical staff to develop skills in becoming appraisers and a Masters program (Manley et al. 2014). In the education field, Demulder & Rigsby (2003) reported on teachers' experiences of engaging in a 2-year school-based Masters development program. During this program, they gained the capability to reflect on themselves and their practice, to see their teaching practice through a new lens and engage in critical dialogue (Demulder & Rigsby 2003).

A cohort of workers from one organisation within health and community services began to examine their beliefs and workplace practices as a result of undertaking a tertiary qualification in Executive Leadership (Choy 2009). They applied the aspects of transformational learning gained from the course in their interactions with each other and their colleagues in the workplace. Their skills in critical reflection and dialogue impacted positively on communication, enabled them to engage in inquiry with their colleagues and take on mentoring roles (Choy 2009).

Meanwhile, Selcer, Goodman & Decker (2012) focused on Appreciative Inquiry as a way of enabling people to identify and build on positive aspects of themselves and their practice. They described how Appreciative Coaching taught in a Business and Healthcare Administration university course provided students with skills in transformational leadership (Selcer, Goodman & Decker 2012). In addition, using Appreciative Inquiry during doctoral studies enabled a facilitator of a PD project in dementia care to reframe the way she approached reflective discussions with staff and focus on asking questions in a positive way (Hung 2017).

Formal training in facilitation was also undertaken in one-week intensive 'practice development schools' (PD school) offered by the International Practice Development Collaborative. These schools provide tools, resources and engagement in a wide range of techniques that facilitators use in their practice. Several papers gave personal accounts of experiences at the PD school, for example (Benson 2015; Hunnisett 2011; Lansdell 2016). A paper reflecting on the experience of a pre-registration nursing student enabled the author to be exposed to the theory and practice of strategies such as enabling questions, constructive feedback, active listening and working within a framework of high challenge with high support (Agate, 2017). A significant element of the PD school for Benson (2015) was the reflective process that underpinned every activity participants engaged in. Most of these accounts provided the perspective of school participants. However, in their discussion of starting to work with PD activities in South Africa, Filmalter et al. (2015) presented the challenges faced by facilitators of an early PD school, and their learning. The support of the highly skilled facilitator who led the school enabled them to work through the challenges and continue to explore facilitation within Communities of Practice established after the school (Filmalter et al. 2015).

In addition to the PD schools, there was discussion in the literature of local programs tailored to the needs of facilitators engaged in PD activities. Hardy et al. (2011) discussed the establishment of a Masterclass in which participants were encouraged to take a lead on facilitating during the program, supported by

experienced facilitators. The course included a variety of learning mechanisms including formal presentations and creative approaches (Hardy et al. 2011). Wales et al. (2013), meanwhile, reported on a local facilitator development program that incorporated a series of workshops with regular active learning groups within the participants' workplaces. Both these programs integrated facilitation theories, PD frameworks and approaches with practical application and role modelling by the facilitators leading the programs (Hardy et al. 2011; Wales et al. 2013). Clinical leadership programs also provided opportunities for participants to develop skills in facilitation and leadership. For example, Adetokunbo Adegoke (2017) described his participation in one such program as very challenging but he felt a high level of support in the action learning groups used. The outcome for this author was a higher level of confidence in his leadership skills and a desire to become involved in change initiatives in his organisation (Adetokunbo Adegoke 2017). Teaching coaching strategies to healthcare managers was a strategy outlined by Jones (2015). This author explained that engaging in formal training was not sufficient, these leaders needed one-to-one support and help to build confidence to use coaching conversations with staff, thus transferring their learning to practice (Jones 2015).

Helping relationships

This literature contained several personal stories of facilitators which outlined their development. Facilitators' personal accounts incorporated mechanisms they had sourced to assist them. Examples included setting up a development system and support within a PD program using structured reflection and use of Critical Companions (Akhtar et al. 2016; Eldridge 2011); supervision with a more experienced practice developer (Hunnisett 2011; Williams 2012a; Williams 2012b) and personal growth through use of mandalas (Mulcahy 2013). These personal accounts often went into considerable depth in terms of learning and development opportunities that were valuable. Facilitators referred to relationships that assisted them in their development, such as Critical Companionship, which was described by Titchen (2004) as a helping

relationship. Other 'helping relationships' are described in this section. These relationships include Critical Ally, Critical Friend, Critical Guide, coaching and mentorship.

Learning by self and in pairs

In order to be credible, facilitators needed to learn by engaging in critical reflection for themselves, according to Filmalter & Heyns (2015). Reflection could be by oneself, as used by McMillan & Gordon (2017) in their story of an academic's lived experience of developing herself as a teacher. The academic highlighted the learning she gained from reflecting on the meaning of aspects of her practice in order to improve them. Cowie & Janes (2011) also demonstrated the value of self-reflection as one of the authors recounted her experience, and learning, in facilitating a Claims, Concerns and Issues process with staff following a facility fire. Self-reflection further helped a novice facilitator to develop collaborative ways of working with colleagues in an action research project regarding pre-dialysis education (McCarthy 2014).

However, many accounts of development involved engaging in critical reflection and feedback with another individual. Gaining feedback on such areas as performance, responses and skills enabled developing facilitators to increase their self-awareness, recognise strengths and identify areas for further development. This was demonstrated in a program that included action learning, in which feedback given in a supportive way enabled people to learn about themselves (McCormack et al. 2008). In another case, Marriott-Statham (2017) and Lansdell (2016) described the changes they made in their approaches to staff as a result of having an experienced PD facilitator as a mentor. Bergin (2015) also emphasised the valuable role of mentorship in her account of achieving professional accreditation in order to practice as an independent facilitator.

A Critical Ally, Friend or Guide, is a person with appropriate knowledge and skills, and generally with more experience, who can enhance the development of a facilitator, particularly with a balance of challenge and support (Cebrián 2017; Crisp & Wilson 2011; Hardiman & Dewing 2014). Cebrián (2017) stressed the importance of having a Critical Friend (meaning facilitator in this instance) in her action research study encompassing a team of academic staff involved in curriculum development. Hardiman & Dewing (2014) meanwhile reported on testing models of Critical Ally and Critical Friend in the PD field. In their framework outlining progression of individuals seeking to gain expertise in PD facilitation, Crisp & Wilson advocated seeking a 'Critical Guide' (Crisp & Wilson 2011, p. 177). An undergraduate nurse proposed finding a Critical Ally or Critical Friend to support her in developing facilitation expertise on becoming a registered nurse (Agate, 2017). This aligns with the suggestion by Hardiman & Dewing (2014) that Critical Ally and Critical Friend are relationships that are helpful to new and intermediate facilitators, while Critical Companionship is better enacted in the context of advanced facilitation practice.

Critical Companionship is a framework that incorporates experiential learning in which a skilled facilitator enables development of another person within a relationship of trust and learning (Titchen 2004). Within this body of literature, Critical Companionship was used by facilitators to enhance their own development (Eldridge 2011; Mulcahy 2013; van der Zijpp & Dewing 2009). Some authors described acting as Critical Companions to others in supportive relationships (Williams 2012a; Williams 2012b). Others were Critical Companions in programs that put focus on development of nurse leaders (Boomer, Collin & McCormack 2008; Brown & McCormack 2011) while Hardy, Titchen & Manley (2007) discussed the Critical Companion's role in providing feedback from patient narratives as nurses explored expert practice. LeGrow et al. (2016) reported acting as Critical Companions to students in an Advanced Nursing Practice degree in a tertiary setting. In describing his relationship with his Critical Companion, Eldridge (2011) highlighted the value of the questions that were used to promote reflection and feedback that encouraged him to assess his practice and the behaviours he displayed in his workplace. He also stressed the importance of the

relationship in enabling him to take action to address the issues he identified (Eldridge 2011).

Coaching was a further mechanism identified as helpful for engaging in reflection with another person (Murray, Magill & Pinfold 2012). In an evaluation of the implementation of the PCMH, Chase and colleagues highlighted the benefit of coaching in helping practitioners to overcome obstacles and develop their skills in implementing change processes (Chase et al. 2015). In another large scale initiative to create PCMHs, facilitated coaching was needed to enable personal transformation of physicians and others and to develop their management and leadership skills (Nutting et al. 2010). Identifying the Nurse Manager as coach facilitated 'a bottom-up approach for performance improvement and change' (Stefancyk, Hancock & Meadows 2013, p. 16). Facilitative coaching in this program engaged all staff in generating ideas, planning and implementing changes and engendered a feeling of confidence in their ability to change practice and to share decision-making regarding the process.

Coaching, Critical Ally, Friend, Guide and Companion are generally relationships between two individuals. Alternatively, reflective learning may be undertaken in a group setting in which participants can share practices and problems with each other (Jacobs, Claringbould & Knoppers 2016; Johnston & Tinning 2001).

Learning in groups

Learning in groups included Communities of Practice and reflective groups which helped to build participants' facilitation skills while they engaged in reflection on practice. This was demonstrated in a study by Parker et al. (2010) with physical education teachers. The Community of Practice was used to support the teachers, as they developed and disseminated district-wide curricula, to reflect on current practice and what could be improved (Parker et al. 2010). An action research study involving schools in South Africa demonstrated sustainable changes in leadership practices and

perceptions after teachers engaged in critical reflection in their Communities of Practice (Wood & Govender 2013). Such groups were also used by an individual in her development as an academic to consider good practices while challenging taken for granted assumptions of people in the group (McMillan & Gordon 2017). Johnston & Tinning (2001) further used reflective practice groups to develop teachers who facilitated problem-based learning with their students. However, in a study with teachers, Nehring & Fitzsimons (2011) indicated that attempting to introduce professional learning communities into schools that practiced in traditional bureaucratic ways resulted in threatening the status quo and values systems of school workers. They concluded that skilled facilitation was needed to undertake such endeavours, which was an aspect they considered had not been addressed adequately in the initiative reported (Nehring & Fitzsimons 2011).

Action Learning Sets (described in chapter 2) provided opportunities for participants to reflect on, and be challenged about, issues of importance to them and their practice (Adetokunbo Adegoke 2017; McCormack et al. 2008; Parlour & McCormack 2012; Rowe & Hogarth 2005). In a personal reflection on her development, Brown (2013) described the value of participating in an Action Learning Set in enhancing her capability as a facilitator. In a paper that reflected on using action learning to develop leaders and leadership in a range of organisations, including mental health and manufacturing, Roberts (2015) identified behaviour change on the part of participants. After engaging in action learning they became more facilitative in their workplace, using strategies such as participatory decision-making and coaching with their employees.

Another form of learning through group reflection was described by Macfarlane et al. (2015) as circles of change. These reflective practice workshops enabled practice facilitators who supported early childhood educators to develop understanding of their own perspectives and those of others as well as the impact they had on the people they were working with (Macfarlane et al. 2015). It also helped them to recognise how to create a safe environment for reflective dialogue and encouraged them to challenge

traditional ways of practicing. While the aim of this intervention was to reduce job stress, the outcomes for participants showed its application in raising self-awareness and development of skills to reflect on and change workplace practices.

Learning by doing

It is often in the 'doing' that facilitators have the chance to develop and hone skills. The very process of participating in PD programs or action research projects enabled practitioners to develop skills that they could then apply in their workplace. These included skills in critical reflection, creating shared visions and enabling change in the workplace that were described in an action research study engaging nurses in one ward to change their culture (Bellman, Bywood & Dale 2003) and in the outcomes of a 3-year PD program in aged care settings (Dewing, Harmon & Nolan 2014). Working within a co-facilitation model offered opportunities for a developing facilitator to work alongside and be supported by another, more experienced facilitator, in implementing PD programs in healthcare settings (McCance et al. 2013; Snoeren & Frost 2011; Titchen 2011; Yalden et al. 2013). Akhtar et al. (2016) reported on the co-facilitation model used in a leadership program for medical practitioners. In this program, two experienced leadership facilitators worked with two medical doctor co-facilitators. In the local program described by Wales et al. (2013), highlighted earlier in this section, a team of experienced facilitators worked with novice facilitators in a co-facilitation model. This strategy enabled learning through use of skills, knowledge and processes of all the facilitators, with the experienced facilitators able to role model skills, knowledge and attributes. Several PD programs also involved skilled facilitators who were external to organisations working with, and supporting, local site facilitators and practitioners to engage in strategies such as developing shared visions (McGowan, Goode & Manley 2016), observing practice (Scott 2013) and developing facilitation skills (Titchen 2011). In a pilot study that used discovery interview technique in two areas providing care for older people, Bridges & Tziggili (2011) also described the PD support provided by an experienced facilitator to the local facilitators.

In order to be able to engage in the 'doing', individuals need to know how to facilitate approaches that will enable practitioners to assess, reflect on and act to change their practice. Some of the published literature did provide examples of how individual activities were facilitated, such as including samples of questions that facilitators could ask. Dewar & Sharp (2013) used Appreciative Inquiry in order to uncover the 'how' of facilitation. These authors proposed a framework of Caring Conversations, incorporating seven attributes that could be used by facilitators in their practice. The 7Cs, as the authors called them, were being courageous; connecting emotionally; being curious; collaborating; considering other perspectives; compromising and celebrating (Dewar & Sharp 2013; Watkins, Dewar & Kennedy 2016). The 2013 paper further provided examples of questions that could be used within each attribute (Dewar & Sharp 2013). The framework was used by practitioners to engage in reflexive practice, and the reports of those processes provided further detail on using the 7Cs that may be of practical use (Benson 2015; Roddy & Dewar 2016).

Details of questions were also provided by Boomer, Collin & McCormack (2008) in outlining the visioning process used in their PD program to develop clinical leaders and their practice. Meanwhile, McWilliam (2007), in a study of promoting knowledge transfer in a clinical environment, provided questions used to foster critical reflection on practice for participants. This author cautioned that the questions were examples and, as every context may be different, a facilitator needed to use questions that were tailored to specific environments. However, the examples of questions provided by these authors do provide a useful resource for facilitators in thinking about questions they might use in their own setting.

Chapter summary

This chapter has explored published literature, and gaps which exist, through a search of databases and a hand search of a PD journal, for what is known about

transformational facilitation and facilitators who enable practice change. Much of the literature was situated in healthcare contexts. This is perhaps unsurprising as there were a sizeable number of papers identified in my hand search of the IPDJ that commented on facilitation and facilitators. In healthcare, facilitation is a key element of enabling individuals and teams to create effective workplace cultures, particularly through use of transformational PD processes. It is crucial that we understand what the nature of skilled facilitation is if we are to support the development of transformational facilitators.

It is clear from this body of literature that there is a diverse range of interconnected strategies used in facilitating transformational change in individuals, teams and cultures. While there are mechanisms that are used repeatedly by facilitators such as clarifying shared values, creating a shared vision, reflecting on and challenging practice, it is the way in which strategies are facilitated, rather than the specific tool or mechanism used which brings about change. When people in an organisation have differing views of the prevailing culture, the facilitator needs to negotiate these (Roberts 2015). This is not an easy task for novice facilitators if they do not have the skills or experience to challenge people's thinking or engage them in a discussion that goes beyond a superficial level of asking people to think about their practice. Strategies used, while diverse, demonstrate the positive outcomes that can be achieved from taking a systematic approach to transforming the culture and context in which service occurs, whether that be caring for patients, teaching students or running a commercial enterprise.

The literature also described the qualities that facilitators need, to work with practitioners in undertaking practice change, along with diverse approaches to development of facilitation skills and knowledge. There seems to be, however, a general assumption that readers will understand what is meant by 'skilled facilitation' or 'skilled facilitators' and that they will know how strategies are facilitated to achieve positive outcomes. I propose that it is the 'how' of facilitation that provides the picture of skilled facilitation and suggest that there is still not enough information in the

literature about 'how' to facilitate effectively. Practice development, as a means of transforming the culture and context of care, is identified as a complex set of interventions. Within this field, skilled facilitators are said to be able to 'work flexibly across roles and structural boundaries and to recognise the needs of a given context at different stages of any intervention' (Martin & Manley 2018, p. 44). This is the expertise that PD facilitators need to gain and that they then enable others to develop.

Despite the wealth of information about facilitators, more work is needed to provide individuals, teams and organisations with a picture of skilled facilitation. Developing facilitators need to use appropriate methods for creating sustainable person-centred cultures and negotiate many different elements of culture in their practice. The research contained within this thesis has explored the nature of skilled facilitation to improve our understanding of, not only what facilitation expertise is, but also what enables developing facilitators to build that expertise. In the next chapter, I provide the philosophical basis for the research undertaken.

Chapter 4: Philosophical basis for the research

In this chapter, I discuss the philosophical basis of transformative change as the underpinning concept of this research. Chapter 2 explored practice development (PD) as a means of transforming the culture and context of healthcare to become person-centred. To achieve this requires facilitators to understand the nature of transformation and how they may work with people in the context of changing their workplace culture and in turn developing themselves. I begin this chapter by outlining my positioning as a facilitator, moving through an exploration of the nature of transformation and underlying theories, ending with my positioning as a researcher.

My positioning as a facilitator

From my experience as a facilitator, I had observed that facilitation was a complex intervention. Facilitators used a diverse range of techniques and approaches to assist healthcare teams to examine and improve their workplace. Each facilitator had a unique style of working with people that they developed over time. In my own practice, I believed that people were capable of changing the way in which they thought and behaved and the societies they lived in. The 'societies' in this case were the workplaces healthcare practitioners inhabited as they cared for service users and their significant others. I believed that everyone had the potential to change, in part because I have been changing in a personal and professional sense for the last 13 years.

Since starting my development as a facilitator working within a transformational PD framework, I have been changing my thinking and behaviours, particularly in relation to working with others. I once held a view that telling others what to do, or persuading them to my viewpoint, was the best way to get things done and maintain high standards of care delivery. I was often unable to understand why others did not

share my view, and this became a source of personal frustration. When I was introduced to PD, I gradually came to see why my previous positioning in regard to getting things done had been unsuccessful. Exploring my personal values and beliefs allowed me to see how they ran counter to the behaviours I had been displaying. This enabled me to reflect on the way I interacted with people and to start changing my behaviour to reflect my values of respecting and valuing everyone in the workplace. A crucial aspect of my development was critical reflection with others and feedback from those I worked with, in particular, other facilitators. These were mechanisms that were highlighted in the previous chapter as being valuable for facilitator development (Eldridge 2011; Lansdell 2016; Marriott-Statham 2017).

Changing my thinking and way of behaving was challenging and it was only over time, as I became increasingly self-aware, that I was able to change the way in which I worked with other people, and my attitude towards them. As my development progressed, I became more comfortable with changing my approach to enabling other people's development, helping them to find the direction that suited them rather than giving them advice. I started using the key facilitation skills I was developing, outlined by Titchen, Dewing & Manley (2013) as active listening, asking enabling questions and providing feedback, as well as receiving it. This enabled me to see how much more effective it was to work *with* people, rather than telling them what to do.

Coming to understand myself and making these changes strengthened my belief that everyone has the potential to change and there is potential for every situation to change. This has been reinforced by the work I have done, particularly with individuals. By using coaching techniques, helping individuals to critically reflect and giving them feedback, I have seen people change the way they do things, the way they work with others, find the ability to challenge and question colleagues' behaviour. I have also come to understand that context for individuals varies. My context, and what I believe, is shaped by what I know or think I know and by the experiences I have had, as well as the knowledge I have accumulated. This may be different to another person's context because their experiences have been different, they are likely to know some of the

same things I know but also know different things to me. My beliefs, understanding of myself and changing my attitude towards working with others have shaped who I am as a facilitator. My intent now is to work with people in ways that enable them to develop, to increase their self-awareness and feel able to improve the situation they are in, as well as improving the way they care for service users. I continue my own development, seeking diverse opportunities to hone my facilitation skills. In addition, reflection and feedback enable me to keep increasing my self-awareness of who I am as a person, and to help me be an authentic facilitator, staying true to my personal values.

Because of my experiences as a facilitator and the changes I have made to my own way of thinking and working, my particular interest lies with the facilitators who work with healthcare teams to improve the culture and context of care delivery. I consider that facilitators need to have a basic belief that people can transform themselves and their workplaces, in order to work effectively with them. To successfully facilitate within a transformational PD framework, I myself needed to understand theories and philosophies underpinning this approach to change. In the next section I explore the basis for transformational PD in the theories of Jürgen Habermas (the Theory of Communicative Action 1984) and Brian Fay (Critical Social Science 1987). These theories combine the following traits of human beings and their societies:

- That people are laboring under a false consciousness about the true reality of their society, they cannot see that they are oppressed, that the way things work is not how it could or should be
- That people are rational beings, capable of reflecting on their situation and being enlightened as to their true situation and what they can do to change the way they think, what they want and ultimately transform their society
- That people can acquire and use knowledge to achieve common understandings and can coordinate action in pursuit of shared goals
- That people can become empowered to act to change the way things are
- That people can become emancipated and overthrow their current situation to create a new and better world for themselves

- That education is needed to enable people to become enlightened and feel empowered to act
- That there are many reasons why people do not try to change their unsatisfactory reality no matter how dissatisfied they are, including the influence of power over them; resistance to change and the fear that the new world will be as bad or worse than the old one

Transformative change

Transformational PD is underpinned by Critical Social Science (CSS) described by Brian Fay, a professor of philosophy, in 1987. This link was first suggested in 1999, by McCormack and colleagues, who proposed a conceptual framework that could be most appropriately located within the philosophy of CSS (McCormack et al. 1999). Fay laid out CSS, which describes the enlightenment, empowerment and emancipation of people to create a new and better society, as a range of interacting theories and sub-theories, which can be seen in [Table 3](#) (Fay 1987). Following the phases of CSS, PD processes aim to achieve enlightenment of practitioners through raising their awareness about how they practice and how service users experience care delivery. Practitioners then need to become empowered to make changes to the care environment to create the person-centred cultures discussed in chapter 2. In the final phase of CSS, emancipation, practitioners take the action required to change the culture and context of care delivery (Wilson & McCormack 2006). Critical Social Science is influenced by the Theory of Communicative Action set forth by Jürgen Habermas, a German philosopher and social theorist (Habermas 1984, 1989). Habermas believed that all individuals are capable of being rational and that, through what he calls 'speech acts', can reach consensus on what is important to them as a society (Habermas 1984). Reaching consensus and maintaining social relationships is dependent on communication, as in the speech acts coined by Habermas (Baxter 2011).

Table 3: The theories and sub-theories of Critical Social Science

Adapted from (Fay 1987, pp. 31-32, 213)

Theory	Sub-theory
1. False Consciousness	1. demonstrates the ways in which the self-understandings of a group of people are false or incoherent or both
	2. explains how members of this group came to have these self-misunderstandings, and how they are maintained
	3. contrasts them with an alternative self-understanding, showing how this alternative is superior
2. Crisis	4. spells out what a social crisis is
	5. indicates how a particular society is in such a crisis
	6. provides an historical account of the development of this crisis partly in terms of the false consciousness of the members of the group and partly in terms of the structural bases of the society
3. Education	7. offers an account of the conditions necessary and sufficient for enlightenment
	8. shows that given the current social situation these conditions are satisfied
4. Transformative Action	9. isolates aspects of society which must be altered if the social crisis is to be resolved and dissatisfaction lessened
	10. details a plan of action indicating who will 'carry' the social transformation and how they might do it
5. The body	11. develops an explicit account of the nature and role of inherited dispositions and somatic knowledge
	12. formulates a theory of body therapy
	13. spells out the limits which inherited dispositions and somatic knowledge place on liberation
6. Tradition	14. identifies which parts of a particular tradition are, at any given time, changeable
	15. identifies which parts of a particular tradition are, at any given time, not changeable or worthy of change
7. Force	16. develops an account of the conditions and use of force in particular socio-political settings
	17. explicitly recognizes the limits to the effectiveness of a critical theory in the face of certain kinds of force
8. Reflexivity	18. gives an explanation of its own historical emergence and portrays its biases in a particular historical setting
	19. explicitly eschews transcendental aspirations regarding the experience of all humans and gives up any pretensions to capture the 'essence' of emancipation
	20. offers an account of the ways in which it is inherently and essentially contextual, partial, local, and hypothetical

Habermas' Theory of Communicative Action maintains that people need to build societies based on common values and beliefs and mutual understanding (Habermas 1984; Widdersheim 2013). This idea is reflective of creating a vision through exploring shared values and beliefs, which is often the starting point for healthcare teams in examining their workplace culture. Facilitators guide teams through this process, helping them to clarify values and reach consensus. The vision created can give healthcare teams a view of a better future with an improved workplace (Martin et al. 2014; Martin et al. 2016).

Norms and traditions

Healthcare settings have established, over many years, hierarchies and traditions that often determine the way in which care delivery occurs (Deery & Fisher 2017). Teamwork among healthcare professionals is often based on norms that have been in place for a considerable length of time. Even though this may not be the most effective way of working, it can be difficult to either recognise the problems or to take action to change. Healthcare practitioners frequently deliver care or undertake procedures in a particular way because that's how they've been told, or shown, to act. Sometimes this is based on available evidence but, just as often, is based on the routines and rituals that form ways in which practitioners work in that setting (Henderson & McKillop 2008). People working in these environments become used to the norms and routines, and stop questioning practices, if they ever did (Manley, Solman & Jackson 2013). This is linked to the observation made by Mezirow (1997), in his discussion of transformative learning, that people do not change the way they learn so long as what they are learning fits in with their existing perspectives. Cultures are constructed through the social interactions of their members (Scott et al. 2003). While new team members may challenge some of the routines initially, in general they can quickly become assimilated into the prevailing culture (Manley, Solman & Jackson 2013).

The workplace is likely to remain unchanged until some sort of impetus occurs to challenge the status quo (Bushe 2015; Nehring & Fitzsimons 2011). This could be, for example, the occurrence of critical incidents, complaints from practitioners and/or service users or because of increasing tensions amongst the workforce (Ruhe et al. 2005). There may be resistance to change the way things are done in a workplace when changes are determined without any consultation or engagement with those who will be affected (Hewitt-Taylor 2013). This resonates with a tenet of CSS, that people must freely decide on their wants and needs, not be pushed into accepting something because others want it (Fay 1987; van Lieshout 2013).

Even when a team makes the decision itself to examine culture and look at enacting positive changes, there is challenge inherent in such an undertaking. The team may start by agreeing on a vision for a better environment and improved practice. However, this may not always be the positive outcome that it appears. It can result in frustration and even shame and distress for team members when they discover there is a gap between what they want their practice to be and what the reality is (Martin et al. 2014). This could result in determination to achieve the vision; on the other hand, practitioners may become discouraged and feel that they won't be able to realise the necessary changes. This sense of crisis is considered necessary in order to push people into seeing their society as it really is and taking action to change (Fay 1987; Middleton 2017). Crisis is encapsulated in [theory 2](#) of Critical Social Science. Ruhe and her colleagues describe this as being 'at the edge of chaos' and highlights that such a state facilitates change (Ruhe et al. 2005, p. 730). Skilled facilitators can help teams to precipitate a 'crisis' by engaging individuals and teams in critical dialogue. This can disrupt people's views of their practice, likened by McCormack & Titchen (2006, p. 242), in their outline of critical creativity, to the 'turbulence that small feeder streams create when their waters confront the main flow of the river'. This analogy provides an image of a facilitator stirring up the seeming lethargy of workplaces with practitioners who follow well-established routines without any deviation. The facilitator's role then is to support teams in managing the crisis and injecting energy into identifying and implementing change.

Enlightenment

Raising awareness is part of how people become enlightened about the reality of their situation and how, in uncovering that, perhaps they were laboring under a False Consciousness ([theory 1](#)) that prevented them from seeing reality. However, it is not always the case that people have a false picture of their workplace. Sometimes people may know the reality of their situation, realise that there are problems with how the workplace functions but do not want to deal with that reality. This is more likely if people's perceptions of what they will lose in making changes outweighs the benefits (Hewitt-Taylor 2013). They may consider that there are too many obstacles to overcome for changes to be made successfully. These obstacles could relate to the influence of some team members who are considered to be opinion leaders (Hewitt-Taylor 2013) or the reality of busy workloads impacting on the ability to change practice (Scott 2013). Facilitators can help people to explore these issues, to work out the barriers that exist to tackling problems in the workplace, and to find ways to address those barriers.

Enlightenment, as Fay (1987) refers to it, is not just about changing understandings of self or the workplace. It is not enough to simply become aware of things that do not work in a society, or which make people dissatisfied. As McCormack & Titchen (2006, p. 244) highlight, 'it is only through the processes of taking action and the learning that results that true enlightenment can be achieved'. People can achieve enlightenment by letting go of the false picture, or the taken for granted assumptions they had of how things were in their workplace, or by deciding to work through the problems that exist. This involves recognising the contradictions between what they say and what they do and taking action to change (Manley, Solman & Jackson 2013). Habermas maintained that despite the challenges they faced, people in societies were capable of entering into dialogue in order to bring about transformation (Habermas 1989; Widdersheim 2013).

Mechanisms for raising awareness and learning

As discussed in chapter 2, action learning is a mechanism that can be used by practitioners in dialogue to raise awareness and decide on action, as they learn with, and from, each other. The extensive work of Revans focused on action learning for managers in a variety of industries. He advocated that managers get together in the form of action learning sets to explore the problems in their individual workplaces while, in the process, learning about themselves (Revans 1982). This included recognising inconsistencies that existed and challenging each other's assumptions (Revans 1983b). The premise of action learning was that managers used a questioning approach to exploring problems rather than having experts provide solutions (Revans 1982, 1983b). This idea has also been used in nursing practice to develop leadership and facilitation skills. Action learning provided nurses participating in a Clinical Leadership Program opportunities to share issues individuals were facing in their practice and decide on actions needed to resolve them (McNamara et al. 2014). In addition to participants learning from each other, learning sets have been identified as effective in providing peer support and testing ideas (Leggat, Balding & Anderson 2011). A vital element of action learning was that the solutions managers discussed within the set were then implemented in the field (Revans 1983a). This resonates with PD methodology which promotes the idea that changes need to be made locally by healthcare workers delivering care, albeit with the strong support of senior managers (McCormack, Manley & Titchen 2013). Action Learning Sets and using questioning techniques are also some of the approaches used by facilitators, as discussed in chapter 3. They help individuals to develop skills in asking critical questions that enable healthcare workers to learn about themselves and their workplace culture and challenge their assumptions about how things work in their environment.

A further mechanism for learning and supporting change processes is active learning, promoted as a central concept of PD methodology. While action learning involves a group of people engaging in critical dialogue and analysis of practice issues in order to develop strategies to resolve areas of contention, active learning is a much

wider concept incorporating learning in the workplace. In common with action learning, active learning incorporates self-reflection and dialogue with others. However, Dewing (2008, p. 273) highlights that active learning also involves ‘engaging in learning activities in the workplace that make use of the senses, multiple intelligences and doing things...together with colleagues and others’. This helps to create a learning culture that is needed to sustain transformative action in healthcare settings (Dewing 2010; McCormack, Dewing, et al. 2009), which was also discussed in chapter 3.

Changing culture

Critical Social Science [theory 3](#) emphasizes the importance of education. Taking the term in its broadest sense, the learning that is encouraged within, and from PD activities, can help people to challenge their own thinking as well as that of others and consider the Transformative Action ([theory 4](#)) that they need to take. The education theory is not about people learning to do things differently in order to get what they want. Rather it is about people’s understanding of themselves and their situation. The theory is also concerned with people wanting different things than previously (Fay 1987). This could be said to be the purpose of developing a shared vision for how the future should look. In healthcare, people often tinker around the edges, they change small things in order to do things in a better way to improve the care delivered to service users. Transformational facilitators work with healthcare practitioners to change mindsets and attitudes so that they fundamentally change the system of healthcare delivery (Henderson & McKillop 2008). In their discussion of person-centredness, McCormack et al. (2015) point out that it is not only the mindset of practitioners which needs to change in order to achieve person-centred care, but that of service users. It is up to practitioners then to work with service users to this end.

Changing workplace culture is not as simple as people learning the reality about themselves and their situation. People may become aware that their work practices,

for example, the ways in which team members interact with and treat each other, are not effective. As highlighted in earlier sections, even though they may recognise that improvements could be made, people may still be reluctant to take action to change the way they behave or the way in which their workplace functions. There could be many reasons for this reluctance. Fay's theories of Tradition [\(6\)](#) and Force [\(7\)](#) highlight the need to address the impact these two elements may have on people's willingness or ability to solve the problems within their society and improve their lives (Fay 1987). Tradition plays a significant role in the way healthcare settings operate. As Fay's sub-theory identifies, it is important to establish which aspects of particular traditions can be changed and which cannot. Facilitators need to create the conditions for people to feel safe in examining the traditions and rituals that exist in their setting and determining which are useful to continue and which should change. These conditions include building a relationship of trust and openness, to encourage honest dialogue and the opportunity to challenge outdated or ineffective practices.

When I reflect on my own facilitation practice, I consider the teams that I have worked with and how, together, we considered the traditions they held dear. One ward team embarked on using PD strategies to improve the way in which the team interacted and collaborated on providing healthcare. Early in their assessment of their workplace practices, the nursing team identified their clinical handover practice to be ineffectual. They came to this realisation through a process of using a Claims, Concerns and Issues strategy (Guba & Lincoln 1989), which I, as an external facilitator, had suggested as a means of discussing, in a safe environment, the positive elements of practice and those which caused concern for people. Despite the majority of the team voicing the way in which they managed handover as a concern, there was a reluctance to let go of their associated traditions. These included providing a written sheet to nurses at the start of each shift, detailing diagnosis and treatment for each service user that individuals then added to in terms of tasks required for the shift. The handover sheet reinforced an approach to care delivery that was task oriented. Nurses were also reluctant to embrace a bedside handover, within the hearing of service users, citing concerns about patient confidentiality. Critical dialogue promoted during several

sessions with the nursing team enabled them to explore their feelings and assumptions about the way in which handover was managed. They also sought feedback from service users and their significant others. Over time, these strategies resulted in a nursing team decision to try out bedside handover, involving service users and their significant others, in the communication process regarding care delivery. In doing this, they retained the tradition of a clinical handover between nurses at the start of each shift but attempted to change the task focus which had previously dominated the process. Although the trial of bedside handover proceeded well, it took some time for nurses to accept the change and discard some of the traditions that were barriers to effective communication.

Power in healthcare settings

Fay's theory of Force brings into play the issue of power dynamics in a workplace, and where the authority and influence reside. Where Fay (1987) uses the word 'force' in [theory 7](#), others understand this to mean power when taken in the context of changing healthcare (McCormack & Titchen 2006). In healthcare settings, there are well-established hierarchies within each of the disciplines involved in service delivery to service users and their significant others. Healthcare practitioners providing care in wards or departments often perceive that the authority to make changes to the workplace rests with senior management. They may feel powerless to address issues even if they are aware of them. In quoting Immanuel Kant (1959), Fay (1987, p. 67) states that 'Kant thought that humans are subjugated in the main because of their uncritical acceptance of the social roles allocated to them'. Fay's view was that people contribute to their own dissatisfaction with the situation they are in by believing that they need to have direction from others, for example people who are perceived to have authority (Fay 1987). Fay further believed that changes people make to their workplace must come about by rational persuasion and reflection and not by force or intimidation. The reality however, in many contexts, is that changes to processes or procedures are often determined by senior managers and the frontline workers are

given little choice about implementing such directives (Roberts 2015). The challenge for facilitators then is to enable healthcare practitioners to reflect on their workplace, to determine how their situation can be improved and to free themselves of the dominance that had previously prevented them taking effective action. This requires that support for such work is obtained from those senior managers perceived to hold the power and that any barriers to procuring such support are identified and addressed (Allan 2007; McCormack, Manley & Titchen 2013).

Enacting CSS theory

McCormack & Titchen (2006) described the PD principles and methods that are used by facilitators who work within a transformational PD framework to enact CSS theory. Examples of this include critiquing and critical dialogue to help healthcare practitioners overcome False Consciousness [\(theory 1\)](#) about their workplace. Use of action learning and high challenge/high support in Education of people, [\(theory 3\)](#), helps them to articulate their craft knowledge and develop new theories about their practice (McCormack & Titchen 2006). Facilitators also enable healthcare practitioners to work out what needs to change to improve their workplace and to create a plan of Transformative Action [\(theory 5\)](#) to make those changes. However, achieving such outcomes is not simply undertaken by the healthcare practitioners who will enact the changes. Facilitators are equally important in this equation. Practice development, as described in chapter 2, is enabled by skilled facilitators. Titchen & McCormack point out that PD is not merely the use of particular tools or methods, rather transformation is brought about 'through the use of self and one's knowing and being, in relationship with others' (Titchen & McCormack 2010, p. 533). This places as much emphasis on the facilitators as on the people they are working with if transformation is to be achieved.

Critical creativity

In their critique of CSS as the theoretical basis of PD, McCormack & Titchen (2006) identified what they saw as a gap. The gap lay in how people in the workplace translated Fay's theories into practice. These authors suggested that what was needed was 'practical activity' (McCormack & Titchen 2006, p. 240) in which people could engage in creative activity that would enable them to achieve the transformative action identified as [theory 5](#) (the Body) by (Fay 1987). McCormack & Titchen (2006) proposed a praxis spiral they called critical creativity as an adjunct to the theory of transformative action. This was suggested as a means by which individuals and teams could identify and change important elements within their workplace that would lead to the creation of person-centred cultures and allow all within the environment to flourish (McCormack & Titchen 2006). Critical creativity involves using all the senses, blending our creative selves with our physical selves and connecting with nature (Titchen et al. 2011). Facilitators incorporate creative approaches in their work with healthcare teams. These approaches provide opportunities for individuals to reflect at a deeper level on their situation, to deconstruct it then reconstruct it in ways that promote new understandings (Titchen et al. 2011). This enables people to develop solutions to, often, challenging issues that need to be addressed.

Creative activities can also assist people in using the wisdom of their bodies to identify and problem-solve issues and to learn more about themselves. Fay's theory of the Body ([theory 5](#)) deals with how people's behaviours and social practices are held within their physical bodies, as much as through cognitive processes (Fay 1987). Individuals' bodies are shaped by the norms and beliefs, about the body, of the societies in which they have been brought up. As Fay himself puts it 'important elements of a society ingrain themselves directly into the way people move, perceive, and feel' (Fay 1987, p. 152). The way that people perceive, and feel can impose limits on them, particularly when they consider they have to behave in a certain way within a society. In healthcare teams, individuals may take on or be allocated roles that hamper their ability to challenge the status quo or act to make positive changes. For example,

new graduate nurses may be seen just as junior practitioners who have a lot to learn about delivering healthcare, rather than encouraging them to share their recent theoretical and evidence-based learning (Chandler 2012; Hazelton et al. 2011). In studies with new graduate nurses undertaken by Chandler (2012) and Hazelton et al. (2011), the new nurses expressed a desire to fit in with the team and valued the social interaction with other nurses. While this can be a positive experience, in less enabling cultures, staff attitudes can result in stifling junior nurses' capacity to question the practices they are exposed to (Dyess & Sherman 2009). Critical creativity can provide a means for people to be able to explore the wisdom of their body and their embodied understanding of the roles, behaviours and practices they adhere to and that may constrict them. This exploration and understanding enables people to change and to flourish within their practice environment (McCormack & Titchen 2006; Titchen & McCormack 2008; Titchen & McCormack 2010).

Personal insights

I stated earlier in this chapter that, in order to be an effective facilitator, I needed to understand the nature and theory of transformation. I suggest that this is true of all facilitators claiming to practice within a transformational framework. This belief formed the basis of my interest in exploring the nature of skilled transformational facilitation. It seemed to me that understanding the theories of Jürgen Habermas and Brian Fay which form the basis of transformational PD enables facilitators to work with the challenges inherent in helping people to alter the way they think about, understand and change their workplace culture. This includes supporting people to become enlightened, i.e. to become aware of the reality of their workplace and to take transformative action, in the face of perceived oppression by others, often those in senior roles. Understanding what enlightenment is may give facilitators a solid basis from which to enable healthcare practitioners to critically analyse their workplace and set future direction. Helping people to be empowered to take agreed actions can be a difficult prospect when power largely rests with one or more small groups of people

within a healthcare organisation. My interest was in how facilitators become skilled in managing the contexts in which they practice and empower themselves to help enable others to become empowered.

Working with the theories of Habermas and Fay to gain a greater understanding of transformational PD methodology has lent strength to my belief that there is potential for transformation of workplace cultures within healthcare. My personal development as a facilitator has taught me the necessity of becoming self-aware, of recognising my true nature and how I am perceived by others. This ties in with [theory 8](#) of CSS, Reflexivity. Developing these traits in myself has enabled me to work with others to cultivate those same traits and learn about themselves, also advocated by Revans (1982) as being vital to improving practice. This reflexivity has allowed me to clarify my personal values and beliefs and integrate those into my facilitation practice. A significant moment for me, early in my facilitation practice, was participating in an Action Learning Set with a group of colleagues with the intent of improving our facilitation skills. On one occasion, I presented an issue from my practice that I thought was quite simple and straightforward, related to the challenge I was facing in engaging with a particular group of practitioners. I still remember the feeling of shock that I experienced when the critical questions asked of me brought me to the realisation that my 'presentation' had included several issues, rather than one and my prevailing attitude was how to get people to engage with me. In other words, I was persisting in working with people in ways that focused on approaches I thought were needed, rather than uncovering what was important to them. I would like to say that this experience made me change my ways of working and that I never took a technical approach with practitioners thereafter. The reality, however, as I highlighted in my personal context, in chapter 1, was that I did slip back into old ways of working at times. It took considerable critical reflection with other people and feedback to enable me to let go of traditions I had clung to and transform my own way of thinking and behaving. The experience of the Action Learning Set fostered in me the quality of actively listening to practitioners as I worked with them and encouraging them to reflect on the assumptions underpinning their own thought patterns and practice.

Working with other facilitators and having informal conversations with them led me to believe that PD facilitators invest in the idea that people can transform themselves and their situation. However, my increasing understanding of CSS led me to question whether this was in fact always true. The theory of False Consciousness ([theory 1](#)) may apply equally to facilitators as to the people they work with. Although PD facilitators generally say they believe in transformation, is this actually the reality of their practice? I became interested in investigating how facilitators understand transformational facilitation and how they practice. This included whether facilitators' personal values and beliefs linked to transformation and, if so, how do they transform themselves? I engaged in this research to try to get at the heart of facilitators' practice, including how they build their own understanding of themselves in order to help others with their self-understandings.

My positioning as a researcher

I recognised that my firsthand experiences as a facilitator had started to give me some insights into the concepts outlined above and had made me curious to learn more. I wanted to explore them in more depth, but I realised that my engagement with facilitation over a number of years meant that I was not wholly objective in approaching the research topic. I was clear that I did not have a preconceived idea of the outcome of the research, rather that my research would be an exploration of the perceptions of facilitation held by facilitators and their beliefs about transformation, their own and that of others. Examination of my personal values determined that I believe the best way to find out about a person's reality is to talk with them. Within the research, this would take the form of critical questioning and dialogue with facilitators, approaches that I use in my own facilitation practice. My experience over several years as a facilitator is that assumptions I have made about people and the way they think or behave are often groundless. When I talk with a person, I find out who they are and what they believe. These conversations challenge me to change my thinking about individuals and to see reality from their perspective. In other words, I

was keen to take a person-centred approach to my research that would value the participants and seek their views about facilitation in a non-judgmental fashion (McCormack & McCance 2017a). This epistemological view placed emphasis on my interacting with research participants in ways that would allow me to establish their view of the reality of being a facilitator without bringing my own biases and perspectives to bear. I hold personal values of interacting with individuals in ways that are inclusive and to engage authentically with people, so it was important that the way in which I undertook this research study reflected those values.

As I was becoming a more competent facilitator in practice and was working with other people on developing their facilitation skills, I realised that I could not clearly articulate what skilled transformational facilitation is. I knew people who were expert facilitators – I had seen them facilitate and I had been impressed by what they did and the results they got. I knew that I left a session, facilitated by one or more of these people, feeling energized and enthusiastic. I tried to copy what they did, but I now know that I could not copy them in an authentic way because I could not know what they were thinking while they were facilitating. This led me to the current research of exploring the nature of transformational facilitation, what that means and how facilitators become skilled in working with healthcare practitioners to transform their workplace culture.

Chapter summary

This chapter has provided the philosophical basis for the research reported within this thesis. I have provided detail of my positioning as a facilitator and as a researcher, as well as the philosophical and theoretical underpinning of transformative change. It is clear that healthcare needs to discard the oppressive behaviours and structures that prevent person-centred practice and the development of cultures in which service users and practitioners alike can thrive. The ultimate outcome of Habermas' Theory of Communicative Action (Habermas 1984, 1989) and Fay's Critical Social Science (Fay

1987) is emancipation, freedom from the domination of ineffective cultures and disparate values. Education, in its broadest sense, plays a significant role in this, in terms of being a vehicle for people to learn, reflect critically on the prevailing culture and feel able to take action to change their situation.

In order to achieve such transformative action, practitioners need to be supported by skilled facilitators who can walk alongside them and support them in the challenge of changing their workplace culture. However, I propose that the nature of skilled facilitation is not clear; rather it is a nebulous concept, one that is not easy to define. People talk about seeing skilled facilitation in action, but this is a subjective assessment by individuals and as it involves a facilitator's inner experience, is not directly measurable or readily observable - it is tacit in nature. For this reason, exploring the topic of facilitation required a qualitative, interpretive approach. In the next chapter, I explain the use of the Constructivist paradigm as being the most suitable to undertake the research contained within this thesis. The use of Naturalistic Inquiry as the methodology to guide my research is explored fully in the next chapter, along with the methods used for the study.

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Chapter 5: Research methodology and methods

In this chapter, I explain why I chose the Constructivist worldview as my research paradigm, and within that, why I used aspects of Naturalistic Inquiry (Lincoln & Guba 1985) to guide the methods used in the study. I explain the methods used to recruit participants, collect and analyse data and the reasons for the choices of these methods. I also explore the ethical considerations taken into account during the study. Finally, I use the criteria for trustworthiness described by Lincoln & Guba (1985) to establish rigor within the research.

The questions that this research aimed to address, as stated in chapter 1, were:

1. What do practice development facilitators working in healthcare understand by transformational facilitation?
2. How do healthcare professionals become skilled transformational facilitators?

In determining a research paradigm and methodological approach, I took account of my personal values and beliefs, outlined in the section on *my positioning as a researcher* in chapter 4, and what I wanted to achieve in addressing these questions. I needed to choose a research approach that would enable me to explore facilitators' thinking about their own knowledge and their practice, in order to get at the heart of what skilled transformational facilitation is and to learn about how these facilitators developed expertise. I determined that a qualitative investigation would be the most suitable for my research because this approach seeks to explore topics and to understand perspectives (Hoe & Hoare 2012). Using qualitative research is also appropriate where the researcher believes that human beings are complex, bring unique meaning to their lives, shaping their own experiences and that truth is subjective (Polit & Beck 2006; Schneider et al. 2003). These were all traits that can be applied to facilitators. I expected that facilitators' practice would be shaped by their

experiences, both as a person and a professional, therefore making their views unique to them.

Constructivism

Constructivists believe that people create (construct) their own realities to make sense of experience (Schwandt 2007) or use social interaction to construct knowledge and experience (Costantino 2008). As I reviewed relevant literature and engaged in reflexive conversations with other facilitators, it became apparent to me that I did not understand the nature of skilled facilitation and how it was enacted within the realities of individual facilitators. Denicolo, Long & Bradley-Cole (2016) highlight that understanding why people behave in a certain way in the Constructivist worldview involves an exploratory approach and being open to any explanation that arises. Researchers using the Constructivist paradigm align with a subjective, relativist ontological position because relativism claims that people individually define their own 'truths' which are unique to them (Easterby-Smith, Lowe & Thorpe 2002). They take the stance that, because individuals construct reality, there are as many realities as there are individuals. Facilitators construct their realities based on the context and society in which they exist. As new experiences occur and new knowledge is gained, facilitators reflect and assimilate these into their current thinking (Yilmaz 2008). These were aspects of facilitators' practice that I wanted to explore, how they made sense of their experiences and how they incorporated these into their practice.

Constructivists do not claim to know what individuals' realities are, they consider that people are the best source of information about their lives and endeavour to find this out by interacting with research participants (Denicolo, Long & Bradley-Cole 2016). In the Constructivist worldview, the researcher interacts with the research participants to create the findings, opting for interactive methods of collecting data (Mertens 2015). This means that such researchers tend to use qualitative methods of collecting data, such as interviews, observation, use of artifacts and documents. My intention, in

this research, was to find out from facilitators their perspectives on their knowledge, practice and development in the field of transformational facilitation. I aimed to bring together these diverse perspectives to create an in-depth understanding of this topic, which is consistent with the interpretive nature of Constructivist research (Crotty 1998; Giacomini 2010).

Yvonna Lincoln, Egon Guba and Norman Denzin are credited with being instrumental in developing the Constructivist paradigm as a means of research inquiry. Within this paradigm, Naturalistic Inquiry as a methodological approach was proposed by Lincoln & Guba (1985). I used aspects of Naturalistic Inquiry to guide the methods in a way that was consistent with the Constructivist worldview and my positioning as a researcher.

Naturalistic Inquiry

Naturalistic Inquiry draws on the Constructivist approach in enabling the exploration of phenomena and acknowledging that reality is subjective, existing within the minds of individuals (Awty, Welch & Kuhn 2010; Lincoln & Guba 1985). Researchers have used Naturalistic Inquiry in, for example, e-learning research (Agostinho 2005) and exploration of novice experiences in academia (Anderson 2009; Anibas, Hanson Brenner & Zorn 2009). Such methodology does not rely on a priori theories to guide the study, rather it deals in the reality of the participants and allows for the focus and boundaries of the work to be continually refined as new information emerges (Lincoln & Guba 1985).

The aim of Naturalistic Inquiry is 'to understand peoples' constructed meaning of truth and reality' (Awty, Welch & Kuhn 2010, p. 106). This aim was commensurate with my intention in undertaking this research. The five axioms underpinning Naturalistic Inquiry demonstrate its embedding within a Constructivist worldview. In the first two axioms, Lincoln & Guba (1985, pp. 37-38) outlined the ontological perspective of

Naturalistic Inquiry as ‘realities are multiple, constructed and holistic’ and epistemologically, ‘the knower and known are interactive, inseparable’. Ontologically, this aligns with facilitators constructing their own reality based on everything that they know, learn and experience both personally and within their professional context. By exploring these realities, I expected to reach a level of understanding about them and to be able to construct a picture of skilled facilitation.

The epistemological stance of axiom 2, that the ‘knower and known are interactive, inseparable’ (Lincoln & Guba 1985, p. 37) refers to the researcher and participant relationship (McInnes et al. 2017). The use of qualitative methods of data collection such as interviews, necessitates an interaction between researcher and participant. This interaction is shaped by the questions posed by the researcher but is also shaped by the answers of the participant. Each interview also influences subsequent interviews in terms of emerging issues to explore. During my interactions with participants, we influenced each other in relation to the direction that interviews took and the way in which concepts were explored.

The third axiom, referring to the possibility of generalisation, contends that only ‘time- and context-bound working hypotheses (idiographic statements) are possible’ (Lincoln & Guba 1985, p. 37). This infers that the findings of a Naturalistic Inquiry cannot be generalised to the population, in the way that the results of a scientific experiment might be. Phenomena studied using this approach cannot be separated from the context in which they are experienced. Idiographic interpretation does, however, answer the purpose of understanding or making explicit the meaning experienced in a situation (Lincoln & Guba 1985). Transferability of findings can only occur after assessing each case individually, and judgement of transferability rests with those wishing to apply the findings (Lincoln & Guba 1985; McInnes et al. 2017).

The possibility of causal linkages forms the fourth axiom which provides that ‘all entities are in a state of mutual simultaneous shaping, so that it is impossible to distinguish causes from effects’ (Lincoln & Guba 1985, p. 38). The information arising

from interactions between myself and each of the participants in this research shaped interactions with subsequent participants and the picture that was building of the topic being studied. The direction that each interview took depended on the participant involved and what they considered important to discuss.

Finally, Lincoln & Guba (1985, p. 38) state that the 'inquiry is value-bound'. They maintain that there are at least five corollaries which capture the influence of values on the inquiry:

- My values, as the researcher, influenced the choice of the research topic and the way in which the topic was framed
- My choice of the Constructivist worldview influenced the way in which I conducted the research
- My choice of Naturalistic Inquiry influenced the way in which I collected and analysed data and interpreted my findings
- The research was influenced by the values inherent in the context of the interviews with participants

The fifth corollary maintains that in order for an inquiry to be meaningful, the four corollaries set out above must display congruence, what Lincoln & Guba (1985, p. 38) call 'value-resonance'.

While the five axioms situate Naturalistic Inquiry within the Constructivist paradigm, it is characteristics that Lincoln & Guba (1985) went on to describe which formed the methodology for my research. These characteristics ([Table 4](#)) guided the methods and processes used to conduct this study. The characteristics have their basis in the five axioms described above. Table 4 outlines briefly how the characteristics were operationalised in my study. They are discussed further in relevant sections in the remainder of the chapter.

Table 4: Characteristics of Naturalistic Inquiry guiding the research

(Lincoln & Guba 1985, pp. 39-43)

Characteristic	Operationalised in my study
<ul style="list-style-type: none"> • Human instrument <i>The Naturalist (N) elects to use him or herself as well as other humans as the primary data-gathering instruments</i> 	I, as the researcher, collected data from other people, i.e. practice development facilitators using in-depth semi structured interviews
<ul style="list-style-type: none"> • Utilization of tacit knowledge <i>N argues for the legitimation of tacit knowledge in addition to propositional knowledge</i> 	My personal body of knowledge shaped the way in which I framed the research questions, and chose a theoretical approach, methodology and methods. My tacit knowledge was also evident in the understanding I gained from each interaction during data collection which helped to inform future interactions. There was a recognised need to draw out participants' tacit knowledge as a means of creating a greater understanding of the topic
<ul style="list-style-type: none"> • Qualitative methods <i>N elects qualitative methods over quantitative (although not exclusively) because they are more adaptable to dealing with multiple realities</i> 	I used qualitative methods in collecting and analysing data
<ul style="list-style-type: none"> • Purposive sampling <i>N is likely to eschew random or representative sampling in favour of purposive or theoretical sampling because he or she thereby increases the scope or range of data exposed</i> 	I used purposive sampling to identify potential participants, recruiting facilitators with a wide range of skill and experiences in a variety of countries (see section on Sample and sampling for further details)
<ul style="list-style-type: none"> • Inductive data analysis <i>N prefers inductive (to deductive) analysis because that process is more likely to identify the multiple realities to be found in those data</i> 	I started analysing data from the time that I engaged in the first interview with a participant, drawing out ideas that I built on as interviews progressed. I used thematic analysis to build a holistic picture of facilitation and facilitator development as understood by participants. Detail of the process used can be found in the Data Analysis section later in this chapter

Characteristic	Operationalised in my study
<ul style="list-style-type: none"> • Emergent design <i>N elects to allow the research design to emerge rather than to construct it a priori because it is inconceivable that enough could be known ahead of time about the many multiple realities to devise the design adequately</i> 	<p>The research was conducted in stages as the design evolved over the course of the study. This allowed the topic to be explored in increasing depth</p>
<ul style="list-style-type: none"> • Negotiated outcomes <i>N prefers to negotiate meanings and interpretations with the human sources from which the data have chiefly been drawn because it is their constructions of reality that the inquirer seeks to reconstruct</i> 	<p>There was opportunity for participants in the first stage of the research to comment on preliminary themes and sub-themes. The second stage invited participants to explore and build upon the preliminary themes and sub-themes in order to provide greater depth on the topic, testing out preliminary themes that had emerged in the first stage of the study</p>
<ul style="list-style-type: none"> • Idiographic interpretation <i>N is inclined to interpret data (including the drawing of conclusions) idiographically (in terms of the particulars of the case) rather than nomothetically (in terms of law like generalizations) because different interpretations are likely to be meaningful for different realities</i> 	<p>While common themes were identified within the data provided by participants, the study acknowledges the uniqueness of individual journeys of development and individualities of facilitation practice</p>
<ul style="list-style-type: none"> • Tentative application <i>N is likely to be tentative about making broad application of the findings because realities are multiple and different</i> 	<p>The study acknowledges the influence of context on individual facilitation practice and development while providing some commonalities that facilitators can draw on in considering their own practice</p>
<ul style="list-style-type: none"> • Focus-determined boundaries <i>N is likely to set boundaries to the inquiry on the basis of emergent focus because that permits the multiple realities to define the focus (rather than inquirer preconceptions)</i> 	<p>Data collection and simultaneous data analysis allowed the exploration of key concepts of the topic to be led by what was identified as important by participants</p>
<ul style="list-style-type: none"> • Special criteria for trustworthiness <i>Criteria relate to credibility, transferability, dependability and confirmability</i> 	<p>Criteria for trustworthiness were considered throughout the research study process. These are explored in the section on <i>Ensuring rigor in the research</i> later in this chapter</p>

Data collection methods

It can be seen from the characteristics listed in Table 4 that Naturalistic Inquiry identifies data collection methods are generally qualitative. In addition, human instruments are the most appropriate means of data collection as opposed to those considered more objective, such as questionnaires. It is contended that only the human instrument, being the researcher, can deal with the indeterminate situation that understanding multiple realities entails (Tullis Owen 2008). This study used in-depth interviews to establish the multiple perspectives of facilitators who identified themselves as using transformational practice development (PD) approaches in their practice. The use of a human instrument, i.e. me, as the researcher, allowed me to adapt to the situation and be responsive to cues during interviews, thus enabling the participants to be interactive rather than passive research subjects. This responsiveness and adaptability provided opportunity for me to clarify information, test out ideas and summarise what I was hearing, on the spot. I promoted interviews as an interactive dialogue in which I and the participants explored their perceptions of skilled transformational facilitation and facilitator development.

The ontological basis of Naturalistic Inquiry determines that the design cannot be developed only on one construction, i.e. that of the researcher. The tacit knowledge that I brought to the research helped to shape the initial investigation, and this became more focused as I gained insights from participants. The direction the research would take was not set a priori, rather the design emerged, enabled by continuous data analysis from the beginning of the inquiry. This informed ongoing data collection in terms of questions or gaps that were explored with future participants (Lincoln & Guba 1985). As I collected data, I began to develop some ideas about what was emerging (Robertson 2007).

The research design in this study ultimately evolved into two stages. In the first stage, participants located in Australia and New Zealand engaged in interviews to

uncover their understanding of transformational facilitation and development of facilitators. The second stage of the research was undertaken 12 months after the first stage, with participants located in Europe, and was used to explore in more depth, and test out, preliminary themes gleaned from stage 1. This two-stage approach was in keeping with one of the characteristics of Naturalistic Inquiry being emergent design and was consistent with the tasks described by Athens (2010) in undertaking a naturalistic study. This author outlined these tasks as being exploring, inspection and confirmation.

Exploring involves gathering first-hand knowledge about a 'problem' in order to define the problem and then describe it using information gained from, for example, in-depth interviews (Athens 2010). I explored the topic of this research using my first-hand knowledge of facilitation, a literature review of facilitation and facilitators as well as in-depth interviews undertaken in stage 1 of the study. Inspection incorporates analysis of interview notes and constructing 'well-defined and developed concepts from your initial rudimentary ideas' (Athens 2010, p. 95). It also includes establishing connections between the concepts. In this study, I achieved inspection by analysing stage 1 data, determining preliminary themes and sub-themes then refining these and discovering linkages and connections. The third task outlined by Athens (2010, p. 97) involves what he calls 'preliminary testing'. The second stage of this study was a form of preliminary testing in exploring the concepts gleaned from stage 1 data in more depth, confirming the themes that had been obtained and building further on the ideas.

Sample and sampling procedures

The use of purposive sampling is recommended within Naturalistic Inquiry to recruit participants who can provide in-depth and rich information that is relevant to the purpose of the research (Milne & Oberle 2005; Sandelowski 2010). Sampling in this way is needed to obtain a cohort of participants that are knowledgeable about the

topic being studied and who will be able to provide information that will help to answer the research questions (Erlandson et al. 1993; Patton 2002). It is also suggested that the informant group recruited be diverse so that the topic can be explored across a wide range of cases (Sandelowski 1995).

Purposeful sampling was used in this study to recruit participants who were facilitators actively engaged in facilitating transformational PD; and/or involved in advancing theory relating to the topic being researched; and/or involved in supporting the development of other facilitators. The sample, across the two study stages, contained facilitators with a wide range of experience and skill level. They were located in several countries covering both the Northern and Southern hemispheres of the globe.

Sampling for the first stage of the research was designed to recruit a heterogeneous group which Patton (2002) refers to as maximum variation sampling. This allows for identification of 'essential features and variable features of a phenomena as experienced by diverse stakeholders among varied contexts' (Suri 2011, p. 67). Recruitment, in this first stage, was via invitation to a network of PD facilitators and snowball sampling technique (Lincoln & Guba 1985; Polit & Beck 2006; Schneider et al. 2003). These strategies are discussed further in the section on **Recruitment** later in this chapter.

In the first stage of the research, I engaged with facilitators of transformational PD in Australia and New Zealand who had a diverse range of experience and skills. This initial geographical setting was chosen as it was local to my practice setting so it was a feasible option for the study in terms of travel and access to participants (Erlandson et al. 1993). Participants could be facilitators of culture change within their organisation or facilitators of structured programs underpinned by transformational PD, such as the NSW State-wide Essentials of Care program (a framework that supports development and ongoing evaluation of patient care and practice)

<http://www.health.nsw.gov.au/nursing/projects/Pages/eoc.aspx>. Facilitators could

also be at a more advanced level, operating across multiple contexts for example, working with several departments in one organisation or with multiple organisations. The recruitment pool included individuals who were involved in supporting the development of less experienced facilitators.

The second stage of the research targeted expert facilitators who were members of the International Practice Development Collaborative (IPDC) and who were attending the Enhancing Practice 14 conference in Toronto or who resided in the UK. The IPDC represents a collaboration between practice developers and researchers on three continents - Australia, Europe and North America (McCormack, Manley & Titchen 2013). Information available on the Foundation of Nursing Studies website provides the vision of the IPDC as 'working together to grow evidence and capability to support people undertaking practice development in health and social care'

<https://www.fons.org/library/journal-about-ipdc>

The IPDC oversees four pillars of work in meeting their vision:

- Practice development schools – discussed as one mechanism for development of facilitators in chapter 3
- Online journal – the International Practice Development Journal which I hand-searched for papers contributing to the literature review in chapter 3
- Conferences – such as Enhancing Practice 14 which was a source of recruitment for facilitators in stage 2 of this research as stated above
- Symposia - I hope to present the findings of this research at Enhancing Practice 18 (abstract accepted) and at a local symposium in Wollongong, Australia later in 2018.

The IPDC's international conference is held every two years and is generally attended by delegates from a range of countries including several European countries, Australia, New Zealand and North America. In 2014, I was a delegate at the conference held in Toronto, Canada 24-26 September. Engaging with this group of facilitators in stage 2 allowed me to take advantage of their considerable body of knowledge and experience in transformational PD and facilitation, as well as the diverse contexts in

which they practiced. Patton (2002, p. 235) refers to this as a homogenous sample, 'the purpose of which is to describe some particular subgroup in depth'. This stage also broadened the scope of the research to take account of an international landscape. I considered that these participants would add richness to the information provided by participants in the first stage and enable a deeper exploration of preliminary themes and sub-themes.

Sample size

Sample size in qualitative research varies and data saturation is often quoted as the point at which data collection in such research stops (Polit & Beck 2006; Schneider et al. 2003). Saturation is considered to be reached when data do not add anything new to what has already been discovered (Milne & Oberle 2005), which Charmaz (2005) refers to as data sufficiency. Data saturation is not just about the number of participants in a study. It is also related to the type of sampling technique used, the research questions being addressed and the quality of the data obtained (Byrne 2001). Analysing data as it is collected, as I did in this research, can make it obvious when participants are reiterating ideas already stated by those interviewed earlier in the study (Cleary, Horsfall & Hayter 2014).

However, there is ongoing debate in the literature as to whether quoting data saturation is appropriate in all forms of qualitative research. O'Reilly & Parker (2013) argue that, while the concept of saturation as a means of justifying sample size has become a gold standard for qualitative researchers, it is problematic to take a one size fits all approach, given the diversity of qualitative methodologies used in studies. These authors point out that data saturation is a concept which first appeared in grounded theory but which has been appropriated by researchers using a variety of qualitative methodologies (O'Reilly & Parker 2013). In their exploration of this topic the authors refer to Morse and Field's work that appropriateness and adequacy guide sampling in qualitative studies (O'Reilly & Parker 2013). Meanwhile, in an editorial

written by Morse in 1995, she states that 'researchers cease data collection when they have enough data to build a comprehensive and convincing theory' (Morse 1995, p. 148).

In the case of interviews, there is a mixture of views in the literature regarding the 'right' number that are needed to reach the point of saturation. Guest, Bunce & Johnson (2006) documented the progress of thematic analysis of 60 in-depth interviews from one of their research studies to try to establish when data saturation was reached. They found it was predominantly achieved after 12 interviews had been completed (Guest, Bunce & Johnson 2006). In 2010, principles were suggested to guide determination of data saturation within interviews. These principles suggested using an initial sample size of 10, then applying a stopping criterion to determine when enough interviews have been conducted. The stopping criterion is met when there are three consecutive interviews that add no additional material, therefore the sample size would be at least 13, but could be higher (Francis et al. 2010). However, the guidance of these authors could result in a rather prescriptive approach to sampling within qualitative studies that may not provide the breadth and quality of findings needed to answer the purpose of the research undertaken.

Within the Naturalistic Inquiry approach it is recommended that data collection continue until redundancy is reached, in other words until the maximum has been learned and there is no new information gained that contributes to the research aims (Awty, Welch & Kuhn 2010; Lincoln & Guba 1985; Patton 2002). I did not apply stopping criteria in this study, rather interviews were conducted with all those who expressed interest in participation. In the first stage of the research, 14 people initially expressed interest in participation when contacted. The snowball sampling aspect of the study stage then added one further participant. This gave a total sample size of 15, in the initial stage of the research. There was no new information obtained following interview number 11. Subsequent interviews raised similar ideas as the first 11 interviews, and I considered that this data built a comprehensive picture of facilitation and development of facilitators.

I determined that the sample for interview participants in the second stage of the research would include any member of the IPDC who expressed an interest in being interviewed. As these interviews were building on the preliminary themes identified in the first stage, testing and exploring them in more depth, I determined that once I commenced the interviews, I would establish whether new information (that had not been present in the first stage interviews) emerged. In this case, data collection via individual interviews would need to continue until no additional information was forthcoming. Seven individuals agreed to participate in the second stage. Although these participants talked in different ways about facilitation practice and development of facilitators compared to many participants in the first stage, there were no new concepts raised.

Marshall (1996, p. 523) states that 'an appropriate sample size for a qualitative study is one that adequately answers the research question'. I was confident that I had amassed enough data with the sample of participants who engaged in interviews across the two stages, a total of 22 individuals, to create a comprehensive and convincing picture of facilitation, practice of facilitators and development of expertise that answered my research questions. This was obvious during my analysis of interviews in stage 2 as continuing data collection served to replicate the information in the themes and sub-themes identified, enhancing them and providing completeness of the concepts identified (Bowen 2008).

Recruitment of participants

First stage of the research

Recruitment was via email communication to individuals who were part of a network of PD facilitators known to my supervisors with an invitation to consider participation in the study ([Appendix 1](#)). An email expression of interest was sent by a third party, who was neither involved nor interested in the outcome of the study, to

the list of identified PD facilitators. The email invitation included the following documents as attachments:

1. A letter of invitation ([Appendix 2](#))
2. An information sheet about the study ([Appendix 3](#))
3. A consent form ([Appendix 4](#))
4. The self-reflection proforma developed for the study ([Appendix 5](#))

The information sheet outlined that participants could choose to be involved in up to three aspects of the study, these being:

- *Completing a self-reflection*
- *Participating in a subsequent interview*
- *Providing feedback on key themes identified from analysis of self-reflection and interview data*

Individuals were asked to sign the consent form if they were interested in participating in the study and to return the self-reflection proforma within two weeks. This timeframe was chosen in order that the self-reflections received could be reviewed prior to commencing interviews. The proforma was not designed using any particular model of reflection, rather it provided general questions regarding facilitation style, practice and influences on development ([Appendix 5](#)). Information gathered from participants' self-reflection was only used in the design of interview questions. The completed proformas did not form part of the data set analysed for this research. As part of snowball sampling, potential participants were asked to forward the email invitation to other transformational PD facilitators whom they considered might be interested in participating in the study.

Second stage of the research

A letter of invitation briefly outlining the study was sent to the Chair of the IPDC meeting which was held prior to the conference with a request to send the invitation, including an information sheet ([Appendix 6](#)), to IPDC members. The members included

two representatives from each of the 10 partner organisations. The letter invited interested individuals to contact me to express interest in engaging in an interview before or during Enhancing Practice 14 in Toronto. I also offered the option of conducting interviews immediately after the conference in the United Kingdom during my visit there. I identified that a mutually convenient time and location would be arranged. I asked each participant to sign a consent form ([Appendix 7](#)) prior to commencing the interview, after clarifying the purpose of the study and the interview process.

Interviews

In keeping with the tenets of Naturalistic Inquiry, data collection for this study involved in-depth interviews with a range of PD facilitators globally as described above. Interviews in a Naturalistic Inquiry tend to be a dialogue between the researcher and participant to explore the topic under study with the traditional relationship of interviewer and interviewee becoming, instead, narrator and listener (Chase 2005). This held true for my study, with interviews being a dialogue between myself and participants in order to explore facilitation and facilitators as fully as possible.

In-depth interviews with participants were semi-structured. According to Boyce & Neale, in-depth interviews involve 'conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation' (Boyce & Neale 2006, p. 3). The technique is useful for exploring a topic in some depth with respondents (Boyce & Neale 2006; Cook 2008). Using semi-structured interviews allowed me to use a set of basic questions and issues for exploration ([Appendix 8](#)), without pre-determining the order or exact wording of questions (Cook 2008; Dearnley 2005; Erlandson et al. 1993). My immersion in the field of PD and facilitation provided a platform for interacting with participants from an informed position, whilst not having a pre-conceived idea of the information that would be imparted. It was important to acknowledge my knowledge of the topic as, in

Naturalistic Inquiry, it is argued that tacit knowledge will influence every investigation and should be embraced as part of the inquiry (Robertson 2007). Whilst my tacit knowledge was important in designing the study, there was an inherent risk that it would influence participants' narratives and interpretation of findings. I used strategies such as careful and active listening during interviews to hear participants' accounts of their practice as well as peer review and debriefing throughout the process of theming data. These strategies are discussed in more detail in the section on **credibility** later in this chapter.

The average length of time taken for each interview was 60 minutes and was audio-recorded, with the participant's consent. The purpose of audio-recording was so that I could actively listen to and interact with participants and was not unduly distracted by needing to make a written record of the interview (Easton, McComish & Greenberg 2000; Irvine, Drew & Sainsbury 2013).

First stage interviews

My interactions with participants included exploring their perceptions and ideas about the nature of skilled transformational facilitation and what is involved in becoming a skilled facilitator. I conducted face-to-face interviews in a location convenient to them and started the interview with a broad question regarding the meaning of transformational facilitation for that person. While a schedule of interview questions was used to guide interviews, further questions and direction of the interview were dictated by the participant's responses (Erlandson et al. 1993; Lincoln & Guba 1985; Schneider et al. 2003).

Interviews incorporated questions about the participant's understanding of transformational facilitation and their own development, including development goals. Areas that were covered during the interview included:

- *How people gain skills and knowledge as PD facilitators*
- *What is experienced by people in applying those skills and knowledge to their facilitation and in their clinical practice*
- *What strategies and learning opportunities facilitators use to develop*
- *What development goals facilitators set for themselves over time*
- *The challenges to developing self and others as facilitators*
- *How context influences people's facilitation*

Where it was appropriate, participants were asked to reflect on their practice as a facilitator and, if they chose, to talk about examples of the following situations:

- *A situation they were facilitating that worked really well*
- *A situation they were facilitating that pushed them beyond what they thought they were capable of*
- *A situation they were facilitating that didn't work so well*

The full schedule of questions that guided interviews during this stage of the research can be found in [Appendix 8](#).

I invited people at the end of their interview to capture their key messages about skilled facilitation and their development as facilitators. The purpose of this was to provide an opportunity for each participant to sum up what they thought was most important about the topic. Participants captured these in a way that was meaningful to them. I provided a sketch pad, pens, postcards and craft materials to facilitate the capture of their key messages. The strength of this approach was that participants determined the key points that they felt needed to be captured about skilled facilitation and their development as facilitators. Participants could also choose not to engage in this aspect if they considered that the interview had encapsulated these elements. This was in line with the Naturalistic Inquiry principle of co-creating findings with participants. Six participants did not take up this invitation while the remaining nine chose a variety of options for capturing key messages. One person summed up

their key messages verbally at the end of the interview. Five people used craft materials which I had provided and two of these individuals spent a few minutes longer with me explaining what they had put on paper. These explanations became part of their interview transcript. Three people emailed me a creative representation of their key messages (drawing or combination of words and drawing) after the interview and one of these people sent, in addition to their creative representation, an explanation of that.

Initially I considered that I would analyse these key messages as a separate data set. However, as I reviewed key messages from individual participants, I realised that they were an integral part of each person's interview, building on the stories individuals had told. Therefore, it was more appropriate to include key messages in the interview data set and they were analysed as part of the interview data from each individual.

Second stage interviews

In-depth interviews with participants who agreed to be involved in the second stage of the research were structured differently to those in stage 1. In this second stage, I was aiming to broaden the context of the study beyond Australia/New Zealand and explore in more depth the preliminary concepts emerging from data collected in the first stage. Therefore, I commenced each interview with a discussion of the preliminary themes that had been identified as a result of data analysis in stage 1. The purpose of sharing these preliminary themes was to test out with stage 2 participants whether the themes resonated with them and could be made sense of in light of their personal experiences. The interview then critically explored each participant's views of the preliminary themes discussed; both elements that related to their practice as facilitators and identifying any gaps that existed. As Naturalistic Inquiry methods advocate, this enabled me to discuss and clarify concepts as they arose and to test out ideas from early interviews in those which followed (Lincoln & Guba 1985). In both

stages of the study, being flexible with the way in which questions were asked, allowing questions to emerge from participants' responses, enabled the conversation to flow in a direction that suited individuals. This was in line with the principle of data collection being an interactive dialogue between researcher and participants. As I heard the story of each participant, the material that was emerging was used to inform my interaction with the next participant.

In stage 2, four participants engaged in face-to-face interviews in a convenient location at or near the conference venue in Canada. Three interviews were recorded with participants in the UK, in a location convenient for them.

Data analysis

When analysing data gathered in a Constructivist research study, the researcher takes an inductive approach, rather than a deductive one. According to Lincoln & Guba (1985, p. 40), in their description of the characteristics of Naturalistic Inquiry, this 'process is more likely to identify the multiple realities to be found' (in the data). In the present study, the data obtained from interviews were analysed to create themes and sub-themes. The themes served to build a holistic picture of facilitation and facilitator development as understood by the participants. The sub-themes provided detail and explication from the empirical data in reporting themes (Gill & Johnson 2010). Thus, the Constructivist allows the data to lead them, without any preconceived ideas about what they are going to find. This type of research often generates a significant amount of narrative data which the researcher must then make sense of and interpret to create an understanding of their topic that is true to the meanings created by the participants and shared with the researcher.

In order to analyse the data, I used transcripts of the interviews as well as referring to the recordings. Interviews were transcribed directly from the audio-recordings. I transcribed the first three interviews, but realised that the time involved required me

to seek assistance with this element of the study. It is estimated that each hour of recorded interview requires between 5 and 7 hours of transcription (Dearnley 2005; Halcomb & Davidson 2006), while Sandelowski (1994) highlights that an experienced typist will transcribe an interview in about 3½ hours. I found that transcribing one of my research interviews took 8-10 hours and I therefore decided to employ the services of a professional transcriber. This allowed me to focus on continuing to interview participants while also beginning analysis, as data was transcribed in a timely manner. I had not identified participants in the recordings by name, rather stating a number for each interview, nor was there any discussion of demographic data that could have been identifiable. This protected the confidentiality of participants (see the *Ethical considerations* section later in this chapter for further detail of maintaining confidentiality). It is recommended that researchers ensure accuracy of transcripts, particularly when this task is undertaken by another person (Easton, McComish & Greenberg 2000; Halcomb & Davidson 2006; Rosenthal 2016). Prior to beginning analysis, I read each transcript while listening to the relevant recording. In this way, I was able to check the accuracy of the transcripts and correct any errors. There were not many errors in the transcriptions, those that existed related mainly to language used in describing PD activities, such as the names of tools and processes used like Claims, Concerns, Issues or values clarification.

In keeping with Naturalistic Inquiry, I commenced data analysis from the time of the first data collection so that I could make sense of the data as I continued to engage in interviews with participants (Fereday & Muir-Cochrane 2006; Liamputtong 2009; Semple & McCance 2010). This enabled the analysis to shape further data collection, just as each interview added to and shaped the analysis. My intention was to provide a thick description of the study findings as advocated within Naturalistic Inquiry research (Lincoln & Guba 1985; Robertson 2007). In order to provide a thick description, I used thematic analysis as a process for deriving meaning from interview data. This type of analysis, according to Braun & Clarke, is appropriate in constructivist research and can 'potentially provide a rich and detailed, yet complex, account of data' (Braun & Clarke

2006, p. 78). In analysing data, I followed the phases identified by Braun & Clarke (2006), in their guide to undertaking thematic analysis.

Phase 1: Immersion in the data

- I listened to the audio-recording of each participant's interview along with reading and re-reading the transcript of each interview, noting ideas that were present
- I studied the key messages captured by participants during the stage 1 interviews

Phase 2: Coding

- This led to labelling or naming chunks of data which represented recurring ideas (Rosenthal 2016)
- I used the approach of Saldana (2009) which suggests using the question "what strikes me?" when studying the data
- I used terms or names that participants employed in their accounts ('in vivo' codes) in coding data
- I collated data in each code across the data set

Phase 3: Theming

This step involved establishing what connections existed between categories and sub-categories, looking for themes or patterns in the codes (Braun & Clarke 2006; Rosenthal 2016). There were three steps in this phase of analysis: searching for themes; reviewing themes and defining and naming themes.

- I gathered all data that was related to each potential theme, collating the codes I had identified in the previous step
- I checked the themes to see if they worked in relation to the codes extracted across the entire data set and generated a thematic map
- I refined the themes and sub-themes, defining and naming them, generating more refined thematic maps with each review of the data set

- I returned to the original audio-recordings at various points during the analysis to double-check participants' words and the way in which they had framed an idea, cross checking with the written transcripts

I further refined the codes created from data during stage 1 as data collection and analysis continued to identify key themes emerging from the information provided. I then explored these initial themes further as interviews progressed. As I developed themes from the data, I used critical discussions with my supervisors to check my analysis and to refine the emerging themes. During stage 2, similar critical discussion with my supervisors helped me to add depth to the preliminary themes I had identified and to refine my thematic map, until I had incorporated all the relevant information within my data sets. Existing themes and sub-themes were strengthened and further refined where appropriate (Braun & Clarke 2006). As explained earlier in the chapter, no new themes were identified during analysis of stage 2 data, rather this data added to the depth of information and further explained and refined themes. The final phase in Braun and Clarke's (2006) process was to produce a report that told the story of the data, within and across themes. The report of findings of this research is provided in the next chapter.

Ethical considerations

Approval to conduct the study was obtained from the University of Technology, Sydney Human Research Ethics Committee (ID: 2013000213). This section covers the following aspects of ethical conduct of research:

- Information provided and consent
- Confidentiality
- Anonymity afforded to participants
- Data storage and management
- Potential risks

Information provided and consent

Two information sheets were developed to cover the various aspects of the study, which described the purpose and nature of the study and what participants were being asked to be involved in. In stage 1, an information sheet ([Appendix 3](#)) was sent to potential participants as part of an invitation to enter the study, along with a consent form ([Appendix 4](#)). The email distribution was managed by a third party who was not involved in the conduct of the study and had no interest in the study outcome. Interested individuals returned the signed consent form to me, indicating on the form which aspects of the study they wished to participate in. Although they had signed consent forms prior to interview, before commencing each interview I reiterated detail in the information sheet. This included the purpose of the study, the processes to be followed such as topics to be covered and audio-recording, potential risks, clarified any information needed and confirmed that each individual wished to continue their participation.

The second information sheet related to stage 2 of the study ([Appendix 6](#)). This was distributed to potential interview participants by the Chair of the IPDC and interested individuals were, again, asked to contact me to become involved in the study. The emails about the study in both stages were sent by third parties, as described, in order that individuals did not feel obliged to agree to participate. This might have been the case had I contacted potential participants directly. I subsequently only contacted individuals who had responded to express interest in participation. Prior to commencing each interview in the second stage of the study, I ascertained that the participant had had an opportunity to read the information sheet provided and clarified any information needed. Participants then signed a consent form indicating their willingness to take part in the study ([Appendix 7](#)).

I assured all participants that they could decide to stop participating in the research at any stage without consequence for them. This included stopping the interview or deciding to withdraw the information they had provided at a later date. In the event

that a participant wished to withdraw their consent to participate, the audio-recording and transcript of their interview would no longer be used to contribute to the thematic analysis. The 22 interview participants volunteered freely to be involved in the research and no-one chose to withdraw.

Confidentiality

Confidentiality was maintained regarding all aspects of information provided by participants. This included the way in which information, including signed consent forms, was stored (see **Data storage and management** below). Access to data provided by participants was available only to the research team, i.e. myself and my supervisors. Recordings of interviews were also provided to the professional transcriber employed by me. As previously stated, the recordings did not identify participants by name, rather I allocated an interview number. Only I knew of the identities of interview participants. All interviews were conducted in private and on a one-to-one basis. The only exception to this was a request from two participants to be interviewed together. The locations for interviews were chosen by participants and every effort was made to minimize interruptions and maintain privacy.

Anonymity

I assured participants that they would not be identified in reports of the study. I used numerical codes for interview recordings and transcripts. In order to provide anonymity, I removed information from interview transcripts that would identify a participant (for example, name of employing organisation or names of colleagues), prior to providing my supervisors with access to them. I did this in order that participants, many of whom were known to at least one of my supervisors, were not identifiable.

In order to protect the anonymity of participants, I assigned pseudonyms in the presentation of findings within this document and made every effort to avoid individual participants being recognisable in my reporting. I provided detail in the information sheet that quotes from the interviews may be used to illustrate key themes. I assured participants that quotes would be de-identified and would not be linked to them or their practice.

Data storage and management

All information linking participants to data, that is, consent forms and key messages emailed to me; self-reflection proformas; interview transcripts and audio-recordings; codes and pseudonyms assigned to participants and demographic information were stored electronically in password protected files. Signed consent forms and paper copies of transcripts were not stored together, rather being in separate areas of a locked filing cabinet. Consent forms did not identify the numerical code of the transcript belonging to that participant. I have retained all versions of my thematic maps, report of findings and this thesis. I am the only person who has access to the electronic and paper files, which also includes my notes of supervision sessions, reflective thoughts and field notes.

Potential risks and conflicts of interest

There were very few risks identified within the study. I highlighted to participants the possibility that talking about their experiences during the course of the interview could make them feel uncomfortable, particularly if they were recalling experiences that were not positive for them. In the event of this happening, I would have offered options of stopping the interview and talking through the experience with me or with

another individual of their choice. I would also have stayed with the participant if this was their choice. This situation did not occur during any of the interviews.

I was personally acquainted, and had worked professionally with, many of the participants who chose to be involved in the study. It was for this reason that I did not contact potential participants directly in the first instance as I wanted to avoid any individual feeling pressured to participate because I was known to them. During the course of interviews, I was clear in my introduction that I was present as a researcher and PhD student in this context, rather than in the role that they knew me, i.e. a facilitator. I assured participants that there were no right or wrong answers or responses. I made no reference during data collection to being acquainted with participants nor to any facilitation practice that we had undertaken jointly. All participants appeared comfortable during interviews and shared information with me in a relaxed way.

Finally, I noted a potential conflict of interest regarding my supervisors who were experienced facilitators in the context of transformational practice development. They were eligible to participate in the study, based on the characteristics of the targeted population. Although they were eligible to be invited to participate, they were excluded while they were acting in a supervisory capacity for the study. I did not share names of participants with my supervisors and interview recordings and transcripts were anonymised if there was a need for my supervisors to access them. My supervisors only accessed interview data on one occasion. These were transcripts of the first three interviews, reviewed by my primary supervisor, in order to provide feedback to me on the way in which I conducted the interview; asked questions and responded to the participant's narrative as it unfolded. As highlighted above, these transcripts were anonymised. I also took care when discussing data relating to themes with my supervisors, that I did not disclose information which might have identified a participant.

Ensuring rigor in the research

Qualitative research is by its very nature exploratory, seeking to understand phenomena thoroughly and does not lend itself to rigid boundaries. However, the issue of rigor is as important in qualitative research as it is in the positivist paradigm (Cypress 2017). Within a Naturalistic paradigm, the role of reliability, validity and credibility that have traditionally formed part of quantitative research studies, has been questioned (Cypress 2017; Tobin & Begley 2004). In their description of Naturalistic Inquiry, Lincoln & Guba (1985) presented an alternative set of criteria for establishing trustworthiness. The authors advocated that these alternative criteria equate to the positivist tradition of internal validity, external validity, reliability and objectivity (Erlandson et al. 1993; Lincoln & Guba 1985). The four criteria determined by Lincoln & Guba (1985) to establish trustworthiness are:

- Credibility
- Transferability
- Dependability
- Confirmability

In this section, I describe the strategies undertaken during my research to meet these four criteria.

Credibility

A number of strategies are suggested for ensuring credibility of a Naturalistic Inquiry study, these being: prolonged engagement; persistent observation; triangulation; peer debriefing; negative case analysis; referential adequacy and member checking (Erlandson et al. 1993; Lincoln & Guba 1985). I used many of these

strategies throughout the course of the study to ensure an accurate depiction of participants' understanding of skilled facilitation and facilitator development.

I had prolonged engagement with the phenomena being studied by interacting with a range of facilitators during the two study stages over a period of 14 months, eliciting their stories and experiences of being transformational PD facilitators. Prolonged engagement involves building trust and overcoming the introduction of misinformation due to researcher bias or their impact on the study (Cypress 2017; Erlandson et al. 1993; Gelya 1997). As I knew many of the participants who elected to be involved in the study from my own practice as a facilitator, I had already established a level of trust with many of the individuals interviewed. In addition, I used my facilitation skills to quickly establish a comfortable and trusting environment in which individuals could share their experiences with me, which was particularly relevant for those individuals I did not know.

Throughout the study I was acutely aware of my own views of facilitation and facilitator development from my personal experience. I worked at every stage of the study to set aside my views as much as possible so that I could listen intently to the stories and experiences being shared with me. However, as per the operational characteristics of Naturalistic Inquiry, my own experience of being a facilitator enabled me to bring useful tacit knowledge to the research, as described earlier in this chapter. I was greatly assisted with reducing any impact of my personal views and experiences by peer debriefing with my supervision team. As highlighted earlier in ***Ethical considerations***, the supervisors that I had a mentoring relationship with over the course of this research were skilled PD facilitators in their own right. Being familiar with the context of the phenomena being studied and having expertise in transformational PD facilitation enabled them to provide a high level of critique and critical questioning. This ensured that I did not bring my own assumptions or views to bear on the data as I collected and analysed it. They were also instrumental in guiding my research training to ensure I was effective in collecting and analysing the study

data, for example, assisting me in developing interview questions and engaging in a practice interview with me.

My supervision team assisted me in achieving persistent observation during analysis and reporting of the findings, which Erlandson et al. (1993, p. 31) defines as obtaining the depth required 'by consistently pursuing interpretations in different ways in conjunction with a process of constant and tentative analysis'. The peer review by my supervisors meant that several parties critically reflected on the findings, checked the themes and sub-themes identified throughout the process and reduced the risk of researcher assumptions or biases shaping the account (Milne & Oberle 2005).

I increased the rigor of the study by incorporating key messages captured by participants at the end of their interview in the first stage of the study into the data analysis. In addition, I gathered information from different points of view. The facilitators who participated in the two stages of the study came from varied practice contexts, including country of residence, and there was a wide range of level of experience, skills and years of practice within the facilitation field. This diversity brought multiple assorted points of view to the study (Erlandson et al. 1993; Tobin & Begley 2004).

In reporting the findings of a Naturalistic Inquiry, Lincoln & Guba highlight the need for participants (or others like them) to provide input to 'both facts and interpretations that will ultimately find their way into the case report' (Lincoln & Guba 1985, p. 211). This is required to check out that the researcher's interpretation of the data resonates with the people who provided the information. It reflects a principle of working *with* people, rather than on them and provides evidence of trustworthiness of the study. Member checking involves asking participants to validate what has been captured (Cutcliffe & McKenna 2002; Rosenthal 2016). Sandelowski & Barroso (2002) suggest sending participants preliminary findings and using this as an opportunity to collect additional data. The third element of the first stage of the study that participants could

choose to engage in was to provide their response to the preliminary themes identified from their data, in other words, their reaction to my account of their collective experiences. I emailed a summary of the preliminary themes to the 15 stage 1 interview participants. Eleven participants provided their response to the preliminary themes. I took account of their comments as I created the report of findings. While none of the participants disagreed with the preliminary themes, feedback included questions to consider as I refined findings, for example the place of continuing learning and development for experienced facilitators.

I further ensured rigor throughout the analysis process, during both stages of the study, by means of the following strategies (Eakin & Mykhalovskiy 2003; Hardy, Wilson & Brown 2011; Milne & Oberle 2005):

- Being reflexive and critically appraising every decision made during data analysis in conjunction with my supervisors
- Critical questions of self and from my supervisors about:
 - whether I was staying true to the purpose of the research
 - the direction the research was taking
 - whether more questions were emerging
 - challenging my assumptions and understanding of the picture created by the data

Transferability

According to Erlandson et al. (1993, p. 32) '*Transferability* across contexts may occur because of shared characteristics'. The present study acknowledges the uniqueness of individual journeys of development and individualities of facilitation practice. It does not seek to generalize the findings as a single source of 'truth' for all facilitators in the many different contexts in which they practice. This study has, however, identified a number of themes and sub-themes common across the data

collected from participants. The report of findings shows that there are shared characteristics regarding skilled facilitation and the ways in which facilitators develop that have emerged from participant accounts.

Transferability also includes the use of thick description, in other words providing enough detail in the report to make judgements about the ability to transfer across contexts and the use of purposive sampling to identify information-rich sources of data, as described earlier in the chapter (Bikos et al. 2007; Cypress 2017). The distinction between traditional positivist research of generalisability and transferability of findings in a Naturalistic study is that in the latter, it is not the responsibility of the researcher to say whether transfer is possible. Rather the onus is on those who think transfer may be possible to determine whether the findings are relevant in their context (Erlandson et al. 1993; Lincoln & Guba 1985). I offer from this study a thick description of the findings, reflecting the views and perceptions of participants who explored skilled facilitation and development of facilitators with me. I leave it to those reading the report to decide if the shared characteristics within the findings can be applied in their particular setting. Facilitators reading the report of findings may well find commonalities with their own situation and context that they can draw on in considering their own practice as well as informing their ongoing journey of development.

Dependability and Confirmability

Dependability and confirmability relate to the confidence that the audience have that the study processes were reliable; can be replicated and that the findings are indeed the product of the data collected rather than the bias of a researcher (Erlandson et al. 1993; Lincoln & Guba 1985). I kept an audit trail throughout the study that related to the processes I used, the data collected, analysed and interpreted (Bikos et al. 2007). This trail reflected the decision-making that occurred in developing, further exploring and refining the themes and sub-themes, as well as the refinement of

the written report of findings. The audit trail included the original proposal for the study, which was honed and recrafted as the design evolved to address the research questions developed. I have retained the raw data as audio-recordings, written transcripts, and the key messages crafted by participants in stage 1. My handwritten field notes and reflections form part of the audit trail, along with records of all sessions conducted with my supervisors relevant to the study. Supervision sessions were conducted in a variety of ways, involving meetings face-to-face, via email, telephone and video-conferencing. I have retained the hand-written notes I made during these sessions, along with audio-recordings (made with supervisor consent). I have also retained an audit trail of versions of my thematic analysis maps, report of findings and this thesis that reflects the changing nature and refinement of ideas, decisions made and direction of data collection, analysis and interpretation. I have provided two brief extracts of notes from supervision sessions which form part of my audit trail in [Appendix 9](#) and [Appendix 10](#). The first extract relates to considerations for study design in 2012 and the second was guidance with the process of thematic analysis undertaken during the study. I have also provided examples of thematic maps I developed, one earlier in the analysis process [Appendix 11](#) and a later version [Appendix 12](#).

Chapter summary

In this chapter, I have explained the Constructivist worldview which underpinned my research. I have also identified Naturalistic Inquiry, described by Lincoln & Guba (1985), as the operational methodology that guided the research methods used. I described the characteristics of Naturalistic Inquiry and how they were used in my research. I then explained the study methods in detail, including sampling, recruitment, methods of data collection, analysis and interpretation. I have provided an outline of ethical considerations and how I managed these within the study. The

chapter concluded with evidence of the study quality using the criteria to establish trustworthiness described by Lincoln & Guba (1985).

The next chapter contains an in-depth account of the findings of the study. The case study reporting mode is the technique of choice in Naturalistic Inquiry because it allows for rich and thick descriptions of the findings to be developed (Robertson 2007). It also provides a more suitable platform to communicate the multiple realities of participants and the interactions between participants and researcher, than the scientific report valued in the positivist tradition (Lincoln & Guba 1985). The case report further enables the reader to bring their own tacit knowledge to bear and, in the words of Lincoln & Guba (1985, p. 214) 'for the reader the case report is likely to appear grounded, holistic and lifelike'.

As part of reporting the findings, I assessed the stage of development of participants against the framework developed by Crisp & Wilson that describes gaining PD facilitation expertise (Crisp & Wilson 2011). A table outlining the elements of each stage can be found in [Appendix 13](#). I completed the assessment and allocated a code [Appendix 14](#). I made the assessment based on the information provided by participants at interview, the way in which they spoke about their experiences and the breadth and depth of their facilitation practice and development. I subsequently invited participants in the first stage to validate this assessment, via email. I sent participants a copy of the framework along with my assessment of their location within it. The outcome of participants' validation can be seen in the next chapter in discussion of findings. I allocated stage 2 participants the most advanced stage of development within the framework as they were noted to have expertise in facilitation.

Chapter 6: Findings

This chapter presents the findings from the study, which provide a rich description that stays close to the narratives and exploration of the topic by participants. There were 15 participants from Australia and New Zealand in the first stage of the study. All participants identified themselves as PD facilitators with their facilitation experience ranging from one to more than ten years. Stage 2 comprised seven interview participants, all of whom had 10 years or more PD facilitation experience. The participants in stage 2 spanned four countries, namely England, Northern Ireland, the Netherlands and Switzerland.

As outlined in chapter 5, I have situated interview participants' stage of development and experience within the framework that describes gaining practice development (PD) facilitation expertise (Crisp & Wilson 2011) ([Appendix 13](#) and [Appendix 14](#)). I did this to provide a frame of reference in presenting the findings of the study. Identifying participants' stage of development as a transformational PD facilitator provided information about the range and depth of experience within the study and offered context for the narrative extracts used to illustrate the themes and sub-themes contained within the findings in this chapter.

Stage 1 participants spanned the three stages of the framework, encompassing the **preliminary stage (Pr)**; **early progressive stage (EP)**; **late progressive stage (LP)** and the **propositional stage (P)**. A participant's stage of development was not solely about the number of years' experience they had as a facilitator. It also encompassed their exposure to diverse opportunities to facilitate and to develop their facilitation practice. For example, Patrick, who had six years' experience as a PD facilitator was located as early progressive (EP) in the framework. Rebecca, on the other hand, whilst having less experience in terms of years as a PD facilitator (4 years) was located as being in the late progressive (LP) stage. This difference was a result of the way in which these participants spoke about facilitation and their experiences of facilitating within a

transformational framework. Participants in stage 2 were located in the propositional stage of the framework as they were considered to have expertise in PD facilitation.

While my assessment of participants' location in the framework was a subjective one, in general, stage 1 participants agreed with my assessment. As described in chapter 5, I invited participants to validate the assessment I had made of their stage of development in Crisp and Wilson's framework (2011). The self-assessments of all but one of the participants who responded to the email matched my assessment of their stage of development. For the participant who did not match, I placed the participant in the middle progressive stage of the framework, while the participant's assessment was the late progressive stage. For the purposes of presenting the findings, the participant's self-assessment is used. Throughout this report of findings, pseudonyms have been used to denote different participants in order to provide anonymity, as discussed in the ***Ethical considerations*** section of the previous chapter.

Themes

The findings incorporated seven themes and 18 sub-themes. All of these were interlinked and overlapped. However, during refinement of themes, it became clear that they broadly fell within three distinct clusters relating to facilitators and facilitation.

- Cluster 1: ***Internal to the facilitator*** related to the way a facilitator thinks (*inside your own head*), how they work with groups, finding the right balance in their facilitation to enable people to achieve their aims, to grow and to flourish (*walking a fine line*) and how they become authentic facilitators (*being me*).
- Cluster 2: ***External to the facilitator*** related to key aspects that influence facilitators' development. These were about the significant learning that was gained from interactions with other facilitators (*a lens on facilitation*); as well as

learning, and getting to grips with, and using a range of theories to underpin facilitation practice (*making sense of theory*).

- Cluster 3: ***Enacting transformational facilitation*** conveyed how facilitators increased their ability to be flexible in their practice (*being fluid*) in addition to gaining a deep understanding of people and contexts in order to work effectively with them (*understanding people in context*).

Within each theme, there was evidence of a continuum of development which ranged from early experiences as a facilitator through to being highly skilled. The continuum reflected the way in which facilitators' thinking, processing and management of situations and their own development became more sophisticated as they gained expertise. The continuum and the changes that occurred during facilitators' journeys were evident in each of the themes in the way that participants at different levels of experience and skill talked about their practice.

The findings are reported within the three clusters. Narratives from interviews (presented in italics in the text) are used throughout to illustrate, in participants' own words, themes or aspects of themes. It is important to note that whilst extracts from individual participants are used to illustrate each theme, all participants provided pertinent data relating to some aspect of every theme, thereby providing depth and breadth to the findings. Participants who were interviewed in this study had been PD facilitators for at least 12 months. This enabled them to reflect on their earlier experiences, to share their insights about their early experiences of facilitating, and how they themselves had developed to that point in time.

Internal to the facilitator (cluster 1)

The three themes, with accompanying subthemes, identified as **being internal to the facilitator** are shown in Figure 5.



Figure 5: Cluster 1: Internal to the facilitator

These themes reflected the constant inner dialogue that occurred for facilitators and how they managed and used this dialogue in their practice (*inside your own head*). They incorporated the balance that facilitators needed to achieve in order to be effective in their practice and enable those they facilitated to transform their own thinking and practice and to flourish (*walking a fine line*). The final theme in this cluster related to becoming an authentic facilitator with a high level of self-awareness who could integrate their facilitation craft with their values and beliefs (*being me*). Each of the themes is explored through the identified sub-themes, seen in Figure 6.



Figure 6: 'Inside your own head' sub-themes

A key finding of this study was uncovering the way in which facilitators navigated between what was occurring for them internally and how they were facilitating the people they were working with, seen in Figure 6. They painted a picture of their internal conversation (*the inner dialogue*) that influenced not only what they were doing but how they did it. For facilitators who were early on in their development the dialogue focussed on structuring the work, staying in control (*strategies to stay in control*) and looking like they knew what they were doing. As facilitators became more experienced, more confident, the nature and quality of the dialogue altered. It was then more about critique, reflexivity and making decisions (*changing the inner dialogue*) and they were more conscious about being explicit about what they were doing and why (*externalising the inner dialogue*).

The inner dialogue

All facilitators identified that they had inner dialogues going on but the content of those dialogues, and the feelings engendered, changed as they progressed in their

development. The chaos experienced in the earlier stages of development resolved as their thinking became more composed and reasoned. For beginning facilitators, 'inside your own head' was quite hectic, with lots of thoughts competing for space as people tried to work out what to do in a given situation. The inner dialogue for these facilitators was constant chatter, indicating the unease they often felt. This was heightened in situations that facilitators found challenging and led to negative feelings that could impact the way they facilitated. While participants did not generally provide detail of the words they were saying to themselves, a typical description from less experienced facilitators included feeling very anxious inside their head when things did not go the way they thought. The anxiety arose from feeling out of control and unsure of themselves as Sarah^{Pr} indicates here;

... panicking in my head when it doesn't go the way that I've planned and then I have to come up with a whole different kind of approach to something, that's a struggle still learning that one Sarah^{Pr} 28-30

Losing control of a situation was often associated with a fear of getting it wrong and losing the engagement of a group. If a situation was not progressing as they imagined, these less experienced facilitators felt very challenged and stressed as they tried to deal with the unexpected. Molly^{EP} described a situation from her early experiences of facilitation and remembered feeling very unsettled;

...well my heart was churning and my brain was actually jelly and I remember....having that talk in your head thinking 'god what are you going to do, you're going to have to pull this back' Molly^{EP} L218-220

At this stage, although facilitators thought their focus was on the group they were working with, it was really more on themselves as they tried to maintain control of the situation. The inner dialogue was about trying to find something to hold on to, to try to make them feel confident, in order to deal with feelings such as those expressed in the extract above. Often, the 'something' that a facilitator held on to was a process or a

facilitation tool that they had seen used or had some experience with. This is discussed further in the next section *strategies to stay in control*. Although, over time, increasing familiarity with approaches did increase their confidence, the lack of confidence felt at this stage led to people constantly questioning themselves. Facilitators who were more skilled provided some insights into the inner dialogue of their less experienced colleagues. Amanda^P talked about her experience of working with a new facilitator and how their thinking affected their facilitation practice;

He understood it, yet being there and trying to do it – because he still kept thinking, ‘Well, I’ll get people together and I’ll sit them down and I’ll teach them,’ and it just didn’t work Amanda^P L138-140

Sometimes this resulted in new facilitators failing to go with what they thought might work. The muddled dialogue inside their heads could make it difficult to trust their own instincts or to feel sure of their abilities. As Rebecca^{LP} gained in experience and confidence, she learned to see her inner dialogue as just thoughts that were in her head and that she could manage effectively;

I think unless you’re physically and mentally present, the inner chatter, the questions that come up in your mind can become reality, and they’re not, so if you can clear your mind and just be with the group, I think your intuition takes over and you do the right thing Rebecca^{LP} L248-251

As they gained experience, facilitators started to become more confident about their ability to facilitate effectively and the inner dialogue started to change, to become less negative and to focus instead on understanding what they were seeing and hearing within a group and working out how they could enable a group to achieve their goals. As this happened, facilitators were able to move the focus away from themselves and onto others. Their inner conversations became calmer as they worked on opening up new avenues of dialogue with the people they were facilitating.

Strategies to stay in control

While they were building their confidence, less experienced facilitators used strategies to reduce the likelihood of something unexpected happening. By doing this their inner dialogue became less chaotic and the inside of their head became a calmer place because they felt like they were in control. One such strategy was to plan and anticipate the outcome of the work they were facilitating. Having created a plan, these facilitators would stick to it no matter what was happening for the individual or group they were working with. This was true for all new facilitators and was typified as;

being quite rule bound, you know, this is the tool or the activity and you do it like this, there is one way of doing it and....I remember feeling quite sort of nervous and wanting to be very kind of planned and try to anticipate every possible kind of outcome JenniferLP L264-266

Lily^{LP} talked about needing plan things tightly so that;

I know what's going to happen. I don't know what I'd do if it went totally haywire
LilyLP L414-415

while Wendy^P articulated that, when she was a new facilitator she would say things like;

I don't know what to do when I get out of my depth, I try not to get out of my depth
WendyP L523-524

Having a plan and following clear processes allowed the facilitator to bring things back on track if something occurred that they had not prepared for. Molly's reaction to being challenged by a member of a group was to try to think of a way to get the group back on track. At this point, Molly^{EP} described what was going on inside her head as;

but I remember calculating in my head 'what do you do here' because you need to keep everybody engaged and also...and then I think...and then I looked at the values, wow this is where they are really powerful giving you that direction ^{MollyEP}

L228-230

Her strategy was to bring the group's attention to the values they had developed. This extract shows how doing this gave Molly^{EP} something to hold on to that allowed her to calm some of the chaos in her head and continue the work she had set out to do with the group. She felt a sense of relief that there was a strategy already developed by the group, which helped her to manage the challenging situation she found herself in. The anchoring that Molly felt was reflected by others who talked about feeling a sense of calmness and serenity when things were 'right'. These feelings were in direct contrast to the sense of chaos that existed when things did not seem to be going well. The serenity came from feeling that the group had achieved what they had set out to do. This extract from Patrick^{EP} reflects a sense of trust between him and a group and indicates that internally he was feeling a sense of accomplishment;

I feel a session has hit the mark for me and the group, of kind of assured calmness and 'you told us where we were going and we got there by the means that we expected to, bumps and bruises along the way in terms of what I was asked to look at' but, yeah it's that calmness at the end ^{PatrickEP L361-365}

The change in facilitators' thinking, and the calmness developed as they gained confidence. Increased confidence allowed them to start letting go of some of the control that they had previously held on to. This process was enabled by a greater sense of security and faith in themselves and allowed facilitators to recognise that they could facilitate effectively. Being able to let go of some of the control they had been holding onto led to facilitators becoming more relaxed and their inner dialogue started to change in positive ways.

Changing the inner dialogue

Changes in facilitators' inner dialogue resulted in it being less shaped by uncertainty and anxiety and became more about planning in the moment. Because the inside of their head was becoming less muddled and chaotic, they were able to start thinking through what was going on in front of them, with the group or individuals they were working with. Amanda^P described what went on inside her head as she was facilitating;

So I really, kind of – in my head, I have this 'culture detective' kind of aspect where I'm thinking about what I would normally expect of people, based on who they are and the context and culture that they're in, and then whether people suddenly, I don't know why, do something different AmandaP L313-316

She articulated that when people did something unexpected, it piqued her curiosity, rather than feeling anxious as a less experienced facilitator might have. Amanda^P was also able to process individuals' reactions to her facilitation in a more sophisticated way than novice facilitators may have done. She described a situation in which an individual had reacted negatively and the direction her thinking took regarding that;

So I was concerned about them, and I was also thinking, 'Oh, god. What will they write in the feedback?' (laughs) 'How bad is it going to be? How damning will it be?' And so it was unsettling, but I was able to say, you know, 'This is their stuff. I haven't made them feel like this' AmandaP L283-286

This shows Amanda's ability to consider, in a rational way, the impact of her facilitation. While she could still have negative thoughts about the response from an individual, she recognised that she did not need to feel responsible for the way in which that person reacted. An inexperienced facilitator, in the same situation, was more likely to allow this kind of reaction to panic them. In order to be able to convert their inner dialogue from chaotic, in the early days, to calm and curious as they

became more experienced, some facilitators identified techniques they used. Patrick^{EP} talked about situations when he felt unsure. The feelings this engendered, for him, meant that;

your little person inside your head gets on to your negative side then you're kind of tumbling downhill fast Patrick^{EP} L317-318

Patrick^{EP} turned to meditation practice to counteract this negative inner voice, as he considered this helped him to 'watch' his thoughts and to *be calm in the midst of chaos* L324. The chaos referred to the fact that a session was not going as planned so he then had to work through his options for dealing with the situation.

Changes in thinking came about as a result of gaining knowledge and skills and confidence in their facilitation practice. This allowed facilitators to think through options and make decisions about the strategies that would best help people to move forward. Nick's^P means of decision-making included debating in his mind what impact a particular intervention would have on the group's goals;

So you're forever asking yourself, 'If I do this, or if I ask that – if I say this, or if I intervene in this way, will that move the group closer to its goal, or will it move the group away from its goal?' Nick^P L76-77

This was typical of the way in which skilled facilitators talked about being able to weigh up the consequences of taking a particular direction with a group and to make decisions about the best intervention to use. Nick^P continued his observations about how he decided whether or not to intervene by describing the thought processes that were happening inside his head in response to what he was seeing;

it's observing the behaviour in the group – making some inferences about what that behaviour might mean in relation to the group in its context, and then whether or not you should intervene: will that bring you close to the purpose, or not? Nick^P L97-99

This highlights a major difference in what was going on inside the heads of less experienced facilitators compared to those who were highly skilled. For people with less experience the focus of the inner dialogue was on themselves, how they could bring things back on track; how they could appear confident in front of the group they were working with. The focus for skilled facilitators was on the work they were facilitating; what would help people to move their work or their practice forward. This also reflects the increasing criticality that facilitators started to bring into their decision-making. As Emma^{LP}, became more experienced, the decision about activities she was facilitating were not just about how the group should move forward with their work, but also about the importance of getting it done;

if something doesn't come to fruition, you either pick yourself up and start again some other way, or you just say, 'Well, that didn't work that way. Is it important enough to have another crack at it in another way?' Emma^{LP} L71-73

Thinking through decisions in this way occurred as facilitators progressed in their development. Lisa^{LP} identified this movement in herself as she became more experienced;

it used to be about 'what am I asking them there'... you know about me.... whereas now it's all about who's in that room and that learning Lisa^{LP} L368-369

Being able to move the focus from herself to the people she was working with signalled a change in thinking for Lisa and the way in which she practised facilitation.

Externalising the inner dialogue

Externalising their inner dialogue was an option more likely to be used by people who had gained confidence in their skills and knowledge. This involved stopping the process a group was following and talking to them about what was happening. In doing

this, facilitators shared their thoughts with the group, rather than keeping them inside their heads. Less experienced facilitators did think about externalising their inner dialogue as part of weighing up options, particularly when things were not going as planned. Sarah^{Pr} described considering such a decision, and having an exploratory conversation with the group;

when you've got two options you can either say thanks very much I'm off this isn't working or you can actually admit it and say, you know, what you're feeling, what you're witnessing and ask them how they think we should move forward with this

SarahPr L313-318

However, she identified that she was less likely to take up this option and, if she was sensing a negative response from the group, then it was best to end the session. At this stage of her development, Sarah's practice had not evolved enough for her to be able to express what she was feeling and work through a challenging situation with the group in order to try to overcome the negativity she could sense.

As facilitators became more skilled, they were able to do what Sarah^{Pr} could not, that is to address what they could see was going on with a group. Nick^P and Lily^{LP} described how they did this with a group after deciding to intervene when things did not seem to be going to plan. Nick articulated this as;

Sharing your inferences with the group, and testing them out together, and then moving forward *NickP L99-100*

Lily^{LP}, meanwhile, took a direct approach in what she would say to the group;

And it's quite good to check in, too, sometimes and say, 'what are we thinking here? What's going on?' *LilyLP L420-421*

Facilitators did this as their processing of situations became more advanced and they were able to think more critically about what was going on in the group and how to manage it. When they were less experienced, facilitators did not always feel they had sufficient knowledge or confidence to deal with the response they might get from a group, so they were more likely to ignore what was going on. This changed over time as facilitators gained skills in verbalising what they were thinking. Lucy^{LP} described this as ‘turning towards the tensions’ with a group;

Turning them into what is happening at the moment, and expressing what I can see, and seeing whether that’s being felt in the room, and often that is very much what’s felt. So in the past I used to think it was just me that was aware of what was happening. I think now, as a facilitator, I’m much more aware that everybody senses things when a group is working together LucyLP L311-315

Externalising the dialogue freed facilitators from needing to take on the responsibility for what was going on in a group. Having conversations openly with a group enabled collective decisions to be made. Lucy^{LP} also summed up what many of the more experienced facilitators talked about when she said;

It’s more likely that I’ll tend to bring people to the space and say, ‘What’s happening? Do people sense what I’m sensing?’ and then have a conversation about that. It seems to have a much better result for the group, and for myself as well, because I don’t feel like I’m ignoring it, I suppose LucyLP L319-322

Tony^{LP} described how he learnt about externalising the inner dialogue from watching other facilitators. This gave him ideas for handling a situation in which the energy seemed to be changing, as he recalled the options the facilitator put forward to the group;

...it was just recent: ‘I’m getting a feeling that the room, or people in the room are starting to lose a little bit of interest in what’s going on. Maybe we should be

having a bit of a think about having a rest? Do we need to go and have a bit of a stretch? Should we go for a walk and maybe reconvene, or, honestly, is this just a little bit too much for you?' TonyLP L484-489

These changes in the way that facilitators thought and acted as they became more skilled further increased their confidence in their practice. The evolution that led to their inner dialogue becoming more positive and critical helped them to manage what went on inside their heads more effectively and to become ever more proficient as facilitators.

Walking a fine line

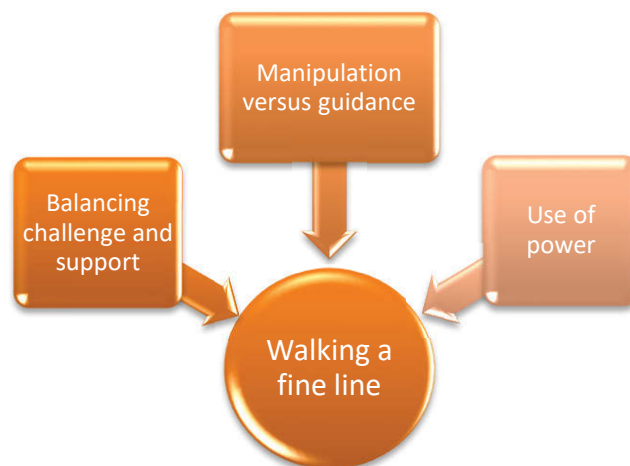


Figure 7: 'Walking a fine line' sub-themes

The dialogue and thinking that went on inside the heads of facilitators was vital in helping them to manage different elements of their facilitation practice. This involved working with groups in ways that would enable them to achieve their goals and understanding, not only how they practised, but what was important for the groups and organisations within which they facilitated. As they gained experience, the way in which facilitators thought about and managed these elements of their practice changed. Facilitators often walked a fine line in trying to steer a course that would

achieve the balance needed (Figure 7). This included the juxtaposition of trying to be supportive for people they were working with while increasing the challenge (*maintaining the balance between challenge and support*). They also had to choose interventions or directions in the work they did (*manipulation versus guidance*). In order to be able to achieve balance, facilitators needed to understand their own thinking and behaviours, as well as that of the people they worked with and the organisations in which they practiced (*use of power*).

Balancing challenge and support

In the early stages of their development, facilitators were largely concerned with their own learning and development, so the emphasis was on themselves rather than others. However, one of the important things for them to learn was how to challenge people in ways that were accepted and useful to help individuals and teams think about their practice. For new facilitators, providing such challenge was often different to their usual way of working with people, and they were more familiar with being in a supportive role. While they realised that providing a high level of challenge could ultimately benefit those they were working with, they often found it difficult to achieve a balance between the challenge and support they offered. Therefore, it was something that facilitators needed to work on developing as Jennifer^{LP} explained;

learning how to increase the challenge that's implicit in your questioning or the approaches you're using so that you're not staying in a very supportive kind of role which is not likely to encourage much change or development Jennifer^{LP} L193-195

Some of the learning came as facilitators practised challenging and watched how other facilitators offered challenge and support, but this was not always a positive experience. There were descriptions of seeing other facilitators be perhaps too challenging or confronting with a group. Although acknowledging the need for people to be challenged, it could at times have a negative impact resulting in

disengagement of a group as Sarah^{Pr} identified;

I've seen the facilitator that's been too challenging, has been too confronting for the group and there's no response, it's like they're sitting there getting a telling off...you kind of need to recognise when you need to pull back, people do need to be challenged and particularly in a lot of the stuff we do here...So it's okay to challenge but just don't push it because then you've lost them Sarah^{Pr} L198-199, 203-206

Rebecca^{LP} went on to explain how being exposed to very high challenge made her feel. This led her to take a different approach in her facilitation;

I think, for me, if I feel confronted by something, I feel like there's an expectation for me to respond to that confrontation effectively, and if I don't, I feel less...Whereas I think if you offer something, and it's a genuine offering: 'You can take this or leave it; I'm offering it to you,' then people actually don't feel less of a person if they say no, because it's a genuine offering, whereas if you give something to someone and they say, 'Look, I'm not ready for that. I don't want to accept that,' you can feel less Rebecca^{LP} L73-79

Rebecca used her experiences and feelings of being confronted to shape the way in which she offered challenge and support in her own practice. This was the fine line that facilitators walked as they decided on the most effective way to challenge people.

In order to make the right decisions, facilitators identified the need to keep assessing the balance of challenge and support they offered. This was obvious to less experienced facilitators, as well as those who were highly skilled, as Molly^{EP} articulated;

that's something I know I have to check myself on all the time, have I been too challenging, have I, you know, disengaged that person because of the challenge that I've given them Molly^{EP} L349-351

This was similar to other individuals thinking that facilitators needed to recognise when to pull back. In contrast, Debra^P did not just rely on herself as a checking mechanism in this area. She sought feedback from the people she was working with on this aspect of her practice;

And then I constantly ask for feedback about how challenging and how supportive I am in relation to the person, constantly, in all my relationships Debra^P L195-196

More experienced facilitators were intentional in considering the context and varying the level of challenge accordingly. Their level of skill allowed them to make decisions about how much challenge to offer or whether to offer challenge at all. Tom^P explained how the levels of challenge and support might change as the context changed;

a different dimension to high challenge high support is that you pick the moment as well and it's in one moment – so it's not a linear process – in one moment you might have a relatively low challenge and high support and then the next minute, the challenge may be way up high and the support very low. Because the context, and the subject matter and the person is changed Tom^P L565-569

This reflected an ability to judge the situation they were in and to determine the best way to help people. These more experienced facilitators were also able to make decisions about whether challenging a person's thinking was the best option or whether they could work with the person in a different way that would be just as beneficial. Amanda^P identified that refining her facilitation skills helped her to practice differently;

I can help people to stretch themselves by using different strategies that don't require it to be all about the challenge, really high – it doesn't have to be all about that. So I suppose that's where I do feel that's been kind of, where I've really stepped up a notch, to be really refining my skills and my presence Amanda^P L196-199

The ability to challenge people to a high level was strongly linked to the idea of trust. As trust developed between the facilitator and a group, there was more opportunity to create a supportive environment in which people could be challenged in their thinking. Creating a feeling of trust, however, extended to the development of less experienced facilitators as well. As facilitators became more experienced, they were often involved in helping others to gain skills and experience. In terms of achieving balance, these facilitators needed to get the level of trust right to enable others to take risks and develop further. This was critical, in Vanessa's view, as she described the responses of facilitators that she supported;

they always say 'It's trust. I really need to trust you,' because I'm accompanying people, often, into a journey into the unknown, and beginning to embrace the unknown, and you know, it can be quite scary. So people say to me, 'I trust you. I'll give it a go. I'll give it a go because I trust you' VanessaP L137-140

The level of trust granted to facilitators often reduced people's fear of where the journey might lead. Creating this sense of trust was something that all facilitators aimed for when building a relationship with a group. Even when they were new to facilitation, individuals worked hard to establish a safe environment so that they could provide the appropriate balance of challenge with support.

Manipulation versus guidance

The lack of confidence in their skills sometimes led inexperienced facilitators to push people in a certain direction, one with which the facilitator felt comfortable. In the early days of facilitation, this may have related to the sense of control that facilitators needed to hold on to when they were less experienced and had less faith in their abilities. Skilled facilitators identified the fine line they walked in terms of the direction a group took. As they gained knowledge and experience, facilitators recognised the influence they could have over situations;

I think I've learned over the years, as a facilitator, as well, that you can force or manipulate a group into a certain direction, and that kind of goes against the integrity of everything, and even my own values TonyLP L494-496

Tony^{LP} was aware that taking groups in the direction he wanted was contrary to the facilitator's aim of working to a group's agenda rather than their own. This was also apparent in Nick's^P thinking. As he became more skilled and gained insight into his own behaviour, he recognised that his manipulation of groups could happen even though this was not what he intended to do;

I know that I can be very persuasive. I can talk people into going in certain directions, and I can do that almost unconsciously, so keeping that in mind
NickP L209-211

This indicated that facilitators needed always to be cognisant of the way in which they were working with groups, to avoid inadvertently manipulating them. For Anne^P the idea of manipulation was associated with the general attitude that a facilitator had towards people. Their attitude affected the way in which facilitators interacted with people and how they behaved when facilitating. People were more likely to feel manipulated if the facilitator's attitude towards them was not positive, as Anne^P articulated here;

Well, there are certainly things that you can do as a facilitator that will shut things down....for instance, if the facilitator doesn't believe that people are inherently good, that they'd prefer to.... develop, to change, then just their way of being in that space is not going to be facilitative of the engagement of others, because it will always end up feeling like a manipulation AnneP L313, 317-323

This was a very fine line for facilitators to walk, to recognise the difference between when they were guiding and when they were manipulating a group.

There was the recognition by some facilitators that groups may need guidance in order to achieve their agreed outcomes or actions. Skilled facilitators did not consider that this was about unduly influencing a group, rather it was about recognising the point when a group could move forward, as Wendy^P described;

that's the moment, for me, reading the room, and about knowing when you actually have them where you need them. So I don't see it's manipulation. I think it's about knowing those...those key moments or that moment, the only moment you might get, when you can find the action WendyP L67-70

This quote highlights quite an emphasis on the facilitator, even though her intention was to help the group. Although she did not think she was manipulating the situation, her statement that ***knowing when you actually have them where you need them*** indicates that this facilitator was possibly working to her own agenda, rather than any other. She described looking for the point in a session when she felt the group should be determining some kind of action to progress whatever they were working on. It was not necessarily the point at which the group thought action was needed. Wendy was not the only facilitator who talked about the importance of groups reaching a point of taking action, rather than just spending their time debating issues or complaining about their current situation. Many facilitators identified that groups needed to walk away from a session with some kind of action or plan to feel that the work was worthwhile, and they were making progress. The facilitator's role was to help groups achieve this.

In general, facilitators felt their role was to work with groups and that they did not set out to manipulate them. Inexperienced facilitators did not tend to talk about manipulation, they talked about groups benefiting from having structure and needing guidance. It was as facilitators became more skilled that they recognised there was a fine line between guidance and manipulation. They highlighted that they needed to be aware of that in their work with individuals and groups.

Use of power

Manipulation and taking a group in a particular direction related to power of the facilitator, which was identified in many of the conversations. This was in terms of who holds or should hold the power and how power is used by different people and in different situations. It was felt that facilitators should enable the people they were working with to hold the power and to become empowered to change their ways of thinking and their practice. Jennifer^{LP} described this when she talked about the skills a facilitator needs to have;

it is about having skills that allow you to work collaboratively and cooperatively which are around sort of feeling comfortable about sharing power, you know, that it's not you holding all the power, the facilitator, so sharing power, delegating, achieving things through supporting others rather than doing them yourself

JenniferLP L28-31

This was linked to the idea that facilitators are not the 'doers', rather their role was to enable the people they were working with to determine and enact changes that would work in their contexts. Often in the early days of development, facilitators would do the work for the group, particularly if they were also a member of the team. Becoming the 'doer' could have a significant impact, pushing the facilitator into a position of controlling the work done by the group. As they became more experienced, facilitators recognised the need to enable a group to take ownership of their work. However, ownership was linked to the issue of responsibility for the work being done. Sometimes facilitators felt that all responsibility rested with them, perhaps because this was what was expected by the group or by the organisation within which the work was taking place. Tom^P identified the challenge presented when a facilitator felt this way as;

if you feel responsible and you are going to be held responsible for the outcomes, then you're actually holding the power yourself which means per definition, you can't work towards empowerment Tom^P L267-269

Highly skilled facilitators used their power in a more sophisticated way, being aware that every situation held power. While it was not possible to eliminate the power differential, it was the way in which that power was used that could determine what happened. Sally^P described her way of managing such situations;

People may have had quite negative experiences, so you have to... cross and be with the person, meet them halfway and get rid of the – or minimise, because you can't get rid of, the perception of power. So to have a reasonable conversation where both parties can engage and try and create that level playing field, you know, where you can have the dialogue Sally^P L26-31

Creating a level playing field could help in sharing power between the facilitator and others. Using power as a means of enabling people's learning was a positive use of the facilitator's power. This reflected that facilitators were using their power in the best interests of the people they were working with, rather than to create an imbalance where the facilitator was more powerful. Debra^P considered that, from an early stage, she used power to help others;

I think I would see myself as facilitative in enabling people to learn. I was very used to power to enable rather than 'power over' approach, and that really constructed my working relationships: power to enable, power to help others to learn

Debra^P L159-162

Very skilled facilitators were able to distinguish between different approaches to using power while those who were inexperienced often did not recognise that they might have 'power over' a group, particularly if they were doing work for the group. New facilitators did not even think about these issues, as Molly^{EP} articulated in reflecting on

ways in which people might have behaved before developing effective facilitation skills;

I think before they may have had just that concept that I go in there and facilitate this meeting and I will get everything done that I want done, so kind of working on people and you set where they need to be MollyEP L135-137

This lack of recognition may have been because they were too caught up in learning the fundamentals of facilitation and trying to be enabling. It was only as facilitators became more skilled and confident in their ability to enable groups that they could focus on how power within a situation was being used. Vanessa^P described how she loved sharing power with the people she was working with;

they say, and I feel it, that there isn't a sort of 'power over' relationship at all. It is really – the power is circulating, and we are using our power, inner power, to help each other, and it's so exciting VanessaP L306-308

Sharing power with a group or relinquishing it to a group was one aspect that skilled facilitators considered. There were, however, other aspects of power that needed to be taken into account. These included competing agendas and power struggles, which could manifest within an organisation or within a group. This meant that facilitators had to learn how to recognise power in all its forms. Wendy^P commented in a way that was typical of many facilitators when she said;

There is no doubt that when you get more experienced at it, and certainly when you're working at that more political front, you do have to know where the power is in the room WendyP L57-58

Being able to acknowledge that power manifested in different forms which could relate to the facilitator, the group or organisation in which work was taking place enabled facilitators to manage it appropriately. While inexperienced facilitators might

hold onto power because they did not realise they were doing it or may not have known how to deal with different aspects of power within an organisation, this changed as they became more skilled. Being able to share or delegate power to groups enabled facilitators to be more effective in their practice.

Being me



Figure 8: 'Being me' sub-themes

An essential element of facilitation practice was the idea of being genuine or authentic, as illustrated through the sub-themes shown in Figure 8. This evolved as facilitators became more knowledgeable and skilled and built confidence, working with their own values and beliefs as well as those of others (*developing your craft*). Learning how to manage their inner dialogue and achieve balance in their facilitation helped facilitators move away from mimicking others, to being themselves (*finding your own style*). Individuals did this as they increased their understanding of themselves and the way in which they practised. Therefore, facilitators needed to have a high degree of self-awareness and to have insight into the way they thought, behaved and interacted with others (*gaining insight*).

Developing your facilitation

In the early stages of development, facilitators were focused on learning the approaches and skills to facilitate. As described in *inside your own head*, they needed to build confidence, which was one aspect of becoming authentic in their practice. In the beginning, learning for facilitators could be quite technical as they developed the craft of facilitation. This included gaining knowledge about theories relating to transformational practice development and facilitation; becoming familiar with practice development tools and approaches and practising working with individuals and groups. Patrick^{EP} described how, in the early stages of his facilitation practice, he found that there was so much to take in, that this could interfere with the way he interacted with groups;

I found that I was so focused on skills, interventions, and knowledge I needed to be a transformational facilitator at the beginning that it got in the way of who I was and messages I could get across for people Patrick^{EP} L239-241

In other words, the focus for Patrick was often on himself as a developing facilitator, rather than how he was facilitating.

As facilitators began to feel more confident with their craft, in terms of technical knowledge and skills, they were able to start looking at the difference between *doing* facilitation and *being* a facilitator. Being a facilitator included feeling able to be authentic in the way they worked. Some facilitators realised that they were already working in transformational ways, as a result of their personal philosophy. Lisa^{LP} talked about how the values unpinning her philosophy of working with colleagues had always led her to ask people how they wanted to work with her rather than telling them what to do;

It's hard to put it into words especially when you think 'it's how I work and how I am'...I've realised that I probably....a lot of the skills I've developed and when I think

back to when I started I remember thinking to myself ‘well this is how I always work, this is how I always thought I was’ you know, but you can build even better skills to enable LisaLP L30-34

However, this was not a general feeling amongst facilitators. While Lisa^{LP} felt that learning to be a transformational facilitator confirmed her philosophy, for many it was a new way of working. For those facilitators who were just starting to use transformational facilitation approaches, it often did not feel authentic because they felt they had so much to learn about these approaches and how to work effectively with groups. Their learning and development often took time, and this could be apparent in their practice as Anne^P outlined;

pretending to be someone that you’re not...and that’s why people, when they first start facilitation, look inauthentic, or are at risk of looking inauthentic, because the spontaneity’s not there, because they’re building maps. It just can’t roll, because they haven’t created what it is for themselves and they’re just doing what they have come to believe AnneP L485-490

Facilitators recognised that working effectively with groups involved dual elements of having knowledge and skills and being authentic. Nick^P explained the impact of employing only one of these elements in the practice of facilitation;

...but if you just have skills without the authenticity, people feel manipulated. If you’ve got the authenticity without the skills, they might think you’re a lovely person but they’re not actually going to get anywhere or are going to struggle to get somewhere. So, it is a mixture of those two things NckP L415-418

This meant that facilitators needed to learn both the technical side of facilitation and how to incorporate their personal philosophy into their practice. Even when they were inexperienced, facilitators were aware that personal values and beliefs played a part in

their practice. However, they needed to first develop an understanding of facilitation and their role in it to be able to make sense of it for themselves;

...that really resonated with my values so I think it was my values that kind of drew me to this kind of work but at the time I'm not sure I even knew what transformational facilitation even would have meant, if that makes sense, that kind of learning and development and probably understanding came probably a bit later

MollyEP L16-20

As facilitators increased their knowledge and skills and became more experienced they were able to see how their facilitation practice reflected their own values and beliefs. They were also able to start thinking about how they positioned themselves in relation to the way they interacted with groups. They did acknowledge that it could be challenging to learn how to incorporate their values and beliefs into their practice. Kate^P reflected on how this impacted her when she was developing her facilitation craft;

there was a balancing act about being who I actually was and being true to who you are and what values you have at that point of time and the values you actually espouse...but not really using in practice yet so that was quite a tough period to be

in *KateP L149-152*

Meanwhile Debra^P sounded one note of caution. She believed that an important thing to take account of was the way in which facilitators used their values in working with others. The ability of facilitators to manipulate groups was discussed earlier and for Debra^P, it was important that facilitators make their values explicit. This was so that a facilitator's influence on the work they did with a group did not have a negative impact;

So therefore what you can do is enable people to see what your values are, and to know what those values are, so that people can make their own decision whether

you've influenced something, or how you might have influenced something, and co-create decisions so that you're not manipulating them DebraP L587-590

Understanding the role of values and beliefs and how this was influencing their practice was an important starting point for developing facilitators, which enabled them to find their own style of facilitation that reflected their personal philosophy.

Finding your own style

A significant part of facilitators' development that helped them to learn the craft of facilitation and become authentic facilitators was working with other, more skilled individuals. This is described more fully in the theme ***a lens on facilitators***. One result of working with highly skilled facilitators was that those who were less experienced tended to imitate the facilitators they admired. They often did this because they were not confident in their own facilitation practice, so they copied another facilitator's style in the hope they would get the same response from groups. This changed over time as people realised they needed to find their own style of facilitation that sat well with their values and beliefs and their way of being in the world, as Tony^{LP} articulated;

I guess I learnt that over the years. There's no point trying to be someone who you weren't. Even though I may have enjoyed the way that they facilitated, there's absolutely no way I'm going to be able to facilitate like that person TonyLP L433-435

Finding their own style could be a challenge for developing facilitators. It meant they needed to be confident in their facilitation craft and how they integrated their values and beliefs into their practice, as described earlier. The pace at which individuals developed their practice varied. However, many identified that there came a point when they recognised that copying other facilitators meant they were not really being authentic. Emma^{LP} articulated this as being genuine, which she thought was an important part of facilitation;

You can't just watch somebody else and do it their way – which we do initially, but...and yes, I think that...and just be real about it. Be yourself. You've got to bring your own character to it. It's important that you are – you're facilitating as genuinely as possible as you can EmmaLP L316-319

Highly skilled facilitators talked about working with those who were less experienced, encouraging them to develop their own style. This included helping people to recognise that they did not have to do things in the same way that their more experienced colleague did, as Mary^P explains;

And I think it's really good to work with them quite closely, you know, that you can see how they would deal with such issues, and I know from several people that have said, 'I can never do it like you do it,' and I said, 'You don't need to do it like I do it. It's your way, and you will find how to do it on your own, and if you can take up something you have seen, then it's fine; if not, then it's fine as well. So, just find your own way' MaryP L276-280

Facilitators found their own style by gaining insight into their thinking, behaviours, ways of working and facilitation practice. This was identified by all as an important part of becoming a highly skilled facilitator, but it did not happen straight away.

Gaining insight

Gaining insight enabled facilitators to develop a high degree of self-awareness, which helped them to think about how they incorporated their personality and their values into their own style of facilitation. Learning about themselves meant that individuals needed to consider positive and negative aspects of their personalities that could affect their thinking and behaviour as a facilitator, as Joanne^P articulated;

It's like that, you have to accept the rough with the smooth and the good with the bad, and the things that you don't like about yourself^{JoanneP L204-208}

It could be challenging for individuals to recognise the negative side of themselves, but this was valuable learning as they worked to change those aspects. Rebecca's description of developing self-awareness and using this to be more like herself in her facilitation was typical of the stories told by several facilitators. Rebecca^{LP} shared her insights about learning about what worked for her. She considered this an essential part of learning how to be an authentic facilitator;

I think I've developed a knowledge and awareness about myself so if anyone was moving into that space I'd say, 'It has to start with you. You've got to work out what's the stuff that is integral to who you are and who you need to be when you're facilitating,' ^{RebeccaLP L274-276}

Rebecca^{LP} went on to elaborate some of the thinking that she was undertaking to learn more about herself. This included learning about how her interactions with others played out. She considered that recognising negative reactions, as well as positive ones, helped in developing a higher degree of self-awareness;

So, what makes sense to you, what resonates with you, what are your hot points, what are your touch points?...it's a dance between the two of them, because the more people push your buttons, the more you learn about yourself ^{RebeccaLP L279-282}

Rebecca's reference to a dance signified movement back and forth between various elements of learning about herself. These elements included her own way of thinking but also the way in which she reacted to other people's behaviour that gave her insight into herself. She was able to use her learning to make sense of what she saw other people do and understand how that related to her facilitation. This allowed Rebecca^{LP} to move forward in her practice and determine how she could make her style of facilitation reflect who she was;

for me, it was learning about myself, and watching other people, and then thinking, 'Well, how does that sit with who I am, and do I want to take or leave that?' And I moved from a 'I want to be just like them!' to moving to, 'I want to be myself' RebeccaLP

L282-285

Rebecca was able to reflect on what she was learning about herself and what she was observing in others to determine the meaning for herself. Reflection was one of the strategies identified by facilitators as a very important part of their development. Some facilitators identified that they had engaged in self-reflection before starting to practice facilitation, but that, often, their reflection was at a simple and quite superficial level. Sarah^{Pr} recognised this in herself and that she needed to work on the focus of her reflections to make them more meaningful for her learning;

learning to reflect more works for me, I don't do enough deep reflection or it's quite simple - what went well and what didn't, what am I going to change, it has to be a bit like that because I need to think of it more about me SarahPr L285-287

This was just one aspect of the way in which inexperienced facilitators gained insight into their own approach to learning. Often facilitators used a combination of self-reflection and reflection with another person. For many, this resulted in significant learning about themselves over time. The benefit of having a dialogue with someone else was having that person ask critical questions to help them think about their facilitation practice. Engaging in a coaching model allowed Lucy^{LP} not only to reflect on what had happened but also helped her to gain insight to her reasoning and decision-making;

So, you know, having my own coach to go through...being able to go back and say, 'This is what I was trying to do', and I found myself wanting to lead the group this way, and having someone else asking, 'Well, what did you do at that point to stop yourself from directing or from feeling like you were responsible for the learning?'

LucyLP L366-373

While having a critical dialogue with another was valuable, facilitators also placed emphasis on feedback as an important part of development. Feedback helped facilitators to gain insight to themselves as well as the approaches they used in facilitating a workshop, program or session for a group. This was fundamental for facilitators to build confidence in their facilitation craft and to be able to facilitate more authentically. Initially, the main source of feedback was other facilitators and for Tony^{LP} this involved using those individuals as mentors and ensuring that his time with them was very productive to identify areas for personal development;

It'll be very constructive feedback, 360-degree feedback, put actions into place. I always walk out with something: 'OK, this is what I need to do for myself, and this is how I'm going to feed it back', and get some feedback on it to see how I've improved, or what other strategies I can use TonyLP L207-210

This gave him the opportunity to get regular feedback so that he could build his facilitation practice over time. On the other hand, Molly^{EP} identified the negative impact on her development when she could not access the feedback she was seeking;

but actually specific feedback from my peers has probably lacked and I feel for me that it's slowed me down in my growth because I've had to do a lot of reflecting on my own MollyEP L369-371

Here Molly recognises the limitations of her own reflection and questioning and the value that feedback from others can add.

While less experienced facilitators tended to rely on their experienced colleagues to provide feedback, individuals would also try to get opinions from other sources. This included seeking feedback from individuals and groups with whom they were working. Patrick^{EP} identified the value of doing this, although he acknowledged it was not always easy to achieve. He identified that group participants often did not want to

provide constructive feedback on his facilitation in case it was seen as negative. He described the way in which he tried to handle this situation;

I listen with as much specificity as I can, so I try to take the emotional heat out of the situation for the feedback giver but want as much detail as they can provide me with, I don't think it's a nursing disease necessarily, but that is incredibly difficult for people, sometimes they want to care for you PatrickEP L178-182

Patrick's attempts to get critical feedback highlights the challenge often faced by those who were less experienced in creating a setting in which a group they were facilitating could be honest. Less experienced facilitators were not always sure of how to have conversations with individuals that would make them feel comfortable in providing the critical feedback that helped facilitators to gain insight into their facilitation practice. It was often the attitude of the facilitator which contributed to the honesty of the feedback. Highly skilled facilitators, such as Vanessa^P, recognised the importance of creating a safe space where people knew that the facilitator appreciated their views;

...asking people for feedback, and how it was, and helping, creating that environment of trust where people know that if they say, 'Well, this really worked, but this didn't work so well,' that I'm not defensive, that I welcome it, and I always set the scene by saying 'I really welcome to hear things that I didn't do so well, and could have done better,' so I've kind of set the context VanessaP L293-297

In being explicit about her desire to learn about what had not worked well, in addition to what people liked about her facilitation, Vanessa gave those individuals permission to think critically and be honest in their feedback. This, in turn, enhanced Vanessa's learning and enabled her, even as a very skilled facilitator, to continue gaining insight to her practice.

The themes and sub-themes that were internal to the facilitator exposed the way in which facilitators focused on themselves, what was going on inside them, and the

way in which they practiced facilitation. The learning that facilitators achieved from these elements helped them to manage their inner dialogue, achieve balance in their facilitation practice and become authentic facilitators. Looking inward and making sense of the craft of facilitation was very important to the way in which new facilitators developed and moved their practice forward. The contribution of external factors, however, was also crucial to facilitator development. These factors are explored in the next section.

External to the facilitator (cluster 2)

The second cluster of themes identified from the findings was defined as being **external to the facilitator**. This means that facilitators looked beyond what was in themselves to what else could assist them in developing their facilitation practice. The two themes, with accompanying subthemes, in this cluster are shown in Figure 9.

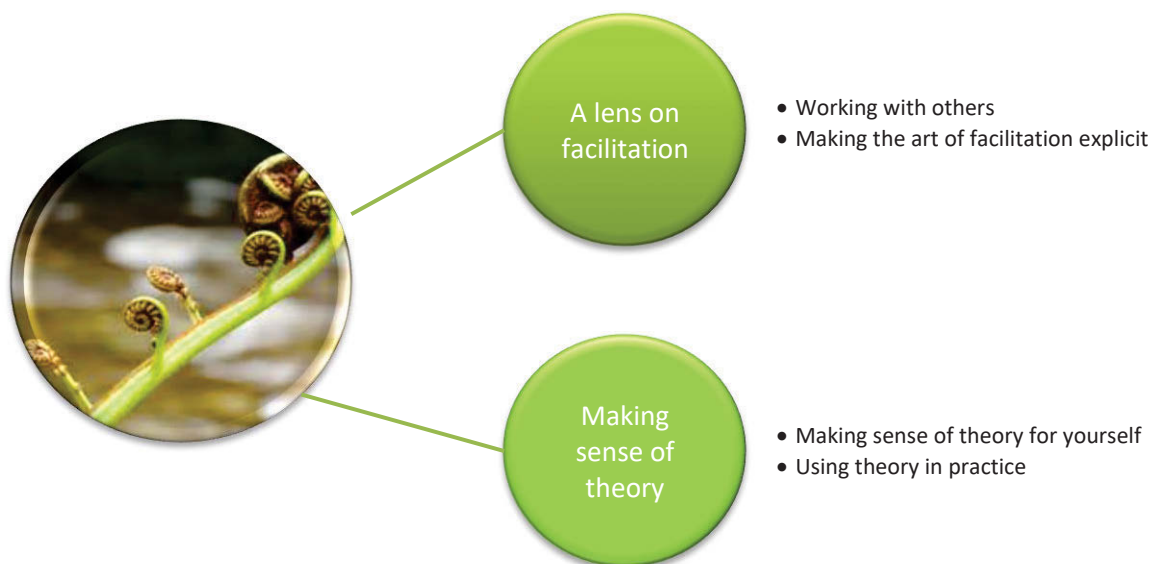


Figure 9: Cluster 2: External to the facilitator

These themes reflected seeing facilitation as it was enacted by other facilitators and the place of theory in facilitators' practice. This included how valuable it was for

inexperienced facilitators to work with their more skilled colleagues as it gave them the opportunity to observe both positive and unhelpful aspects of other facilitators' practice. It also highlighted how individuals' facilitation practice evolved as they became more experienced (*a lens on facilitation*). In terms of theory, this theme illustrates how individuals came to grips with theories themselves, helped others to do the same and how they integrated theory with practice (*making sense of theory*). Each of the themes is explored through the identified sub-themes, which for *a lens on facilitation*, can be seen in Figure 10.

A lens on facilitation

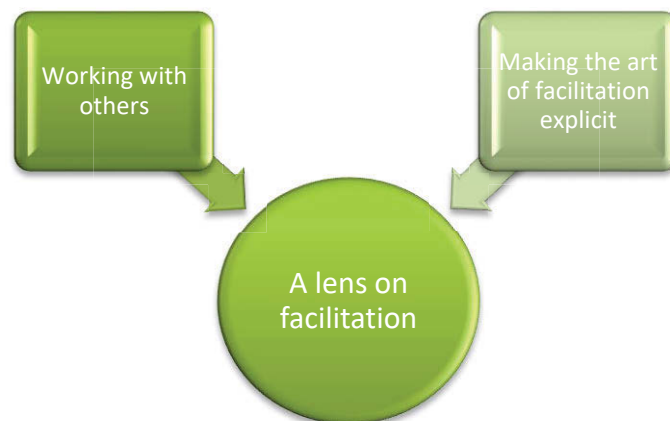


Figure 10: 'A lens on facilitation' sub-themes

Interacting with other facilitators was identified as a very valuable part of learning and development. Inexperienced facilitators enjoyed working with their more experienced colleagues because it helped them to gain insight into what skilled facilitation looked like. It also provided an environment in which facilitators felt safe to practice and take risks. There were, however, both positive and negative aspects in what facilitators were seen to do and how they interacted with others (*working with*

others). As people became more skilled they had a role in developing others and were often seen as role models (*making the art of facilitation explicit*).

Working with others

For many people, the emphasis on co-facilitating with more experienced colleagues was the opportunity to learn and practice within a safe environment. Individuals watched how skilled facilitators managed groups, and in particular, challenging situations. They also observed how theory and different approaches were used in facilitation. Lisa^{LP} highlighted the effect that being able to work in a co-facilitation model (with a more experienced facilitator) had on her;

a big opportunity to further develop myself was to...co-facilitate, so I was supported at the time to do that, and that was working with a practice developer with a lot of years' experience that blew me away...we had goals that I wanted to achieve in the week as co-facilitator so that was a great opportunity and just, you know, built on my own confidence in seeing her at play LisaLP L319-324

Having a skilled facilitator by her side enabled Lisa^{LP} to do more than just observe. While seeing how a skilled facilitator operated was a useful aspect of Lisa's learning, the two facilitators were also able to use this opportunity to set up a space for her to practice facilitation. This meant that working in a co-facilitation model had a positive effect on Lisa's confidence, which was a typical outcome in the stories of inexperienced facilitators more generally. Co-facilitation models were also a useful mechanism for skilled facilitators to demonstrate the use of tools or approaches, particularly when they were working with novice facilitators. These new facilitators could then try out using the tool appropriately with the support of their experienced colleague, as Debra^P outlined;

And things like using Claims, Concerns and Issues, a tool I'd expect to model to start with, and then enable other people to take the risks, to use the tools in safe environments where they can make mistakes and practice it DebraP L386-389

Meanwhile, Emma^{LP} described a variety of processes that experienced facilitators used which exposed those new to facilitation to different situations and contexts. This helped individuals to assimilate new skills as part of learning the craft of facilitation. All opportunities added to the richness of the experience and enabled individuals to refine their facilitation practice;

If somebody doesn't have the skill to be able to do something, it's being able to spend time with the person to develop their skill, so whether that's through different teaching methods, it's through shadowing somebody, role modelling, it's through experiencing different formats, or different groups that they might not have been exposed to...so it's opening up doors, I guess, for people to be able to develop their skill and knowledge around what they've got to do to help make it happen EmmaLP L123-128

Facilitators used a variety of mechanisms for learning, which were enhanced when two or more facilitators worked together. Important elements of these mechanisms for inexperienced facilitators were the opportunity to engage in critical reflection with another person and/or to receive feedback. These two elements were an integral part of the mechanisms used such as Critical Companionship, coaching and mentoring relationships. Vanessa^P considered that the *most important thing about Critical Companionship is the professional artistry* VanessaP L352, while Tony^{LP} summed up the value he got from such helping relationships in enabling him to continue his development;

Having a mentor or a companion that you can go to and have conversations about you, yourself, how you're working, your performance...but setting up quite, almost open structured conversations TonyLP L204-206

Being able to work with more skilled facilitators gave those who were developing the chance to practice and take risks within a safe environment. People felt somewhat protected in a co-facilitation model as there was a more experienced facilitator available to provide whatever support they needed. Sally^P identified that one of the concerns of the skilled facilitator, working within such a model, was to set up a space in which people felt able to take on new things and move out of their comfort zone;

you've got to create conditions where people feel safe but also where people can step up, and where you're going to challenge them a bit. So you know – you've got to be up for the challenge. Recognise there is a safety net, but don't use it if you don't need to. And don't step in as a facilitator SallyP L51-54

This created responsibilities for both facilitators, that of offering or accepting challenge and stepping up or stepping in as needed. While creating a safe environment in which people could take risks was a valuable part of facilitators' development, Joanne^P cautioned that skilled facilitators needed to be careful in the opportunities they offered for less experienced facilitators to take risks. Sometimes, new facilitators could be pushed too far out of their comfort zone. This could lead to negative consequences, such as the novice feeling like they had failed, which in turn could result in them being more reluctant to try something new on another occasion;

they're asking you to take risks, but at the same time they're obviously helping to create the conditions where you're able to do that. But also, it's not about forcing people to take risks when they're not in a place to do that, and making people feel really vulnerable whenever they're the one who can't do that JoanneP L127-130

The vulnerability that inexperienced facilitators could feel when they lacked confidence in their facilitation practice, often led to a high level of anxiety. This meant that the facilitators who were working together needed to find the appropriate level of challenge with support that would create a valuable learning experience for a new facilitator. Whilst individuals used different strategies to achieve this, Wendy's

description of making herself available to less experienced facilitators before, during and after a workshop, typified many of the stories. Wendy^P highlighted that her planning for a workshop was not just about the facilitation approaches that would be used, it included how she would ensure there was a safe environment for the facilitators;

I met all of the facilitators before we did the day. We had a pow-wow first thing in the morning, and we had a pow-wow at the end of the day. So that, for me, was trying to hold them in the psychological safety to make sure that they felt supported, that they knew that I was there for them, and it was about protecting them in their groups WendyP L184-188

Making herself available in this way ensured that all the facilitators involved in the workshop had access to the level of support they needed. It also highlighted the selflessness of skilled facilitators in their approach to ensuring such support was on hand.

There were many positive aspects described in terms of putting a lens on facilitation. For new facilitators, this was largely linked to working with other, more experienced facilitators. Skilled facilitators also benefited from being supported to shine a lens on their facilitation, and to continue their own learning and development. The opportunities that they sought tended to be at a more advanced level than those which individuals accessed early in their facilitator development. For instance, skilled facilitators gave examples of undertaking coaching programs with a diverse mix of professions, taking them outside their normal field of practice within healthcare settings and transformational practice development. Such opportunities exposed these highly skilled facilitators to new ways of thinking and to a variety of critical questioning techniques that they may not have experienced previously. Skilled facilitators were not always sure what their next opportunity for formal learning might involve but, as Amanda highlighted, there was confidence it would happen;

...now I'm looking for something else. So I don't know what it will be, but I want to do something...I don't know whether it will be in another country or it will be like going into some sort of learning program with people who have nothing to do with health care. You know, like politicians, lawyers – I don't know. Just something - completely different. So, something will come^{AmandaP L457-461}

Many of the comments made about working with other facilitators revealed positive experiences which resulted in new facilitators being able to develop skills and gain confidence in a supportive environment. However, this was not the experience for everyone. Although allowing facilitators to step up and try things out as part of their development was seen as important, this was not always followed through. Molly^{EP} identified that skilled facilitators did not always let their less experienced colleagues have a go with their support;

when you do work with someone quite high up or highly skilled they don't always step aside and let other people take the lead and I think that's a shame because it doesn't allow you to develop and grow and make mistakes and learn from that
MollyEP L367-369

It was not clear whether skilled facilitators had reasons for this, such as assessing the situation and deciding that it was not safe for their less experienced colleague to have a go. Individuals who raised this issue had no explanation for its occurrence and in general, skilled facilitators were seen to offer lots of opportunities for people to develop.

Putting a lens on facilitation provided many valuable learning opportunities for both developing facilitators and those who were more skilled. Positive perceptions included the generosity of skilled facilitators in working in co-facilitation models and creating safe environments so that others could learn and practice facilitation. These perceptions outweighed the experiences that were sometimes less positive for new facilitators.

Making the art of facilitation explicit

As facilitators became increasingly skilled, they continued to learn from others and to focus on their own development, but they also became role models and mentors to developing facilitators. In order to work with others effectively, facilitators needed to be able to deconstruct their practice so that less experienced facilitators could understand the facilitation they were seeing. However, it was not always easy for individuals to make their facilitation explicit and many described the challenges in doing that. While Vanessa^P talked about the art and theory of facilitation being hidden, she considered that it was her role, in developing others, to help make the knowledge explicit;

So, my facilitation of facilitators is to help them to surface this hidden, this embedded, embodied knowledge Vanessa^P L104-106

A first step seemed to be to raise people's awareness that practising facilitation at a highly skilled level was an art. To the untrained eye, very skilled facilitators appeared to find it easy to facilitate in any situation and with any individual or group of people. This perception may have arisen because these facilitators had amassed a wealth of knowledge, skills and experience and were comfortable with using a wide range of approaches and tools. However, for those who were learning facilitation, they soon recognised that putting the principles into practice was far from easy. It was important for these facilitators to learn how skilled people practiced and how they balanced all the different elements involved. It was this learning that enabled individuals to become authentic facilitators and to be flexible in their practice, which is discussed further in ***being fluid***. Although it might be difficult, people felt a sense of responsibility to try to convey to others what highly skilled facilitation involved, as Amanda^P acknowledged;

my head tells me that's related to the fact that when you do things at a highly skilled level, you can't articulate what it is....but I do think we need to get better at

helping people understand what the core attributes and skills are, and how they develop and how they evolve at different levels of skill AmandaP L66-70

This put the responsibility on facilitators to help others to make sense of their different stages of development. New facilitators were often overwhelmed by the skills they needed to become proficient in and the amount they had to learn. They thought that they had to reach a high level of skill quickly so that they could perform in the same way as their more experienced colleagues. However, becoming skilled in facilitation was described as a journey that occurs over time. Although new facilitators might learn how to use tools in a relatively short time, it often took much longer for them to integrate the different elements of facilitation, such as those identified in earlier sections, into their own style of practice.

Making their thinking explicit was one of the ways in which skilled facilitators could help those at an earlier stage of development to make sense of their practice. This was needed because no-one could see what was going on inside another facilitator's head when they were assessing a situation or deciding what to do, as Jennifer^{LP} identified;

role modelling itself is not enough, it's about being very transparent and explicit around why you're using certain approaches, what it is that you're doing and helping them to think about the ways in which they could utilise those approaches as well JenniferLP L289-292

Skilled facilitators talked about making their thinking, and the way in which they made decisions, known when they were working with others, particularly within a co-facilitation model. But less experienced facilitators seemed to have a perception that this did not always happen. Some facilitators thought that they only made the skills and thought processes involved in facilitating explicit when they were leading development programs. An example of this was Jennifer's^{LP} description of how she intentionally explained her thinking and use of approaches when she was in such a situation;

I think I've used it very consciously because I've been involved in very structured programs, supporting others to develop their facilitation skills so I've used it very consciously in those situations to help others understand the models and to be familiar with the theory JenniferLP L429-431

However, she also identified that making her thinking explicit outside of formal development opportunities was less likely to happen.

There was great value in putting a lens on facilitation in order to help those who were developing make sense of and evolve their practice as well as enabling skilled facilitators to continue their own learning and growth. This involved the work that individuals did with each other in creating safe environments for learning. The art of facilitation seems to be hidden much of the time although skilled facilitators' intention was to make their thinking and facilitation practices explicit for those who were less skilled. Part of working with more skilled facilitators in different contexts, for example at practice development schools, was the opportunity to be exposed to different theories and to see how experienced facilitators integrated these into their practice.

Making sense of theory

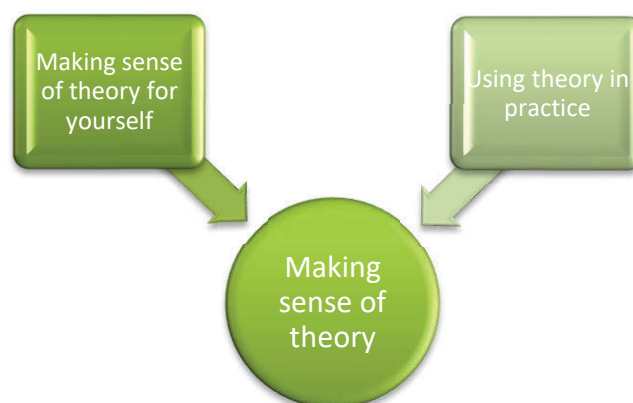


Figure 11: 'Making sense of theory' sub-themes

Facilitators described the importance of underpinning their practice with a diverse range of theories. The sub-themes relating to making sense of theory can be seen in Figure 11. People came from very different places in their personal and professional lives, which influenced their thinking. This meant that each person was unique in terms of theories they were familiar with and the approach that they took to engaging with theory in their facilitation practice. Immersing themselves in theory helped facilitators to make sense of their own practice (*making sense of theory for yourself*) in addition to enabling others to gain understanding and use theory in changing their thinking and practice. As they became more skilled, facilitators made connections between the new theory they were assimilating and previously learned theories. They were able to embed theoretical principles in a way that helped them to understand and enact their practice in a more comprehensive way (*using theory in practice*). This enabled them to practice across multiple contexts with a wide range of people and to facilitate effectively in many different situations.

Making sense of theory for yourself

Initially, most new facilitators focused their learning on practice development and facilitation theories, particularly if this was a new field of practice for them. It was not unusual for less experienced facilitators to follow the 'rules' of practice development. This meant that they stuck to approaches they were learning without necessarily understanding why a particular approach might, or might not, work. Some facilitators, such as Emma^{LP} and Sarah^{Pr}, identified the challenges they faced in engaging with theory;

I've tried to pull bits together in my head without being, probably, too academic, because I'm not! I don't have that level of thinking, I guess. I've tried to make sense of it for myself Emma^{LP} L353-354

Emma talked about the length of time it took for her to get to grips with practice development and facilitation theories. While she recognised the importance of having a sound basis for her practice, her way of working in her early days of development, was to be much more practical. She tried to work with people in ways that would engage them in changing aspects of their practice. Similarly, Sarah^{Pr} identified that she was not inclined to use theory in her practice as she found it difficult to engage with;

I don't very much (use theory), I tend to go on experience or instinct, I should bring it in there a bit more but that's probably because I've not read enough of it, I have to say it's hard reading Sarah^{Pr} L338-339

Facilitators had differing attitudes towards delving into the theory of facilitation and practice development. Those who found it hard to understand, like Sarah^{Pr}, tended to avoid it. She focused more on the 'doing' involved in facilitation, practicing and trying things out. For those who dived straight into 'doing' facilitation, after a time they realised that they needed to delve into theory to bring some structure to their practice, as occurred for Lucy^{LP};

I needed to really know a little bit more about whether there was any theory or evidence behind that, because otherwise it was a bit ad hoc Lucy^{LP} L222-224

This was a common approach used as people often got into practicing facilitation quickly, particularly when they worked with more experienced facilitators. Some individuals pointed out that this seemed to be what was expected, that facilitators would work together in a co-facilitation model so that those who were less experienced could practice. This meant that the less experienced facilitators often made decisions based on what they had seen others do, rather than basing them on what they understood for themselves. Although this worked well for some facilitators in the early stages, others realised that just doing what they had seen others do was not enough. For example, Molly's focus shifted from just doing to finding what she needed in terms of theory to inform her practice;

Like I think in the beginning it was just like just do, do, do, do and learn from that....so you might learn a little bit of theory....whereas now it's much more about how can theory help me, how do I draw on that to make me a better facilitator

MollyEP L459-464

As she developed, Molly^{EP} began questioning her practice and delving into theory to enhance the way that she facilitated. In contrast to facilitators like Emma^{LP}, Sarah^{Pr} and Molly^{EP}, other facilitators knew that they learned best by getting to grips with theory first so that they could understand what was going on when they facilitated. This was the approach that Tom^P took, he decided to boost his learning by engaging with his colleagues around theory;

I know what worked for me was reading – theory, and then playing with it, conversations with my colleagues, and they would always know what I'm reading because I'd be using it in conversation and...I like structure and I like to understand things and have it in a framework Tom^P L634-637

In a similar way, making sense of and using theory helped Sally^P to understand what was happening in real time. She explained how this augmented her facilitation, including helping her in managing challenging situations;

I know the theory behind something so I can deconstruct in the moment, using the theory to assist me in making decisions about where I'm going to go next. That's for new types of experiences that I might be working with, and I think that's put me in good stead, because all these years later from when I started out, I can still deconstruct if something is quite difficult Sally^P L73-77

Early in their development, facilitators often did not have a good enough understanding of theory to be able to apply it to their practice in the way that Sally^P described. As they became more skilled, immersion in theory was an integral part of facilitators' practice. Their understanding enabled them to create maps and

frameworks in their heads, which was fundamental to their understanding of why people behaved in certain ways. It also contributed to their ability to make decisions about interventions or the best way to help a group and to them finding their own unique style of facilitation.

The order in which people engaged with and used theory, either reading first and practising second or vice versa, did not appear to be relevant and there was a fairly even split among participants, in terms of which they did first. The important thing was to do both, as Anne^P described

because it's so complex, and because it's about human beings and it's about practice, and there's all sorts of theoretical and all sorts of things that help you engage with it, it probably doesn't matter where you start in your thinking, but the need to have to do it to actually facilitate and work with that experience is critical

AnneP L631-634

For those people who went straight into 'doing facilitation', their engagement with theory came about when they realised that they needed to understand what was happening in their practice. This might be about understanding why a certain approach would be good in a specific situation or to understand why people or groups might behave in particular ways. For those who liked to immerse themselves in theory first, they were then able to use that knowledge when they facilitated. Both approaches enabled facilitators to bring meaning to their practice.

Using theory in practice

As well as developing their own understanding of theory, facilitators were testing out theory in different practice contexts. Because they were still trying to make sense of facilitation for themselves or often found it difficult to engage with theory, less experienced facilitators were not always able to explain the theory underpinning

practice development and facilitation to others. This changed as people became more skilled and grew comfortable with their knowledge base, which also expanded as they worked with others.

Facilitators' perceptions about their use of processes and approaches changed as they became more experienced. As she developed her facilitation practice, Lucy^{LP} started to integrate theory with her practice. This became a cyclical process in which she continuously practiced facilitation and learned more theories to help inform that practice. In this way, her body of knowledge grew alongside her development of skills;

so I sort of think of myself as the person with experience in the doing, but also some maps and sort of models in my head that explain why things might be happening in the room, and that has been expanding as I'm doing more reading and as I'm doing more of the practice, I seem to then be going more into the evidence and into the theory, so that's growing, as well as the practice LucyLP L231-235

An example that individuals used to illustrate this was their use of creativity in their facilitation practice. People described their attitude towards creativity in their early days of development as taking a 'tick box' approach, to ensure that people were exposed to the use of craft as much as possible. Facilitators talked about how their understanding of creative approaches evolved as they became more experienced. Sometimes facilitators could be quite sceptical of some of the creative approaches they had seen used, such as meditation or a creative walk. It was as facilitators increased their understanding of theories underpinning creativity that they could see how people might benefit from such approaches. Kate^P learned the value of creativity from being facilitated through a supervision process. This helped her to realise the value of using creativity to help people explore something that was challenging for them as she could see how it benefited her;

it also comes along in my own understanding about using creativity so in the beginning you're not that clear about...you're using that tick box and at the end,

when it was used in my own supervision that I valued the way of using creativity to really articulate something which was really hard to articulate so it was a way of speaking to each other...but that was evolving throughout the process as well ^{KateP}

L350-354

Facilitators identified that sometimes people could not express themselves just through talking. Engaging with theories relating to creativity allowed them to take an evidence-based approach to helping individuals engage with creative methods as an alternative means of expression. Tom^P provided an example of his way of using creativity for this purpose and showed how his thinking had evolved over time;

I use more creative expression to help people express something that may be very difficult to articulate in language and that's because I feel very comfortable doing that and I often find that helps them so it's used intentionally and not used just because we need to use creativity ^{TomP L356-359}

As facilitators started to make sense of practice development and facilitation theories, they realised that there were gaps in their theoretical knowledge or that their practice suffered because they were not able to articulate the underpinning theory. Learning to express the theories that supported their approach to facilitation helped these facilitators to refine their practice. For less experienced facilitators, such as Molly^{EP}, having knowledge gaps added to her stress as she tried to work through challenging situations. She acknowledged that this affected her ability to make decisions in the moment;

it can be quite anxiety provoking and especially if you exhausted all your knowledge and you're kind of pulling every theory or anything out of your head going 'right where can I go next' ^{MollyEP L252-254}

Facing such situations led facilitators to look for more theories that would help them to make sense of their facilitation practice. This took them in many different directions

depending on what it was they were trying to understand. For some individuals, it meant making sense of practice development and facilitation theories in light of theories they already knew, such as coaching and group dynamics. Others, such as Lucy^{LP} also looked to theories they had not engaged with previously;

last year, because I started looking at systems theory, and much more complexity theory, it just gave me a much broader view of some of the things that you can't control LucyLP L246-248

Theories that individuals drew on included humanities, the arts, educational theory and theories relating to change.

Making connections between different theories and being able to use theory helped facilitators to gain a deeper understanding of their practice. For more skilled facilitators, in particular, this meant embedding principles they had learned. This was not always obvious to less experienced facilitators. They were aware that what skilled facilitators did worked and that they were very good at managing challenging situations. However, they could not necessarily see the application of theory in practice. This meant that the use of theory in facilitation practice often remained implicit, much like the art of facilitation as discussed earlier in ***a lens on facilitation***. Facilitators identified that they often made theories explicit when they were teaching others, as seen here by Lisa^{LP};

I suppose how I would use the theory - is in workshopping, you see, some of our workshops are around facilitation development, transformational facilitation, so you see the theory is shared usually within that group LisaLP L61-63

More skilled facilitators tried to explain to others how they created frameworks using a range of theories on which they could hang their practice. They considered that this was an important role for facilitators, particularly relating to interpersonal aspects of their practice. They felt that this helped other facilitators to make sense of theory so

that they too could understand the work being done and why things may work in some situations while not in others;

when supporting the development of novice facilitators, I think it's about being very explicit and transparent, it's about role modelling the ways in which you can be transformational in helping them develop the skills and attributes and understanding of theory, using those transformational skills yourself to foster their development JenniferLP L285-288

Facilitators needed to understand and use a range of theories in their practice. While it could be challenging for inexperienced facilitators to engage with theory, this tended to become easier as they developed. Individuals used different approaches to delve into theory but as they became more skilled, facilitators integrated and embedded theory within their practice.

The cluster of themes relating to those aspects of learning that were external to the facilitator showed how working with others and making sense of theory enhanced facilitators' thinking, understanding and practice. The way in which facilitators used their development and the learning they gained from the internal and external elements discussed thus far in transforming themselves and others is outlined in the third cluster of findings below.

Enacting transformational facilitation (cluster 3)

The two themes, with accompanying subthemes, identified as **enacting transformational facilitation** are shown in Figure 12.

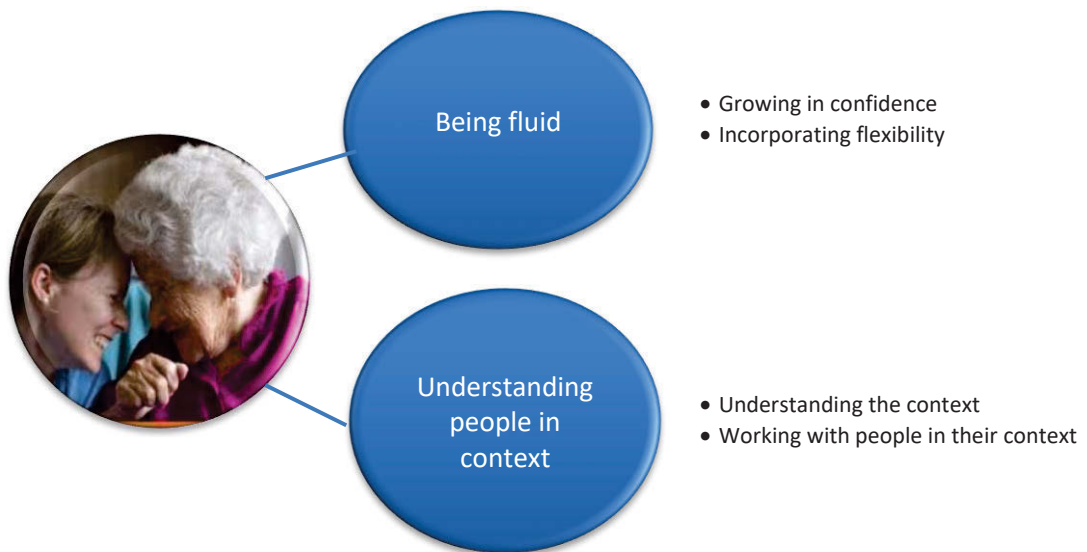


Figure 12: Cluster 3: Enacting transformational facilitation

These themes reflected what facilitators saw as being an essential part of their practice, where they could be flexible in the way they worked with people (*being fluid*) as well as the ability to understand and work effectively with people and within differing contexts. This was not only in terms of readiness for change but also to understand the person and the attitudes they brought to the group (*understanding people in context*). Everything that facilitators developed internally, along with the ways they worked with other facilitators and with theory, helped them to enact transformational facilitation. Each of the themes is explored through the identified sub-themes.

Being fluid

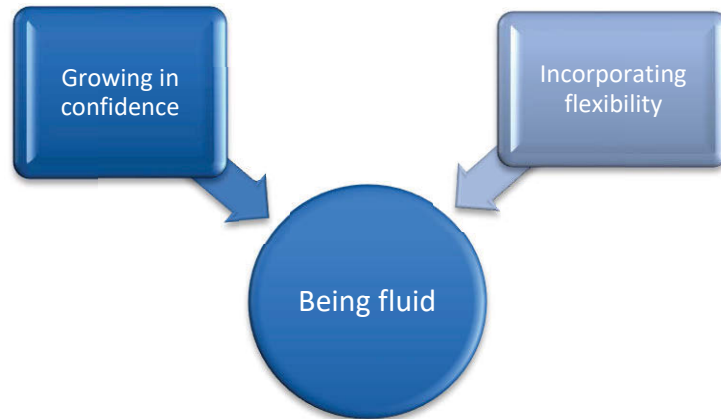


Figure 13: 'Being fluid' sub-themes

A key finding in the study was the ability for facilitators to be agile in their facilitation. *Being fluid* describes the way they would respond in the moment to people and groups they worked with and situations they found themselves in, Figure 13. Fluidity in their practice came as they gained knowledge, skills and experience. It was not possible for facilitators to be fluid in the early stages of development because they were too busy learning facilitation, trying to make sense of it for themselves and to control their anxiety about getting things wrong. As they became more skilled, facilitators learned to trust themselves and their abilities (*growing in confidence*). They were able to let go of control and become increasingly flexible in their practice (*incorporating flexibility*).

Growing in confidence

Learning to trust themselves was the result of the elements described in previous themes in terms of gaining insight about themselves and their practice, engaging with other facilitators and getting to grips with theory. As discussed in *a lens on facilitation*, working with a more experienced facilitator created a safe space in which they could

be challenged to take some risks, which was an important part of gaining skills and experience. Exposure to diverse opportunities and learning to facilitate in different contexts led to increasing confidence. Facilitators started to learn how to assess what was needed for the situation they were in. Wendy^P summed this up when she described her vision of an expert facilitator;

I suppose an expert facilitator is someone with the confidence, or the ability, to live with the room dynamic and know how to manage it Wendy^P L435-436

Here Wendy makes the link between confidence and capability which in turn leads to the ability to 'manage' the complexity of dynamics. As they learned to trust themselves, facilitators gained confidence to try things with people that perhaps they had not done before. However, these things did not always work out the way they thought. Getting things wrong was considered to be part of the journey of becoming a skilled facilitator and people identified that it was okay when this happened. But it was the people who were more comfortable in their facilitation who considered that it was okay if things went wrong. Less experienced facilitators were made more anxious by the thought of getting things wrong and tried to avoid it. For Tony^{LP}, being able to admit something had not quite worked out signified movement in his development because he could manage that situation when it occurred and recognise that something different was needed;

With the confidence comes the ability to, you know, throw in a little bit of humour, or supposed perceived humour by myself, and when it totally crashes you just admit that it's just totally crashed and I shouldn't have gone there; I'm really sorry, let's just continue on! And that usually gets a bit of a humorous laugh anyway, because you've just totally stuffed up Tony^{LP} L521-525

In addition to being able to admit to mistakes, the growing confidence of facilitators changed the way in which they prepared for the work to be undertaken. Although skilled facilitators referred to the need to be prepared, they did not talk

about developing a plan in the same way as those who were less experienced. Their preparation related to finding out about the group they were going to be working with, and the context within which the work was taking place. They recognised that there was only so much preparation that could be done. Mary^P articulated this when she talked about developing a workshop with a less experienced facilitator who would have planned a lot more;

At some point I said 'well, this is all I am going to prepare, because I don't know where they will get at', you know? Where the group will get at. I know the direction, but I can't prepare anymore, so I just have to take it from what it comes

MaryP L107-110

Mary was able to take this approach because she had confidence that she could deal with anything that happened in the workshop as it progressed. Although this was a stage that her less experienced colleague had not yet reached, Mary^P could work with the group in the way that was most effective for them.

Incorporating flexibility

There was a general sense that, in order to be more flexible, people needed skills, knowledge and confidence in facilitating. As people became more experienced, facilitation took on more of a fluid nature, with facilitators being able to respond to groups in the moment and use whatever approaches or direction was needed to meet the group's needs. Facilitators talked about '*going with the flow*' and '*being organic*' to be able to do whatever worked for a group, although that may not always be easy. The ability to be flexible was enabled by having a thorough understanding of facilitation principles. Kate^P described her progression from the challenge of trying to work in transformational ways in her early days of facilitation to reaching a place of skill and experience in her practice;

I tried to live up to the principles and the line, the transformational stuff and research but I came from a very technical, traditional ways of working and even though I could articulate it and describe what I wanted, I didn't act like that KateP
L142-144

and

it's more of the letting go of the strategies and more being focused on the principles you're working with and that actually having, really knowing and being able to articulate those principles and embodying it KateP L102-104

Kate's movement from being someone who worked in very technical ways to being a transformational facilitator was brought about by all of the aspects of development she had undertaken. This included practicing with other facilitators and observing their facilitation, reflecting on her practice and receiving feedback as highlighted in ***a lens on facilitation*** and being able to engage with theory discussed earlier in ***making sense of theory***. Being able to embed the principles of facilitation into their practice gave people a signpost to use when they were working with groups. This was articulated by Amanda^P who described how she managed the unknown of a situation;

It's almost like there's a great big operations board, and you're moving all the chess board, and you go, 'Yeah, I do that here. Oh, no! It doesn't work. I need to move that one to there.' And it's all this stuff moving around, and there comes a point where – I think I had this at some point. I can't remember when it was, when I just thought, 'Just let it all go and just do it. You know you know it. Just do it' AmandaP L175-179

Despite the uncertainty that is conveyed in this extract, Amanda had confidence that using the principles she had embedded in her practice would work.

Being flexible in their ways of working with a group did not, however, mean absence of processes. Facilitators identified that they needed to have confidence in transformational processes and approaches that they had come to understand. When they were learning to be fluid, facilitators sometimes felt that they needed to change direction as soon as they sensed that a particular approach might not be working with a group. The facilitator might reach this conclusion because they could see a change in the group's energy, or saw that people were struggling. Experienced facilitators recognised that part of being fluid was to weigh up the benefit of staying with a process, even when it was hard, against changing direction, in order to help a group. This was obvious in Joanne's description of her experience with other very skilled facilitators;

But they're also not afraid to stick with something, even when it seems like you're sort of treading water or you're plodding around in mud and you're not getting anywhere because you sort of know that because you've had experience of trusting the process, or being there JoanneP L109-111

So, as well as trusting themselves, being fluid involved facilitators learning to trust the processes they were using. More experienced facilitators could see the value of persevering with a process even if the group was struggling with it. They could recognise when groups were challenged by a situation or concept and that much could be gained from continuing to work with the process. However, these facilitators also knew that there might come a time when they needed to change the work with the group in order to make progress and were prepared to do that. In their desire to be flexible, less experienced facilitators might abandon the process too quickly, not recognising that a group simply needed more time. Whilst flexibility was important, sticking with an agreed process and enabling groups to work through challenges they came up against was also a key element of a facilitator's practice. Recognising which approach to take required facilitators to understand the people they were working with.

Understanding people in context

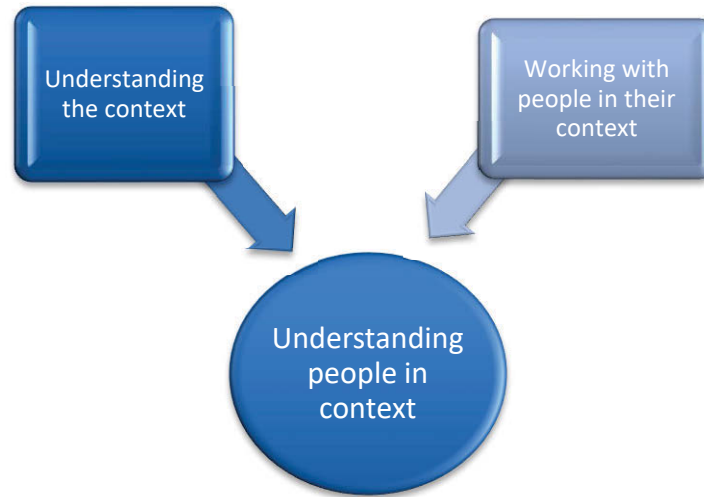


Figure 14: 'Understanding people in context' sub-themes

Facilitators worked with many different groups of people across a wide range of contexts. In order to be fluid and effective in their facilitation, facilitators needed to understand people and the context in which they practiced (Figure 14). Understanding context included considering supports that might be available or challenges that were present. Beginning facilitators recognised that context was important, but did not necessarily understand it, how it could impact on activity, or how to work with it (*understanding the context*). This changed as facilitators became more skilled, learned how to work with people within their particular context and were able to help people understand their own context (*working with people in their context*).

Understanding the context

As highlighted in previous sections, in facilitators' early experiences their focus was often on themselves, for example how they could ask a particular question. As they developed, their facilitation became less about themselves and more about the people

they were working with. Skilled facilitators considered that their role was to help people understand the context in which they were working. Getting a view of how people understood their context gave facilitators something to work with, to help people progress their work in practice. Vanessa^P described this in the way she worked with people;

I kind of use questions to help others to understand their context and the impact it's having on them, rather than me trying to figure out...because I don't know their context, so it's the questions that I ask to help them to unpick it and unravel it, and once they start to do that, I can go in because I've got material Vanessa^P L184-187

However, simply establishing how a particular group viewed their context was not sufficient. Working within a context required that the facilitator ensure the work was aligned with overall strategy, vision and goals inherent within that context. The reason behind the work taking place was instrumental in determining the readiness of groups to engage with the facilitator. For example, being sent by managers to work with a team was very different to the facilitator being invited by a team to work with them. Gaining information about the context of the work to be undertaken helped facilitators to understand how receptive, or otherwise, a group of people might be to working with them. Ascertaining the readiness of a particular group or *finding out where people are at* was a starting point for many facilitators. This helped them to determine their approach to the group and to begin to understand the context they would be working in.

Adding to the complexity of working with a group in a particular context was the way in which power played out within that context. Here the emphasis was on power within organisations and how that could impact on the work being facilitated. This could manifest as blockages in progressing work, often at higher levels of management. Nick^P recognised the disconnect that could occur when there was a difference between what was advocated by an organisation and the behaviours

displayed. The disconnect could have a significant negative impact on the work that was being attempted;

So, I think one of the other challenges is that there's this contradiction, paradox, whatever you want to call it, by what's espoused by organisations and what they actually do.....and really, you then find out that it's just been a tick-box exercise about consultation, and it won't matter what you come up with, what they want will just happen then, and that will be that ^{NickP L327-337}

This was challenging for facilitators to work with as they tried to balance the needs of the group with the needs of the organisation. Facilitators considered that an important part of their development was to increase their organisational and political awareness so that they could understand and work within a given context. Facilitators emphasised the importance of ensuring that work they facilitated aligned with organisational goals and values. There was a view that without this alignment and a consistent organisational approach, there were limitations to what could be achieved. This could present a challenge to facilitators, in trying to stay true to their philosophy of using collaborative and inclusive approaches while meeting organisational outcomes and timeframes. An example given by one facilitator was that using collaborative approaches with groups often increased the time needed to achieve outcomes. This was not always received positively by organisations. The criticism levelled at facilitators regarding this required them to find ways to show outcomes quickly while continuing to facilitate groups in an enabling way. Jennifer^{LP} described some of the difficulties she met in doing so;

the approaches that I would use would not be viewed very favourably so it impacts on what's possible within my role and because I really value those ways of working that are implicit in the way I work it's quite challenging....I would still try to find ways of using those approaches but probably thinking of ways to be able to be very aware of time frames or outputs that are required quickly and find ways to achieve those while still using some of the approaches along the way ^{JenniferLP L166-172}

The issue for Jennifer^{LP} was that this sometimes forced her to act in more transactional ways. It pushed her away from her personal values of working with people in a collaborative way rather than telling them what to do. She was, therefore, constantly trying to balance her ways of working with the needs of the organisation.

Working with people in their context

Relationship building with individuals and groups was a vital part of a facilitator's practice. This involved getting to know the people they were working with and establishing trust as well as understanding the impact of the context on those people. Tony's starting point to build his relationship with a new group was to focus on values;

I guess one of the first things that you do as a facilitator when working with a new team is to find out how their values and your values sort of meet together, to establish that trust and relationship TonyLP L226-229

Meanwhile other facilitators talked about having conversations with people, to understand who they were working with and what they wanted to achieve. This strategy enabled facilitators to work out what could help people to reach their goals. Listening to people was an important skill identified, as well as embracing individuals for who they were. Skilled facilitators recognised that people's personal and professional sides could not be separated, and this needed to be considered when working with a group as Joanne^P highlighted;

you can't take away who you are as a person from who you are as a professional. For me, it's totally impossible, you know, and if it's about helping that person in that context that's related to the professional role, then that's OK JoanneP L229-232

This also meant that facilitators needed to be aware that people within the same group would be at different places in their lives. So even though the setting might be

stable as work progressed, the personal situation of individuals was liable to vary, depending on what was happening in their life at the time. This could affect their ability to engage or be challenged. Tom^P described this in his experiences of building challenge over time with individuals. He identified that a facilitator can be working to increase the challenge they provide to a person because they have created some momentum in the relationship, but the situation can alter quickly;

then their context may change, they've lost a loved one, they've suddenly been told they've been fired – well then you can't keep building the challenge up, what you've got to do now – you change the whole configuration again Tom^P L575-577

Being able to *change the configuration*, as Tom^P alludes to, required facilitators to read groups, and individuals within the group, in order to be aware of where different people were at any given time. The ability to read people came as facilitators got to know them and built relationships.

As referred to earlier, another crucial element in building relationships was trust. People needed to be able to trust the facilitator and trust the processes that they were using. Many facilitators talked about the need for trust, establishing trust and the impact of having it present. As part of building a relationship with a group, Lucy^{LP} described her approach to this;

I think ways of working is a good way to – having a discussion about how the group wants to work together, how each individual wants to contribute to the conversation before that starts to happen, is a good way to create that kind of trust in the space Lucy^{LP} L16-19

It was identified that trust could fluctuate depending on the context and the perception of hidden agendas. The level of trust could be affected by people's perception of the facilitator and the approaches that they used to work with people. If a facilitator's tendency was towards more technical approaches, then the space in

which they worked with people reflected that. This could be due to a lack of confidence in their skills and knowledge which led them to try to control the way the space looked and how people worked together. An example of this was the way in which some facilitators talked about developing 'ground rules' with people. Although they involved the group in deciding what the ground rules would be, some facilitators took the lead in deciding what conditions were important in order for people to work together. Lily's description of establishing group ways of working showed that she was quite directive in leading the group to what she thought was appropriate;

And I usually put the first up – my most important one is that I really want us all to create an environment of mutual respect, or a respectful environment, and so I write that up on the board, kind of thing. And then they usually start coming up – I say, 'We don't need that many. We need three or four.' But it just creates the environment, really LilyLP L127-130

Other facilitators used 'ground rules' in a different way. They described establishing ways of working with a group and using this to challenge groups to a higher level. They talked about drawing on their understanding of theories and the way in which different approaches worked to enable people to explore and learn from each other. Creating the conditions was about what the group could do together to generate a space for learning in which people felt safe to explore. This process incorporated building trust and agreeing ways of working. Lucy^{LP} described her practice in setting up spaces with people, having reached an understanding of her role and that of the people she was working with;

a transformational facilitator is not really about what I can do for you, but it's about what we can do as a group to enhance each other's learning, and then facilitating that through LucyLP L116-117

For Lucy, co-creating ways of working was not just something that needed to be done in order to get on with the work that was required of the group. There was a purpose and specific intent in this step;

So I think that having some clear ways of working about how the group is going to interact, how they're going to contribute, how the experience is going to be shared

LucyLP L118-120

Lucy's aim was to create the space along with the group rather than seeing herself as the driving force. She did this by taking time with the group to understand the people who were coming together and to decide mutually on what needed to be present for people to engage in learning.

In addition to the way facilitators created spaces, for or with people, the approach they took to conversations with people was considered important. Skilled facilitators realised that they needed to be able to use multiple discourses, depending on the people and context they were working with. The language associated with practice development and facilitation was described by most facilitators as being disengaging, because people who were unfamiliar with the concepts regarded it as jargon. Facilitators identified that they would not talk about transformational facilitation with people, particularly to begin with;

I think practice development itself is a difficult language anyway and I would never talk to people about transformational facilitation MollyEP, L56-57

Skilled facilitators identified that they would find alternative language to use that would fit within the given context. This was where their multiple discourses came into play, as they needed to articulate what transformational facilitation and practice development involved in a way that people could understand and work with. As Joanne^P highlighted;

it's about being able to pitch things in the languages at the right levels, but never losing the fundamentals of what it is you're saying JoanneP L413-414

Pitching language at the right level was often a challenge for facilitators who were in an earlier stage of development. They were not always able, or confident enough, to articulate the concepts. Experienced facilitators, on the other hand, who had a deep understanding of the concepts they were using in their facilitation practice, were able to explain these to people in accessible terms. Tom^P summed this up as;

if you're a very skilled facilitator you have the ability to change your discourse according to the person you're interacting with which means that you have to have an enormous vocabulary wrapped up and you need to be very skilled at moving from one to the other, which means you have to have done it an awful lot because it's an acquired ability TomP L420-423

It was clear that the facilitators needed to choose language that fitted the group and the situation at the time. This helped them to work with groups to deconstruct concepts and the associated language so that people in the group could find their own meaning.

Enacting facilitation required facilitators to be confident and flexible in their facilitation style as well as understanding the people and the context they were working with. Facilitators' practice became more fluid as their development progressed and they were able to use this to build trusting relationships in which people could learn and grow and achieve their goals. As facilitators grew increasingly skilled and grew in expertise, they came to embody facilitation which summarised all the themes within this research study and is discussed in the next section.

Embodying facilitation

The themes and sub-themes discussed in this chapter provide a picture of transformational facilitation practice and development of facilitators. As participants in this study shared their stories, it became clear that there was a continuum within each theme and sub-theme which had novice facilitators at one end and those who were highly skilled at the other end. A summary of the themes and sub-themes can be seen in Figure 15.

Internal to the Facilitator	External to the Facilitator	Enacting Transformational Facilitation
<p>Inside your own head</p> <ul style="list-style-type: none"> • The inner dialogue • Strategies to stay in control • Changing the inner dialogue • Externalising the inner dialogue <p>Walking a fine line</p> <ul style="list-style-type: none"> • Balancing challenge and support • Manipulation versus guidance • Use of power <p>Being Me</p> <ul style="list-style-type: none"> • Developing your facilitation • Finding your own style • Gaining insight 	<p>A lens on facilitation</p> <ul style="list-style-type: none"> • Working with others • Making the art of facilitation explicit <p>Making sense of theory</p> <ul style="list-style-type: none"> • Making sense of theory for yourself • Using theory in practice 	<p>Being fluid</p> <ul style="list-style-type: none"> • Growing in confidence • Incorporating flexibility <p>Understanding people in context</p> <ul style="list-style-type: none"> • Understanding the context • Working with people in their context

Figure 15: Summary of themes

The outcome of synthesising everything that was encapsulated in the themes and sub-themes shown in Figure 15 enabled facilitators to embody facilitation as a 'way of being'. Embodying facilitation came about as individuals were gaining personal insights and developing an understanding of what facilitation meant to them. This involved managing the inner dialogue, finding the right balance to be able to walk a fine line and, in particular being themselves in their facilitation. This meant integrating their values and their own style as a facilitator into their practice. Facilitators were able to embody facilitation when they learned with and from others and underpinned their practice with theory. Learning to understand and work with diverse people and contexts was crucial to the embodiment of facilitation and allowed facilitators to bring fluidity to their practice. Wendy^P summed up what many of the more skilled facilitators described in their practice of facilitation;

So it's about living out – for me, I have to say, it's truly about living out, for me, your values every day, living out what you say you are as a facilitator in everything that you do Wendy^P L237-239

This was not always the case and facilitators described seeing people turn facilitation on and off. This meant that when they were facilitating, for example in a workshop, they were one person, but someone else when the workshop finished. This did not sit well with many individuals. They considered that embodying facilitation meant being that way all the time. Rebecca^{LP} talked about this in the context of needing to work on herself so that she was able to be consistent;

because what we don't want is people to see me in a workshop, or in a small group, or in a coaching conversation, and then see me out of that and think, 'She's a completely different person' Rebecca^{LP} L482-484

Some individuals considered that they recognised when they themselves were turning facilitation on and off. Perhaps this was a reflection that they had not fully embodied facilitation as a way of being. Nevertheless, being aware that it was happening allowed

individuals to consider the impact that 'turning off' facilitation could have, as Lucy^{LP} describes;

you notice when you're not on, you know what I mean? So it's not that you're consciously going, 'I'm now going to facilitate,' but if you don't facilitate, you know you're not facilitating, and you're sort of checking on yourself and thinking, 'Well, that was a very dominating conversation, and I've just basically railroaded that. I didn't allow for any conversation to happen' Lucy^{LP} L622-626

This recognition was not always present in the early stages of development. It became clearer to people as they learned who they were as facilitators. For these individuals, facilitation was not something they did, rather it was a way of being as they brought together all the key elements of their practice and who they were as a person.

Jennifer's journey of development was typical of that experienced by participants as they moved from being novice facilitators to becoming more skilled and gaining expertise. Jennifer^{LP} described her journey, over 10 years of becoming a transformational facilitator, although she highlighted that the journey is ongoing, and she continues to develop knowledge, skills and expertise in facilitation. An extract from Jennifer's interview, reproduced as a narrative, incorporated each of the themes that are described in this chapter which are illustrated in Figure 15. The narrative in Figure 16 shows her progression, the overlapping nature of the themes and the links between them.

*I think at the start it was just about trying different tools and techniques, it was probably...copying more experienced facilitators that I had seen facilitate; being quite rule bound, you know, this is the tool or the activity and you do it like this, there is one way of doing it and I remember feeling quite sort of nervous and wanting to be very kind of planned and try to anticipate every possible kind of outcome **(inside your own head)**. I guess if you're going to work in that way, where you're involving people a lot more and give some of that power and control **(walking a fine line)**, it's a lot more nerve racking because you don't really know how that's going to go, so I would have wanted to be as organised and planned as I could; and I guess over time as I've learnt more tools and approaches and developed a greater understanding of theory **(making sense of theory)**, had a lot more opportunity to practice, then I think my facilitation is a lot more authentic. I'm being myself I'm not copying someone else **(being me)**, I'm able to be quite flexible with using different tools and approaches and with a far greater understanding of why I might choose to use a certain approach, and therefore can adapt the tool or approach to the situation and be flexible within the session depending on where the group or the individual is at, and what might be, you know, the better way to go than you originally anticipated **(being fluid)**. Whereas at the start I think I would have had a plan and stuck to the plan **(inside your own head)**, and I guess over time have become much more comfortable with trying to create opportunities for where others could facilitate and I'd be there to support, whereas I wouldn't have had the skill to do that so much to start with **(a lens on facilitation)**. I think I probably underestimate how much a facilitative style is just an ingrained part of the way that I work so I don't have to think about it so much, it's much more a natural way of working **(being me)**, and that might be about wanting to collaborate with others or looking for those opportunities, always looking for those opportunities for others to develop **(understanding people in context)** or just using a much more kind of questioning facilitative style as part of everyday work. JenniferLP L250-272*

Figure 16: An extract from Jennifer's story

Chapter summary

The three clusters of themes encompassed the elements that enabled facilitators to develop and grow themselves and their practice. Although the clusters delineate elements that were internal and external to the facilitator and how they enacted transformational facilitation, the relationship between the clusters is not linear. All facilitators described how their thinking changed and became more sophisticated as their development progressed. This was clear across each of the themes as people gained insight into their own practice. The themes identified were closely interlinked and overlapping. People moved from high levels of anxiety, manifested as a chaotic inner dialogue, and a narrow view of facilitation being about planning and using tools to seeing facilitation through a much broader lens. This lens allowed them to think critically about the people they were working with and the importance of understanding context through the eyes of the people working in that context. People were able to start making sense of facilitation for themselves by observing and interacting with their more skilled colleagues. These interactions, in addition to engaging with a range of theories, enabled facilitators to use transformational approaches intentionally, understanding why they should use a particular approach, rather than using a tool for the sake of using it.

There were many aspects of development that facilitators found useful and people choose aspects that were right for them, that suited the way they liked to learn. Some people immersed themselves in theory from an early stage while others liked to practise and come to the theory at a later point. There was no 'right' way to develop facilitators but there were aspects that were considered key. These were critical reflection and critical feedback, opportunities to facilitate in different situations and with different groups and to practice in a safe environment. Of particular value was being able to practice with a more skilled facilitator. Gaining a deep understanding of theory and practice development and facilitation principles helped facilitators to create their own frameworks. This in turn informed their decision-making processes

which became increasingly more sophisticated as facilitators developed and enabled them to be genuine in their facilitation.

It was clear that highly skilled facilitators were able to balance all the elements needed to enable people to transform their thinking and the practice within their context. It is this embodiment that creates the picture of skilled facilitation which this research set out to uncover. The diverse ways in which facilitators developed led them to gain a level of expertise. However, there was no end point to development for facilitators, irrespective of their skills or experience. Even the most skilled facilitators who shared their stories within this study did not call themselves experts, rather that they had expertise, and all identified their ongoing journey of learning. In the next chapter I discuss the findings of this research study in light of current literature.

Chapter 7: Discussion

The context for this research was facilitation of practice development (PD) in healthcare settings. As explored in chapters 1 and 2, PD relies on the expertise of transformational facilitators to support and challenge teams to change the ways in which they work together and provide high quality care. In order to work effectively with individuals and teams, transformational facilitators need to have a repertoire of skills and attributes with a person-centred orientation; such as valuing people, seeing potential, focusing on individual and team development, building trust, challenging and supporting, highlighted in chapter 3. These are reflected in the Person-centred Practice Framework developed by (McCormack & McCance 2017a) which was explored in chapter 2. Although presented as a Framework for delivering person-centred care to patients, the elements contained therein can also be applied to facilitators. In their case, person-centred practice refers to the way in which they interact with and facilitate individuals and groups. The Framework includes pre-requisites such as clarity of beliefs and values and knowing 'Self'; the care environment such as effective relationships and power sharing; and care processes such as having sympathetic presence. These elements were discussed by facilitators as important to practising skilled facilitation as well as being central to the learning for developing facilitators.

Facilitators usually have competence and expertise in their roles within healthcare. As an inexperienced facilitator, however, they need to build their expertise in practice development and facilitation. For new facilitators, learning the craft of facilitation and developing the skills and attributes needed can be a highly challenging time. They see what skilled facilitators do and they try to replicate that, but often do not have the depth of knowledge and skills to facilitate effectively.

Facilitation Standards developed by Manley et al. (2015) provide facilitators with a framework to assess themselves, or be assessed, against. The Standards describe what facilitators should be aiming for in their facilitation practice, in the context of health

and social care. The authors suggest that they are useful for new facilitators, in particular, as a guide to help them build ‘confidence, skill and expertise across different purposes of facilitation and at different levels’ (Manley et al. 2015, p. 56). The eight Standards outline what is important in facilitation practice in the domains of:

- Purpose
- Enablers
- The facilitation process
- Evaluation of impact and outcome

Facilitators are left, however, to determine how they gain the knowledge, skills and expertise to meet these Standards.

The findings from this study provide insights into how facilitators develop their knowledge and skills. Facilitators related their experiences of working with individuals and groups to transform their thinking and practice within their workplaces, so that service-users received high quality care and staff thrived. They also described their ongoing development journeys of gaining skills, knowledge and expertise. This chapter will focus on key contributions arising from the findings related to the inner dialogue of facilitators, how they become flexible in their practice, how they learn the craft of facilitation and the attribute of authenticity.

The nature of self-talk in facilitation

One of the dominant elements that emerged from the research as facilitators built their experience was their inner dialogue. Chohan (2010, p. 15) pointed out that ‘since our inner voice shapes our thoughts and feelings, it plays a major role in self-regulation, problem solving, and planning’. This was true for facilitators who described the voice inside their heads when they were facilitating and the impact of that voice on their decision-making. This section focuses on the self-talk of inexperienced

facilitators, which tended to be turbulent and quite troublesome for them. The changing nature of self-talk as facilitators became more skilled is also highlighted.

There is a lack of literature which focuses on the content of the inner dialogue of healthcare practitioners, but the topic is discussed more widely in other fields, for example psychology including sports psychology, and education. In these fields, inner dialogue is often referred to as self-talk. The self-talk of inexperienced facilitators often tended to be negative, revealing their self-doubt and lack of confidence. Negative self-talk is a normal reaction to stressful situations as pointed out in a study of psychology students helping them to be aware of, and manage, their negative self-talk (Hughes et al. 2011). For skilled facilitators, on the other hand, self-talk was often related to questioning what was happening in the moment and making decisions about what needed to happen next. Self-talk for athletes can be instructional, which is often used in relation to a skill or technique as it describes the characteristics of a task, or it can be positive or motivational self-talk, used to instil confidence in the individual (Hardy, Begley & Blanchfield 2015; Hardy, Gammage & Hall 2001; Hatzigeorgiadis, Zourbanos & Theodorakis 2007; Zourbanos 2013). Positive self-talk, as well as instructional and motivational self-talk, is more likely to result in improved performance in athletes (Tod, Hardy & Oliver 2011). The difference between athletes' self-talk and that of new facilitators was that athletes' self-talk was generally used intentionally to help them achieve the task in hand and be successful in their sport. The self-talk of new facilitators was usually unplanned and often chaotic.

Less experienced facilitators described the turbulence that went on inside their heads and talked about panicking, feeling uncomfortable and situations being stressful. Their self-talk seemed to be related to their high levels of anxiety and stress when facilitating. These were feelings that could be attributed to lack of confidence in their skills and knowledge as described in a personal account of developing as a facilitator (Newton 2003). Such feelings are also experienced by new practitioners generally, for example nurses or allied health professionals (Burger et al. 2010; Duchscher 2008). Accounts from new graduates of entering practice revealed that they

felt stressed and anxious because of the high level of responsibility they were expected to take on which they did not feel they were ready for (Etheridge 2007). New graduates' stress also came about as a result of expectations that they would be able to take on full patient loads (Hatler et al. 2011; Odland, Sneltvedt & Sörlie 2014; Parker et al. 2014). In addition, their fear and lack of confidence were related to caring for patients (Duchscher 2008; Dyess & Sherman 2009) and interacting with doctors (Olson 2009; Thomas, Ryan & Hodson-Carlton 2011). New facilitators, like new graduates, did not seem to be prepared for the level of responsibility involved in their facilitation practice. They felt a heavy sense of responsibility that was often related to the expectations they had of themselves and what they assumed to be the high expectations of others. These assumptions were also highlighted in a chapter relating to facilitators' accounts of their development journeys in which they stated that groups they worked with expected them to be experts (Clarke, O'Neal & Burke 2008). For new facilitators, thinking that people considered them to be experts added to their anxiety as they did not think they could live up to such expectations. Inexperienced facilitators tended not to check this assumption explicitly with groups, rather allowed it to result in a high level of inner 'chatter' which focused on their lack of expertise and confidence in their skills. In order to try to appear confident about facilitating, inexperienced facilitators were more likely to put on a front so that they could meet the expectations they assumed groups had. This was a tactic that Titchen, Dewing & Manley (2013) noted was used by new facilitators in a chapter about facilitation of PD work.

The anxiety suffered by inexperienced facilitators often meant that the inside of their heads was 'chaotic', reflecting the way that multiple thoughts competed for space as they worked with people. It was challenging for these inexperienced facilitators to sort out their thoughts because they did not feel that they had all the knowledge and skills they needed to deal with anything unexpected. While new graduates in other professions, such as teaching, were also unsure of how to deal with the unexpected, their feelings were of frustration, rather than anxiety (Meanwell & Kleiner 2014). These new teachers quickly came to realise that the students in their

groups would always be unpredictable, so they learned to anticipate such situations (Meanwell & Kleiner 2014). Facilitators also learned to anticipate and manage the unexpected, but this did not happen from the beginning of their practice. While they were new to facilitation, they took steps to try to ensure that the unexpected did not happen, such as creating a plan and then sticking rigidly to it. This is discussed more fully later in the chapter in *being flexible*.

Although new facilitators often found their experiences stressful, this was not the case all the time. Facilitators described sessions that they felt had gone well, when they felt they had helped a group achieve its objectives or that they had challenged a group appropriately. Their self-confidence received a real boost when things worked well. A study by Dyess & Sherman (2009), who investigated new nurse graduate transition and learning needs, revealed similar findings. New nurses, in their study, described the sense of achievement they felt when they were able to apply their knowledge effectively to their practice on a consistent basis. It was apparent that when inexperienced facilitators felt they had facilitated well, their self-confidence increased. More experienced facilitators had a higher level of self-confidence than those who were new. However, they also recognised that their confidence could drop slightly when they encountered a new situation or were facilitating in an unfamiliar context. Very skilled facilitators had a high level of self-confidence and could draw on their wealth of experience to manage unfamiliar situations effectively. Although new facilitators were buoyed by what they saw as good facilitation sessions, they could quickly become dejected again when things did not go well. When a session did not go according to their plan or their use of a particular approach did not work so well, they could become flooded with doubt again about their ability to facilitate effectively. This was reflected in a concept analysis of self-confidence which highlighted that self-confidence can be reduced by self-doubts, saying that 'doubtful persons are not self-confident and live in terrible fear of failure' (White 2009, p. 107). The desire not to fail may have added to the anxiety felt by new facilitators so, while they were trying to build confidence in their abilities, they could be defeated by their self-doubts. Being able to express their self-doubts and work on them, for example in critical dialogue

with another person, could help inexperienced facilitators to overcome these and build their self-confidence more quickly.

Changes in facilitators' self-talk occurred as individuals became more skilled and gained self-confidence. For experienced facilitators, their self-talk was not an inner chatter that could not be managed. Their increasing self-confidence reduced feelings of stress and their self-doubts, so their self-talk was more reasoned and geared towards working out what was happening within the situation they were in. Unlike new facilitators, the inside of a skilled facilitator's head was not full of chaotic or panicked thoughts. Skilled facilitators did not talk about the expectations of the groups they worked with although they still felt a sense of responsibility. In their case, the responsibility was to ensure that the individuals and groups they worked with could transform their thinking and practice and achieve their goals. They continued to learn and develop but had greater faith in their ability to facilitate effectively. Similarly, research by Duchscher (2008) into the transition experience of new nurses identified new graduates becoming more relaxed and moving into a 'comfortable space that permitted the mild angst that came with what they did not know to coexist with the growing confidence in what they did know' (Duchscher 2008, p. 447). Facilitators also recognised that even though their knowledge and skills were growing, they did not know everything about facilitation. That knowledge began to sit more comfortably with them and their self-talk altered to focus less on gaps in knowledge and skills and started to relate more to understanding the contexts they were working in and interventions they could use.

For skilled facilitators, their self-talk became more of a critical dialogue in which they weighed up options regarding which, if any, intervention to employ. A review of self-talk research in therapy highlighted that experienced therapists' self-talk was more likely to be related to interventions or types of interventions than that of inexperienced therapists (Browne 2005). A systematic review of the self-talk of athletes put forward another view. It indicated that while novice athletes use a lot of instructional self-talk, experienced athletes tend to perform more automatically,

meaning 'they engage in less cognitive activity' (Tod, Hardy & Oliver 2011, p. 668). This seems to suggest that experienced athletes did not need to think about what they were doing. Unlike the experienced athletes that performed more automatically in Tod's study, skilled facilitators did not describe their facilitation in this way. While they may not have worked through strategies step by step, these facilitators very intentionally chose approaches that would enable a group to make progress and achieve their aims. They constantly assessed what was happening and tailored their facilitation to the needs of the group. They were able to do this by drawing on all their knowledge and experience of facilitating, which is discussed further in the next section ***being flexible***. However, the ability of experienced performers, whether athletes or facilitators, to act and react quickly to a situation may make it seem as if they are performing automatically.

Facilitators might find their inner dialogue easier to manage if they found ways to use the questions raised by their self-doubts as opportunities for self-discovery rather than trying to silence it or being overwhelmed by it. The idea of self-doubts being used constructively was put forward by Hay et al. (2013). The lead author, in reflecting on his academic teaching career, considered self-doubts to be critical, in association with self-discovery, to enable engagement with his students (Hay et al. 2013). Some facilitators did highlight that they used deliberate strategies such as meditation to *silence the inner chatter*, perhaps because they did not know how to work with their self-talk. There was little apparent in facilitation literature about managing self-talk, although a personal account by a skilled facilitator identified her use of mindfulness to take herself out of her head and change the way she saw situations (Bergin 2015). Literature in other fields provided more insights on this topic. Jemmer (2011) provided strategies to silence the negative inner voice with the aim of helping clients in psychotherapy to change their inner voice in order to control negativity. Pare & Lysack (2006) explored learning activities specific to the inner dialogue of counsellors. The learning activities used helped to raise awareness of the content of the inner dialogue and the way in which counsellors used their self-talk to determine their next response to a client. In a paper about pharmacists using self-talk to their advantage, they were

advised to be aware of their self-talk and to intentionally change any negative self-talk to positive (White 2008). It was expected that doing so would enhance their performance and sense of self-worth. Self-reflection and developing self-awareness can help individuals to recreate their self-talk along more positive lines as identified in a paper discussing the role of the inner voice with teachers and students in a classroom (Chohan 2010). It was not clear in my research whether facilitators reflected on their inner dialogue at all, either alone or with others. They may have been reluctant to share their inner dialogue with other facilitators because they thought that they were the only ones who felt this way. Reflecting on their inner chatter with another facilitator, to try to make sense of it and find ways to overcome their self-doubts is likely to benefit new facilitators. They could be assisted in their reflections by their more experienced colleagues, to recognise that they are not alone in experiencing these reactions and to work through the stress and anxiety they are feeling, in order to make their self-talk more positive.

Facilitators identified that the expertise or artistry of facilitation is often not made explicit, rather it stays somewhat hidden inside individuals' heads. However, skilled facilitators described working with those who were less experienced to bring hidden craft knowledge to the surface and talked about being explicit about their facilitation processes when supporting developing facilitators, both formally and informally. This view was supported by Titchen, Dewing & Manley (2013, p. 127) who maintained that 'facilitators intentionally role-model facilitation skills and explain the methods and processes they are using to enable others to have insight into this themselves'. However, this was not the experience related by novice facilitators; although they admired skilled facilitation when they were exposed to it, they often did not understand how it happened. This view provided by inexperienced facilitators is akin to the idea that expert practitioners cannot easily articulate their thought processes to novices (Edwards 2014; Ulrich 2011). In general, new facilitators thought that formal programs of facilitation training were the places where skilled facilitators articulated their thought processes, and it did not always happen even then. So, there seemed to be somewhat of a disconnect in terms of exposing facilitation craft knowledge, with

those who were skilled believing that they did this with others but inexperienced facilitators feeling that the craft knowledge remained hidden. Perhaps the less experienced facilitators had too much going on in their heads to recognise that their more skilled colleagues were enabling them to bring their craft knowledge to the surface. It may help developing facilitators if their skilled colleagues made it more explicit that they were not only sharing their own thought processes but were helping individuals to reflect on and articulate their craft knowledge.

Being flexible

This section discusses findings in relation to the way in which facilitators became flexible in their practice. Being flexible is quite a complex idea, incorporating active listening, reading the group and taking appropriate action as needed (Harvey et al. 2002; Heron 1999; Newton 2003; van Lieshout & Cardiff 2015). Facilitators were only able to become flexible as they learned how to manage complexity in situations and acquired expertise as they developed knowledge, skills and experience in facilitation and practice development. A discussion paper intending to define an expert suggested that there are two kinds of expertise (Weinstein 1993). Individuals may have performative expertise, or the ability to perform a skill to a high standard. On the other hand, individuals may have epistemic expertise, or the ability to 'offer strong justifications for a range of propositions in a domain' (Weinstein 1993, p. 58). Experts are likely to be those people who have both these kinds of expertise, as was generally the case for highly skilled facilitators. They described being able to 'go with the flow' of whatever circumstances they found themselves in.

The complexity involved in being flexible was often what challenged inexperienced facilitators. They could effectively manage sessions where little happened that was unexpected, which suggests either that these sessions were less complex or new facilitators did not recognise or challenge the complexity that existed. As the complexity within a situation increased, inexperienced facilitators' ability to work with

what was happening decreased. Skilled facilitators, on the other hand, could adapt to more complex situations and work out the most appropriate way to go with the group.

When an inexperienced facilitator encountered complexity, they were often unsure how to manage it. This was similar to a study with psychology students who found it difficult to sort through clients' stories when they were complex, which led to uncertainty about which direction to take with the client (Burgess, Rhodes & Wilson 2013). New facilitators tried to manage complexity by tightly controlling group sessions to combat their feelings of insecurity and reduce the likelihood of something unexpected happening. They did this by creating a plan, then sticking to it regardless of what was happening in the group, a strategy described by Burger et al. (2010) in their study of novice and expert nurses' responses to complex cases. If something occurred that the inexperienced facilitator had not prepared for, they worked to bring things back on track, keep moving in some way along the same trajectory. Trying to manage complexity in this rigid fashion was at odds with flexibility being a key attribute of facilitators, which was described in a study of implementing evidence-based practice, as having 'the comfort to let go and guide versus drive the process' (Dogherty et al. 2013, p. 135). Inexperienced facilitators were not able to let go, due to their shortage of sufficient knowledge and skills and their lack of confidence in their ability to facilitate effectively. For skilled facilitators, maintaining control looked quite different and was to do with holding the space, in other words maintaining an environment in which people were safe to explore and learn (Clarke, O'Neal & Burke 2008).

As facilitators gained expertise they could reduce the rigid control they had been holding on to. This was similar to a reflection by Hay on his many years in academic teaching, in which he highlighted his movement away from being inflexible in the structure he used as he became more experienced (Hay et al. 2013). That movement was enabled by changing his preparation for lectures and providing resources for students that would lead to engaging discussions. While all facilitators described the need to engage with individuals and groups, new facilitators tended to do this by choosing activities that groups could participate in. Skilled facilitators put efforts into

preparation by gathering information from a range of sources, similar to the response of expert nurses to complex cases (Burger et al. 2010). Skilled facilitators found out about the people and the culture they would be working with and used this information to create a framework in their heads for engaging with groups, rather than sticking rigidly to a plan. This was an approach advocated by Friedman (1989), more than 25 years ago. He described the need for facilitators of problem-solving groups in corporate settings to find out about the group and their organisational culture before working with them. His advice was that this would enable facilitators to take account of organisational constraints and competing agendas likely to impact on groups. In their concept analysis of enabling, Shaw and colleagues identified this as an attribute of skilled facilitators 'that they know about context and culture and how to offer enabling in a range of cultures and contexts' (Shaw et al. 2008, p. 157). For skilled facilitators in my research this came about because of working across organisations and gaining wide-ranging experiences in different contexts. To gain this wide-ranging experience, inexperienced facilitators needed support from more skilled colleagues to feel safe in facilitating in these different situations, explored further later in the chapter in *learning the craft of facilitation*.

Being flexible came as facilitators grew in confidence and felt that they had the skilled know-how to draw on in any situation, including those that were unexpected or challenging. This came easier for highly skilled facilitators, in part because they had more experiences to draw on in assessing and managing different situations. Day's discussion of expertise reveals similar thinking in the case of expert doctors developing illness scripts. He highlights that these doctors draw on memories of past patients that results in 'numerous rich schemata which can be drawn upon to problem-solve' (Day 2002, p. 68). Titchen, Dewing & Manley (2013), in their advice on developing facilitation skills, seem to support this view. They note that 'the capacity to see what is significant develops from being able to see similar patterns emerging in individuals and situations' (Titchen, Dewing & Manley 2013, p. 127). Over time, facilitators honed their ability to focus on what was important in a group because they had multiple previous

experiences to refer to. This allowed them to change direction as needed to meet the needs of a group.

Flexibility also came as facilitators learned how to be proficient in the use of a range of methods so that they could choose the most appropriate intervention that would help a group achieve its goals. Skilled facilitators could go with the group they were working with, using methods and processes that were helpful and meaningful to that group and could stop or take a step back to consider the next move, if that was what the group needed. In contrast, less experienced facilitators tended to fall back on what they knew, particularly if they were feeling challenged, or unsure of themselves. They tended to take a more technical facilitation approach, focusing on tasks to be completed without paying as much attention to the process of facilitation and group dynamics. This was consistent with a text in which a facilitator gave a personal account of her early practice (Clarke, O'Neal & Burke 2008). New facilitators were more likely to use tools they were comfortable with, in the same way in every situation, to help them feel a degree of confidence and control within the situation. Psychology students followed a similar pattern, reverting to basic counselling skills that they were comfortable with, when they were in challenging situations (Burgess, Rhodes & Wilson 2013). The issue for facilitators in doing this was that the tool or approach they used may not have been the most appropriate for the situation, but inexperienced facilitators often did not have the flexibility to change this, in the moment.

When they felt confident, facilitators could think on their feet and be more critical in decision-making, which equated with the experiences of psychology students in the study by Burgess, Rhodes & Wilson (2013). Thinking on their feet required facilitators to reflect, in the moment, on what they were seeing and hearing within a group and make a judgement about the most appropriate course of action. Less experienced facilitators revealed that they were not always able to reflect in the moment because their inner dialogue was *chaotic*, signifying the way that multiple thoughts competed for space as they worked with people. Dyess & Sherman (2009) found something similar in their study of transition of new nurse graduates. These nurses were unable

to reflect-in-action because of the busy nature of the work with patients. One nurse in that study encapsulated this, when she commented 'there is no time to stand still and use your brains' (Dyess & Sherman 2009, p. 408). New facilitators may feel there is no time to stand still and use their brains because of their constant anxiety-laden inner chatter and their need to keep things on track.

Because highly skilled facilitators were able more effectively to bring together their theoretical knowledge, skills and experience they could reflect in the moment. Their considered decisions were based on an assessment of the group, the dynamics and energy present in the room, the work that they had agreed to do together that day as well as previous experiences or observation of similar situations. This reflection-in-action, described by skilled facilitators, seems to be in direct contradiction to Benner's view of the way in which expert nurses function. She considered that expert nurses operate on intuition and 'if experts are made to attend to the particulars or to a formal model or rule, their performance actually deteriorates' (Benner 1984 p. 37). This seems to be outlined as well in the model of skill acquisition developed by Dreyfus and Dreyfus, on which Benner's novice-to-expert model is based. Dreyfus and Dreyfus, quoted in a discussion paper of expert radiographers by Day, state that;

an expert's skill has become so much part of him that he need be no more aware of it than he is of his own body . . . when things are proceeding normally experts don't solve problems and don't make decisions; they do what normally works. (Day 2002, p. 65)

These views of Benner and Dreyfus were supported by Day (2009) in her discussion of novice to expert practice within a critical care setting. While highly skilled facilitators embodied facilitation, which seems to equate to part of the quote above, they were quite clear that they did problem-solve and make decisions in the moment, drawing on all their knowledge and experience. In citing Benner's view on reflection, Gardner (2012) determined this meant that not only was reflection-in-action futile, it was actually unsafe to engage in it. What facilitators revealed was that, far from being pointless, encouraging facilitators to develop the ability to reflect in the moment as

they gain confidence in their capabilities is likely to enhance critical thinking in their decision-making processes. This, in turn, will benefit the groups being facilitated as the facilitator is likely to be able to take appropriate action that will help a group achieve their goals. This view is supported by Rober (2005) who describes the benefit of reflection in the moment by family therapists that allowed them to decide where to go next in a session and Pare & Lysack (2006) in their work with novice counsellors.

Skilled facilitators, in my research, identified their actions as intentional and felt this was something they developed over time. The question of intuitive practice, rather than intentionality, arose for inexperienced facilitators however, when they watched very experienced colleagues facilitating, particularly in challenging circumstances. They could see that the facilitation was effective but were unsure how the skilled facilitator made it happen. One individual described this as *he just knew the right thing to do and I'm not sure he gave it much thought process*. Thomas (2008b) explored intuition versus intentionality in preparing facilitators within the field of education. Thomas defined facilitators as acting intentionally when 'they are deliberate about what they are doing and can provide rationales for their actions' (Thomas 2008b, p. 5) and defined intuition as 'the circumstances when an experienced facilitator is not able to articulate a clear rationale for their actions, yet they are still able to facilitate effectively' (Thomas 2008b, p. 5). Skilled facilitators did not refer to intuitive practice, rather they described their critical thinking processes in which they used their knowledge and experience and the principles they had embedded in their practice to decide on an appropriate course of action. This was contrary to Thomas' view that facilitators could not articulate a rationale for their actions (Thomas 2008b). It is true, however, that these skilled facilitators responded to the situations they found themselves in. Their response may have been immediate, and only afterwards did they consider how they knew what that response should be. Perhaps this is intuitive practice and it enables skilled facilitators to act in the moment, be flexible and react appropriately to the situation they find themselves in.

Learning the craft of facilitation

The learning for facilitators was wide-ranging and ongoing. While skilled facilitators were instrumental in supporting the learning of less experienced facilitators, their own learning was equally important. The ongoing nature of development was shown in the framework outlining the stages of development of facilitation expertise proposed by Crisp & Wilson (2011), which has been discussed in chapters 3 and 5. They pointed out that facilitators in the early stages of development were often focused on themselves and tended to be bound by rules. The framework proposes 3 stages with individuals moving from seeking understanding of PD and facilitation through to engaging in ways of working that reflect a deep understanding of the principles, theories, actions and outcomes of practice development. This framework posits that there are four domains put into practice as individuals develop: Seeing (knowledge unfold); Doing (skilful application); Thinking (through theory) and Being (authentic practice) (Crisp & Wilson 2011, p. 176). This framework is a useful tool for self-reflection by facilitators and to chart their progress as they develop. The speed with which people move through the stages will almost certainly vary, given the individual nature of skills development and opportunities to engage in facilitation. Facilitators reflected these stages as they described their thinking and their facilitation practice. This section discusses the learning for facilitators, which included gaining technical skills and theoretical knowledge and the mechanisms used by facilitators to become skilled in their craft.

Initially, facilitators felt the need to develop technical knowledge and skills, learning tools and approaches used in transformational facilitation e.g. Values Clarification (Warfield & Manley 1990) or Claims, Concerns, Issues (Guba & Lincoln 1989). This learning involved facilitators becoming familiar with the content of the tools and the theory underpinning them. But learning the technical skill was not enough, the art of effective transformational facilitation lay in *how* facilitators used the approaches with individuals and groups. Facilitators identified that it often did not take very long to learn the tools, it was the way in which they were used to enable people

to learn and transform their thinking and practice that took time and effort. Atkinson (1999) highlighted this view in her reflection on the process of personal development for healthcare managers stating that 'merely training individuals in skills or competencies is no guarantee that they will use them effectively' (Atkinson 1999, p. 504). While learning the technical skills of facilitation was important, facilitators indicated that their greatest learning was in how to use those skills effectively and they actively sought learning opportunities to achieve this goal.

In order to learn, facilitators in my research related how, at the beginning of their journey, the focus was often on themselves. In the early stages of development, facilitators created a space for themselves, a space in which they could reflect and learn. This enabled them to learn about themselves, their thinking and their practice. At that point, it was more about this and less about how to intentionally create a space in which others could transform. This focus on self also applied to novice nurses in a study by Newton & McKenna (2009). In order to be effective facilitators, individuals first had to transform themselves, a concept identified by Chohan (2010) in relation to self-leadership of teachers and learners.

As they became more experienced, facilitators could assess the situation they were in and help a group create a space in which everyone could learn, transform their thinking and their practice. This happened as facilitators became more confident and trusted themselves and their ability to work with anything that happened in the group. The movement as facilitators became more skilled reflected a shifting in a facilitator's focus from their own needs to the needs of the group, also noted in new graduate nurses (Newton & McKenna 2009). This shift in focus was an important part of a facilitator's development. It indicated that they were becoming more skilled and could incorporate more than just themselves and their own learning into their way of working.

While being able to focus on the needs of others was important, facilitators identified the importance of maintaining some focus on themselves as well, in order to

continue their own growth. They acknowledged that they had expertise in facilitation but stated that they were always looking for opportunities to stretch themselves and to keep developing, so were in a constant state of becoming, outlined in van Lieshout and Cardiff's reflections on their development as person-centred facilitators (van Lieshout & Cardiff 2015). The idea that people are on a continuum of learning that is ongoing over the course of a career was also put forward by Eraut (2004) in his paper regarding informal learning within the workplace. The difference for very skilled facilitators was that they sought different kinds of opportunities to those who were less experienced, and these were often outside the fields of facilitation and practice development. Seeking opportunities that stretch and challenge an individual and help them to improve was referred to as 'deliberate practice' by Ericsson, Prietula & Cokely (2007, p. 119) and was aimed at individuals at all levels who were developing expertise. In addition, this need to continue developing themselves and their practice was confirmed by experienced academic teachers (Hay et al. 2013). These papers support the view of skilled facilitators that development is an ongoing journey and that they never stop learning. It is important therefore to look, not just at learning opportunities for inexperienced facilitators, but at how skilled facilitators can be supported in their continuing journey.

Although inexperienced facilitators identified a range of theories that they learned in their previous roles, the theories relating to facilitation and PD were often new to them and they had to learn these as they were engaging in their facilitation practice. They identified that they may have received some training in facilitation, usually no more than a few days or, at most, a week, but they generally had no more formal preparation than that. This was a difference between new facilitators and new graduates as the latter come armed with the theory they need to practice in their profession (van der Putten 2008). While the training that facilitators received was considered valuable, the brevity of preparation may account for the feelings of being overwhelmed that was a feature of early facilitation practice, as outlined in earlier sections. The insufficiency of brief periods of training to prepare facilitators was also raised in a study of facilitator competencies. These authors proposed that 'facilitator

training should be considered a process that necessitates practice, assessment and feedback' (Bylund et al. 2009, p. 347). Although their focus was specifically on facilitation of small-group role playing in communication skills training, their view of training as a process could apply equally to many aspects of facilitation. It may not be possible to prepare new facilitators completely as much of their learning comes through the actual practice of facilitation so that they can amass the experience needed to build expertise and to connect with theory. This idea was put forward by facilitators of student nurses in clinical practice. They recognised that 'no amount of preparation could have fully prepared them for the role' and that they really learned about the role from doing it (Andrews & Ford 2013, p. 415). This suggests it is even more important to provide ongoing development opportunities in ways that enable facilitators to benefit from practice and feedback, two of the elements considered, by facilitators, as essential to their development.

Novice facilitators learned first by observing and doing. They watched skilled facilitators in action but were unlikely to deconstruct what they were seeing. They were more likely at this stage to copy more experienced facilitators, using the same approaches but with little or no understanding of why a particular approach may or may not work. If the skilled facilitator deconstructed their thinking with the inexperienced facilitator, then greater learning could occur. However, as indicated earlier in the chapter, in *the nature of self-talk in facilitation*, this deconstruction did not always occur. The 'doing' elements came through novices practicing facilitation, often with another, more experienced colleague. This model of co-facilitating provided an opportunity for developing facilitators to take risks and learn by personal exploration within a safe and supportive environment. This was supported in papers relating to workplace learning (Eraut 2011) and facilitator education (Thomas 2008a, 2008b). Eraut (2011) considered that working alongside others gave people the opportunity to learn new things, as well as becoming aware of different kinds of knowledge and to see how a colleague managed different situations. He considered that such activities were often tacit and not easy to make explicit. It was this tacit knowledge that was hidden from inexperienced facilitators and not always articulated

by their more experienced colleagues. As discussed *being flexible*, new facilitators do not have expertise that would allow them to facilitate in complex situations. This is what they need to develop through their learning and through practising in safe environments with the support of skilled facilitators. If inexperienced facilitators cannot be fully prepared for the role, then supporting them as they gain experience becomes even more important and use of a co-facilitation model in this research was considered an effective means of doing that.

New facilitators could be constrained by their own sense of their limitations. As highlighted in earlier sections, they had an ongoing, often, negative, voice inside their heads, lacked confidence in their ability to facilitate effectively, lacked the depth of knowledge and skills that would allow them to manage any situation they found themselves in and tried to maintain control by being rigid. In order to learn how to overcome their self-imposed constraints, facilitators identified a range of opportunities that they accessed. Some of these opportunities including gaining new perspectives, using mechanisms such as active learning (Dewing 2010). This mechanism can provide 'a sense of freedom to act differently' (Benson 2015, p. 7) and allowed new facilitators to be challenged in a supportive environment. The opportunities for critical reflection and feedback within such mechanisms were considered particularly valuable. These were means by which inexperienced facilitators could be supported to work on their thinking and the way in which they practised. Some individuals talked about engaging in critical reflection and feedback with other facilitators but did not identify a structure within which that took place. Others referred to specific frameworks or 'helping relationships' that incorporated reflection and feedback approaches, such as Critical Companionship, mentoring, coaching and the co-facilitation model referred to earlier in this section. Less experienced facilitators talked about these relationships as instrumental in progressing their development, while skilled facilitators referred to their use of these mechanisms in working with developing facilitators. Hardiman and Dewing proposed that new facilitators should identify a Critical Ally to support their development, while slightly more experienced facilitators would benefit from a Critical

Friend (Hardiman & Dewing 2014). These helping strategies have been discussed in more depth in chapter 3.

Critical feedback was considered to be essential by facilitators to challenge them and enhance their learning. This aligned with Ericsson and colleagues' view who considered that feedback in developing expertise;

requires coaches who are capable of giving constructive, even painful, feedback. Real experts are extremely motivated students who seek out such feedback. They're also skilled at understanding when and if a coach's advice doesn't work for them (Ericsson, Prietula & Cokely 2007, p. 121).

Facilitators sometimes felt that feedback was challenging or 'painful' and they welcomed this as part of their learning. When feedback is likely to be challenging for a new facilitator, givers of feedback need to ensure that it happens within a supportive environment. Otherwise, an inexperienced facilitator may be inclined to disengage and question whether they should continue to facilitate. Ericsson's view requires facilitators to consider critically the feedback they are given in order to establish its usefulness. New facilitators were less likely to do this, rather accepting all the feedback they were given as being accurate and necessary. As they became more skilled, facilitators gained the ability to filter feedback and determine what elements of it were needed to continue their development. Eraut's (2011) research with early career workers, in the fields of business and accounting, engineering and healthcare, into their learning in the workplace, considered that feedback, both giving and receiving it, was essential for learning to occur. However, this author pointed out that the feedback needed to be of two varieties, that relating to tasks in the immediate context and feedback on general progress in the longer term. Facilitators talked more about seeking specific feedback on their facilitation as it happened, and less about the longer term strategic feedback advocated by Eraut (2011). Exposing inexperienced facilitators to critical feedback, with support, enhanced their learning and enabled them to develop and use this skill with others.

In terms of using the helping relationships referred to above, Critical Companionship was referred to more often by skilled facilitators, although some inexperienced facilitators gave it as an example of a mechanism that they were aware of. Despite being aware of it, these facilitators did not explicitly describe its use in relation to their own learning or describe using it with others. The Critical Companionship framework incorporates experiential learning in which an experienced facilitator enables development of another person using challenge and support within a relationship of trust and learning (Titchen 2003; Wright & Titchen 2003) and 'can enable individuals to transform their ways of thinking, being, doing and feeling' (Hardy et al. 2013, p. 1102). The Critical Companionship model has three domains, outlined in a discussion by Gribben & Cochrane (2006) of using the model:

relationship (developing and maintaining a relationship with the practitioner), rational-intuitive (identification and choice of helping strategies) and facilitation (using strategies to facilitate development). (Gribben & Cochrane 2006, p. 15)

While those who were less experienced did not tend to call their relationship with another facilitator Critical Companionship, some of the mechanisms they described as part of their learning would fit with the domains described within the model. An example was the way in which inexperienced facilitators learned, through dialogue with a more skilled colleague, how to establish rapport and trust with people and how to establish an effective relationship with an individual or a group. This fits with the relationship domain of the Critical Companionship model and was reflected in a paper about working with relationships and boundaries which highlighted the value of using the Critical Companionship model in working with learners (Williams 2012a). These aspects of support would also fit into the Critical Ally and Critical Friend models proposed by Hardiman & Dewing (2014) and, within these strategies, could be at a more appropriate level for inexperienced facilitators. It may be that skilled facilitators need to be more explicit that they are using a Critical Companionship model with those they are developing. This would enable less experienced facilitators, not only to

enhance their own development but also learn how to use the model specifically within their own practice.

Facilitators did refer specifically to the value of having a mentor or being engaged in a coaching relationship. The benefit of mentorship was very similar to the learning facilitators identified they gained from coaching and were very similar to those outlined by Benson (2015). That author's access to a skilled facilitator as a mentor for a year helped her to reflect at a deeper level, learn enabling approaches and how to use them creatively as well as increasing her own self-awareness and giving her insights into her facilitation style. As they became more experienced, facilitators provided coaching to others as well as engaging in it for their own learning.

While facilitators considered use of mechanisms such as co-facilitation, mentorship, Critical Companionship or coaching to be critical to development of facilitators, they did not specify how these relationships were similar to each other, or different. They did not refer to Critical Ally, Critical Friend or the Critical Guide proposed by Crisp & Wilson (2011). The terms quoted by facilitators sometimes seemed to be used interchangeably, for example the description of the process of coaching was close to that of mentorship. The only model that inexperienced facilitators seemed to be very clear about was co-facilitation. They described how this model worked for them and the learning they got from working in such a model. Perhaps this is because they were able to 'do' facilitation, with support, within this model, whilst the helping relationships seemed more similar to each other in offering mechanisms for reflection and critical dialogue.

Being present as an authentic facilitator

There is increasing emphasis on authentic leadership in literature relating to business, teaching and healthcare. At the same time, definitions of PD refer to the need for facilitators to be authentic in their practice, such as that published in 2008:

It (practice development) is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. (Manley, McCormack & Wilson 2008, p. 9)

The literature identifies that living out personal values and beliefs, self-awareness, and emotional intelligence are required for individuals to become authentic leaders. These are the same concepts that facilitators described in their journey towards being authentic in their practice. The Person-centred Practice Framework (McCormack & McCance 2017a) is important for helping practitioners to consider the way they care for service users but also helpful to facilitators in terms of developing and using person-centred attributes that will enable them to be effective authentic facilitators. Pre-requisites for person-centred care within the Framework, as explored in chapter 2, include clarity of beliefs and values and knowing 'Self'.

Authenticity involves balancing all elements of facilitation and avoiding manipulation, for example imposing the facilitator's values onto others or guiding others into what they think is best (Titchen, Dewing & Manley 2013). These authors also highlighted that being yourself is an important attribute of facilitation. As facilitators became more experienced and skilled, there was a central element of learning to be yourself, rather than imitating someone else. This idea of being authentic and of embedding facilitation into their everyday way of behaving was important to facilitators. These ideas were also advocated in a paper exploring how individuals became authentic leaders (George et al. 2007). Opinions differed on whether novice facilitators could be authentic from the beginning of their practice. The general feeling was that you can be authentic as a person regardless of your stage of development as a facilitator, however you need to develop skills, knowledge and experience to be authentic in your facilitation practice. In the early stages of development, it was more challenging for facilitators to be themselves because they were so focused on learning the processes and skills to facilitate and facilitation tended to be a process that they undertook, rather than applying the principles

underpinning practice development. The changing inner dialogue, learning opportunities and being present all contributed to being an authentic facilitator.

'Authentic' can be defined as representing one's true nature or beliefs or being true to oneself. As facilitators became more skilled and confident in their practice they became more in touch with their personal values. This allowed them to be consistent and authentic in the way they facilitated. This matches the description of authenticity put forward by Sanders and her colleagues of 'living and being true to the values that one espouses' (Sanders, Odell & Webster 2013, p. 36). In an exploration of personal authenticity, Kreber (2010) describes self-deception as part of her lack of authenticity in one particular area of her life. This does not seem to apply to new facilitators as there was no evidence that they were deliberately deceiving themselves. Rather they may not have explored their own values or may not have seen the relevance to their facilitation as they were so busy learning the skills, approaches and processes to use. As they became more skilled, facilitators became more aware of the need to be ethical and apply their own values in their practice. In an account of the importance of reflexivity, self-awareness and self-authorship in authentic leadership, Eriksen (2009), maintained that values and beliefs are not static, they often change over time. Individuals, therefore, need to reflect on who they are and how their values and assumptions affect the way they interact with others. This reflection, in the moment or retrospectively, leads to self-awareness and self-authorship or understanding themselves based on the beliefs and values that they hold within (Eriksen 2009). Similarly, in her account of her personal journey of facilitator development, van der Zijpp discovered that her previously held values and behaviours were holding her back from practising in a person-centred way. She identified the need to explore her values and beliefs thoroughly, and to change to ensure that her personal philosophy underpinned her practice (van der Zijpp & Dewing 2009). While facilitators did not describe their values and beliefs changing as they developed, they did identify the importance of how these constructs were integrated into their everyday practice and affected the way they related to others. Despite the importance attached to values and beliefs, it was not clear how facilitators explored these for themselves or whether

they received help in doing so, although they did refer to critical dialogue with others and feedback as contributing to their self-awareness. Making clarification of personal values and beliefs an explicit part of the development of inexperienced facilitators is likely to help them make significant progress in becoming skilled practitioners of their art. At the same time, individuals need to be aware, as described by skilled facilitators, that development is an ongoing process, even for those considered, by others, to be experts in their field.

To begin with, facilitators were trying to learn how to facilitate and often did not know how to challenge others effectively. Because they were unsure of themselves, their tendency was to let things go in a challenging situation, for example inappropriate behaviour of individuals. They highlighted that they wanted to be able to challenge such behaviour, but they were often unable to do so because they were panicking about how to do it effectively. The difficulty that facilitators had in challenging was reflected in a paper by Kreber (2010) who explored the ideas of complacency, compliance and contestation in striving for authenticity. This author defined complacency as not wanting to challenge self or others; compliance as not wanting to challenge others, including norms and expectations, and contestation as challenging both self and others. Even when they had ideas about how to challenge what they were seeing, facilitators often did not have the confidence to follow through and did not want to, as Kreber puts it 'unnecessarily rock the boat' (Kreber 2010, p. 182). The ability to balance appropriate amounts of challenge with support was something that facilitators developed over time. Complacency is also defined by this author as individuals not being reflective. This is less applicable to facilitators. They did reflect but their reflection, early on, tended to focus on what they do and what needed to change in regard to what they do. Their reflection was less likely to be about their personal self, for example their values and how those played out in their facilitation. The dialogue that new facilitators engaged in with others who were more skilled helped them to reflect critically on who they were as well as what they were doing in their facilitation practice. This leads to Kreber and her colleagues' idea of contestation

and enabled facilitators to learn how to appropriately challenge themselves and others (Kreber, McCune & Klampfleitner 2010).

Facilitation Standards developed in 2015 highlight facilitator values that are important to achieving an integrated facilitation approach within healthcare (Manley et al. 2015). Facilitators hold their own personal values, but these Standards would suggest that they also need to adhere to the facilitator values identified, even if these were not previously held personal values. Facilitator values include being person-centred which involves being non-judgemental, acting with integrity and the presence of mutual respect; acting according to principles of collaboration, inclusiveness and participation; and creating reciprocal learning relationships (Manley et al. 2015). It could be argued that one cannot be a transformational facilitator if one does not regard these values as being fundamental to facilitation practice. While facilitators identified the importance of underpinning their practice with their personal values and beliefs, they were generally not specific about what those values were. Some facilitators identified that seeing people's potential was important while others highlighted that their way of working had always been to collaborate with people, rather than telling them what to do.

Benson defined her aim as a facilitator was to be 'open, honest, engaged, supportive and caring, while maintaining a vision and an opinion' (Benson 2015, p. 6). This description takes into account the attributes she wanted to model as well as maintaining some focus on herself and her own values. This author identified that her learning enabled her to unify the various facilitation styles that she used in different situations, whereas previously they had sometimes been in conflict. Perhaps this is a definition of being an authentic facilitator, the ability to bring together everything that is important to an individual in terms of their facilitation and unifying those elements into their own unique style. Whilst they were not specific in describing their attributes in the same way as Benson did, facilitators did refer to developing their own style which incorporated who they were as a person and, by inference, their personal values and beliefs.

As discussed previously in the chapter, in the early stages of their practice, facilitators often put on a front in an effort to appear competent and they copied what they have seen other facilitators do. They reached a place of being authentic by developing their own style that stayed true to their values while working with the values of others, took into account who they were as a person and being committed to facilitating the learning and transformation of others. They were able to do this by integrating all their learning and their experiences with their own personal selves. A reflective paper on being and becoming a person-centred facilitator outlined the importance of facilitators having some focus on themselves and their continued growth in addition to focusing on the people they work with (van Lieshout & Cardiff 2015). The authors highlighted that this is important in being authentic, remaining true to your values and avoiding being taken over by other people's agendas and expectations. 'Self' is an important attribute of enabling, according to a concept analysis by Shaw et al. (2008) and incorporates recognition of an individual's own values and beliefs as well as authenticity. These views reflect the experiences of facilitators in my study as they strove to integrate their values and beliefs into their practice.

The vital role played by self-awareness in being authentic has been highlighted by several authors (George et al. 2007; McCormack & Garbett 2003; Williams 2012a; Wong & Cummings 2009), including the need to be aware of one's impact on others (Atkinson 1999; Titchen, Dewing & Manley 2013). The role of self-awareness in listening to, and understanding, others was outlined in an exploration of the concept in nursing by Jack & Smith (2007). When a facilitator's head was full of chaotic thoughts they were less able to engage in active listening as they were too busy planning their next move with a group. Wong and Cummings described self-awareness as including three competencies 'emotional awareness, accurate self-assessment and self-confidence' (Wong & Cummings 2009, p. 528). The critical reflection and feedback from others that facilitators engaged in helped them with the accuracy of their self-assessment while their self-confidence grew as they amassed knowledge, skills and experiences. Facilitators identified a similar idea to that advocated by Jack & Smith

(2007) that we can relate better to others when we have a comprehensive knowledge of ourselves. Facilitators used their increasing self-knowledge in developing effective relationships with individuals and groups and improving the way they interacted with others.

Being self-aware also enabled facilitators to understand their emotions and the way in which they reacted to others. Although they did not refer to emotional intelligence, inexperienced facilitators described the, often, negative emotions they experienced as novices, which have been explored in the earlier section ***the nature of self-talk in facilitation***. These emotions were sometimes overwhelming and could make facilitators feel that they were losing control of a situation. An important part of their development was managing their emotions, particularly the feelings of anxiety and emotions that contributed to their negative self-talk in the early stages of being a facilitator. The idea of self-awareness being a component of emotional intelligence, and enabling individuals to take charge of their emotions rather than being overwhelmed by them was posited by Daniel Goleman in his work regarding emotional intelligence in the context of business (Goleman, cited in Jack & Smith 2007). Facilitators became, or enhanced their ability to be, emotionally intelligent, which is defined by Mayer and colleagues as concerning 'the ability to carry out accurate reasoning about emotions and the ability to use emotions and emotional knowledge to enhance thought' (Mayer, Roberts & Barsade 2008, p. 511). These authors, in a review of theoretical approaches to emotional intelligence, further described it as the ability to either include or exclude emotions from thoughts (Mayer, Roberts & Barsade 2008). Meanwhile, other authors maintained that emotional intelligence encompasses the ability to understand others' emotions as well as understand and manage one's own emotions (Gooch 2006; Morrison 2008; Reeves 2005; Schutte et al. 2001). Developing strong emotional intelligence enabled facilitators to regain and maintain control over their emotions, including those that would enhance their thinking and excluding the ones which could be detrimental to their thought processes. This allowed them more headspace to consider the emotions of others, to listen more carefully and observe

others, which enhanced the quality of the facilitator-group relationship as well as enabling the facilitator to manage group dynamics effectively.

When facilitators were emotionally intelligent they were able to listen empathically. This was described as an important part of emotional intelligence in a review of this concept in nursing (Reeves 2005). Empathic listening demonstrated that facilitators were present in the moment, giving their full attention to the group as well as planning their response to what was happening. This was a skill that facilitators developed over time as they were able to gain control over their chaotic self-talk.

Chapter summary

Every facilitator is a unique person; therefore, their journey of development is also necessarily unique. They come with different life experiences and their own set of values and beliefs. Whilst they may have had expertise in their chosen profession, as inexperienced facilitators, individuals became more like novices again and had to commence a journey of learning and development. All facilitators experienced inner dialogue, or self-talk. The content of this self-talk was very different for new facilitators compared with those who were skilled. The negativity of new facilitators' self-talk, generated by their anxiety, was often unhelpful to them in stressful situations. They kept their self-talk hidden from others, both facilitators and the groups they were engaging with. The self-talk of these facilitators was done in a critical way, often relating to the most appropriate interventions to use or pathway to take with a group. Although they shared their self-talk with groups, it was less obvious that skilled facilitators shared their thought processes or articulated their expertise consistently to those who were inexperienced.

Facilitation involves trying to balance many elements and manage complexity. It is not surprising that new facilitators tended to be somewhat fixed in the processes they undertook and inflexible in their approach. They had not amassed the depth of

knowledge, skill and experience needed to manage the complexity associated with working with diverse groups of people in different contexts. Facilitators started out being quite rigid in their work with groups with a strong need to maintain control and an inability to deal effectively with the more complex situations they found themselves in. These facilitators often could not reflect in the moment because of the anxiety they were feeling so tended to persist with familiar approaches, even if these were not working particularly well. As facilitators became more skilled, they gained diverse experience from facilitating in many different contexts. This enabled them to reflect in the moment, recognising patterns in individuals and groups and to use their 'know-how' to facilitate effectively in even the most complex circumstances. Their skill allowed them to become flexible facilitators with the ability to make decisions critically in the moment, for the benefit of the group they were working with.

Learning and development of practice was an ongoing process for facilitators. They never stopped looking for opportunities to develop further. Facilitators were often egocentric in the early stages of their development, focusing on themselves and their own learning needs, even when they were facilitating others. As they became more skilled and gained confidence, they were able to shift some of their focus to the individuals and groups they were working with. Learning opportunities they were exposed to, or took advantage of, helped facilitators to gain skills and knowledge, learn their craft and acquire expertise. The supportive relationships described by facilitators gave them the space to reflect on their behaviours and way of being as a facilitator, in addition to gaining feedback on skills and methods of facilitating. These were all important elements of facilitators' ongoing learning, no matter what their level of expertise.

Facilitators considered it important to be authentic in their practice. They learned how to be authentic by increasing their self-awareness, particularly about their emotions and how they managed them and by integrating their personal values and beliefs into their practice. All of their learning, amassing knowledge, skills and experience gave facilitators the confidence to be themselves in their facilitation. They

moved from copying other facilitators to developing their own unique style that took account of their personal values and beliefs as well as working with the values of others. Learning about self and living out values and beliefs left facilitators in a state of becoming, reflecting the ongoing nature of personal development and mastery.

Leadership is like beauty: 'it's hard to define but you know it when you see it' (Bennis 1989 quoted in Brown 2013, p. 7). I suggest that the word *leadership* could be replaced with *facilitation expertise*. This was highlighted by inexperienced facilitators in my research, they could not really define what an expert was, but they recognised it when they saw it in action. Beauty is also a very individual concept; different people will see beauty in very different things. Similarly, no two facilitators are alike, perhaps because what they bring of themselves to their facilitation is not alike. The next chapter will conclude this thesis and suggest recommendations for facilitator development and further research.

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Chapter 8: Conclusion and recommendations

In this thesis, I have studied facilitation and facilitators in the context of transformational practice development (PD). My exploration of the topic has incorporated my personal background, values and beliefs regarding facilitation and research. It has delved into the concepts of PD and person-centredness as well as the basis for transformative change. A review of relevant literature in PD and other fields informed my research, the purpose of which was to gain a deeper understanding of skilled facilitation within the context of PD in healthcare. My interest lay in uncovering the nature of skilled facilitation in order to provide some signposts for facilitators who are developing skills, knowledge and attributes in this field. I was also particularly interested in discovering how facilitators become skilled in their practice and the mechanisms or methods they use in their development. In this chapter I outline the contribution of my findings to the current body of knowledge regarding transformational facilitation and facilitators. I also offer recommendations relating to facilitator development based on my research findings and recommendations for further research. I close the chapter with a reflection of my experience in undertaking this doctoral degree.

Contribution to the existing body of knowledge

My research addressed the following two questions:

1. What do practice development facilitators working in healthcare understand by transformational facilitation?
2. How do healthcare practitioners become skilled transformational facilitators?

The objectives of the research were:

- To explore facilitation from the perspective of facilitators who were working to effect positive changes to workplace culture using PD methodology
- To uncover what it is that individuals are aiming for in developing as transformational PD facilitators
- To discover how facilitators work on their own development

My research has provided a rich description of the topic through the eyes of facilitators who enable individuals and teams to transform their thinking, practice and workplace. This transformation has the aim of creating cultures in which person-centred healthcare is delivered to service-users and their significant others; and in which practitioners feel valued and empowered to provide such care. The study uncovered seven themes and 18 sub-themes relating to facilitators, their practice and the way in which they develop skills, knowledge and attributes. The continuum of development that was apparent demonstrated the way in which facilitators' thinking and practice of facilitation changes as they become highly skilled. The way in which the themes clustered provided three distinct areas that are internal to the facilitator; those that are external which enhance development and the way that facilitation is enacted. The findings revealed the embodiment of facilitation which reflects the expertise that facilitators need in order to be successful enablers of transformation of individuals, teams and culture (Figure 17). In order to embody facilitation, individuals bring together everything that is contained internally, accessed externally and enacted in practice.

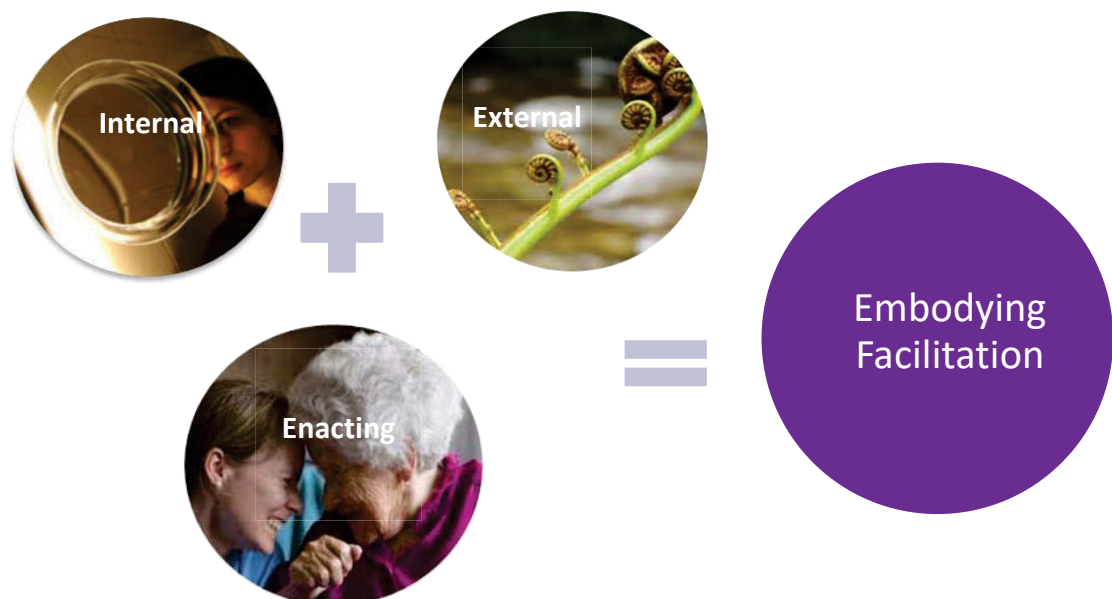


Figure 17: Embodiment of facilitation

I situated this research within the context of PD in healthcare, in line with transformational PD as a methodology for creating effective workplace cultures in healthcare settings and building a person-centred approach that enables service-users, their significant others and practitioners to flourish. My research contributes to the current body of knowledge by uncovering the nature of transformational facilitation as a complex intervention. It requires the involvement of highly skilled individuals to enable practitioners, in collaboration with service users and significant others, to transform themselves, their practice and the context within which healthcare is being delivered. The findings reflect the literature reviewed in chapter 3 while providing a deeper understanding of the nature of skilled facilitation. It informs us about how facilitators bring everything together in their practice to enable transformation of individuals, teams and cultures.

The findings reveal new insights about facilitators and their practice. Through these findings, I have articulated, for the first time, what is happening for facilitators. There

is scant information in the facilitation literature that facilitators have an inner dialogue going on while they are practicing their art. I have uncovered the nature of the inner dialogue, internal feelings and thought processes that could constrict a novice facilitator, and which allowed skilled facilitators to enact the artistry of their practice. My research has shown how the internal milieu of facilitators changed as they gained skills, knowledge and experience and how it went from a place of chaos and self-focus for new facilitators, to the theoretical juggling of the expert facilitator. This adds significant information to the current thinking about supporting new facilitators as they commence their practice and embark on their journey of development. The research has also illustrated comprehensively the way in which skilled facilitators draw together all aspects of themselves and their practice to enable transformation in individuals, teams and healthcare cultures.

Importantly, my research has used the experiences of facilitators to provide a comprehensive picture of how facilitators practice and the challenges they face in enacting transformational facilitation. This research has shone a light on the way in which facilitators develop and what is of value in building skills, knowledge and experiences. It has demonstrated the support less experienced facilitators need in order to progress their thinking, ways of working and their practice and the ongoing nature of development. The experiences of facilitators have shown that the nature of facilitation is largely hidden, despite the efforts of highly skilled facilitators to articulate their practice, bring the artistry of facilitation to the surface and enable the people they support to make their practice visible. This research has also revealed the, often adhoc, nature of opportunities for facilitator learning and development and the inconsistency with which helping relationships are understood and used in enabling facilitator development. I set out to create a picture of skilled transformational facilitation, to explore its nature. My findings have provided that picture of skilled transformational facilitation being the embodiment that is shown visually in Figure 17. I offer next recommendations to enhance the development of facilitators in order that they may be supported to create the craft knowledge and artistry that is inherent in embodiment of facilitation.

Recommendations in relation to facilitator development

Facilitators invested a lot of time and effort in their learning so that they could facilitate effectively and be of most benefit to the individuals and groups they worked with. It was clear, however, that any formal training new facilitators received tended to be brief and it was often left to the individual to seek out ongoing support and learning opportunities. This seems logical as each facilitator's journey is likely to be unique as people develop at their own pace. However, it would be helpful to new facilitators, and the organisations they work in, to have guidance and greater structure in terms of learning opportunities and relationships that would assist at various stages of development. This is not to say that one size fits all or that a rigid training program, which takes no account of the different contexts in which facilitators work or the personal learning styles of individuals, would be of benefit. The recommendations contained within this section suggest the need for greater assistance in facilitator development, using systematic approaches.

Recommendation 1: That clear guidance is provided regarding the diverse helping relationships and support mechanisms which enhance learning and facilitator development. Guidance would be most useful if it includes the similarities and differences between helping relationships, for example Critical Ally, Critical Friend, Critical Guide, Critical Companionship, Mentorship, Coaching and Supervision.

Less experienced facilitators, who participated in stage 1 interviews in my research, did not place much emphasis on Critical Companionship, with few mentioning it, or only mentioning it in passing such as Jennifer talking about being drawn to the relationship domain because;

establishing rapport and trust with people and how you establish an effective relationship with an individual or a group I think that sort of resonates with how I like to work JenniferLP L420-421

She did not, however, talk about the Critical Companionship model as a whole or identify that she used it as a framework in her practice. It seems, therefore, that there may still be a lack of general understanding about the use of the Critical Companionship model, although it has been in circulation for 15 years (Titchen 2003; Wright & Titchen 2003).

Although there was mention of Critical Companionship, less experienced facilitators did not refer to the other 'critical' relationships proposed within PD, those of Critical Ally, Critical Friend, Critical Guide. Rather, they mentioned mentoring, coaching and supervision. As identified in the report of findings, co-facilitation was considered very valuable in developing facilitators. This could be an ideal setting for using the 'critical' PD relationships within a framework for reflection and feedback. If they are already used in that way, it was not explicitly talked about by stage 1 participants. The interviews I engaged in were conducted over a 14-month timeframe between August 2013 and October 2014. The paper suggesting the roles of Critical Ally and Critical Friend as precursors to the Critical Companionship model was published in the International Practice Development Journal in May 2014 (Hardiman & Dewing 2014). As I outlined in the literature review in chapter 3, these authors proposed Critical Ally as helpful to new facilitators in beginning their journey towards skilled facilitation. They identified Critical Friend as the next step in the development process, suited to intermediate facilitators. Critical Companionship then was better enacted in the context of advanced facilitation practice (Hardiman & Dewing 2014), a view that was also suggested by Crisp & Wilson (2011) in their framework of developing facilitation expertise, which identified the role of Critical Guide.

I recommend that a framework or structure is developed which incorporates all the helping relationships that may assist facilitators in moving through the stages of their development with clarity around the utility of each mechanism, its benefits and challenges. This would enable facilitators and those supporting their development to identify the most appropriate mechanism at various stages to enhance individuals' progression towards skilled facilitation. An approach to making these helping

relationships clear and an integral part of facilitator development would enable facilitators to reveal the artistry of their practice, whatever stage of development they have reached, to understand the methodology underpinning helping relationships and support mechanisms and learn how to use them effectively for their own development and that of others.

Recommendation 2: That emphasis is put on the need for facilitator development to be an active process and a proposed structure for development of facilitators is clearly articulated and made widely available. This would be most useful if it used the Facilitation Standards developed in 2015 as a basis (Manley et al. 2015; Martin & Manley 2018) and included learning opportunities that are of value at different stages of facilitator development. There would also need to be flexibility within the structure for individual facilitators to tailor a development plan to their preferred learning styles and context.

Linking a development structure to the Facilitation Standards would provide clarity for individuals in terms of what they are aiming for as they engage in becoming transformational facilitators. It would also ensure that all aspects of facilitation practice were considered in the development structure. The structure should include the need for ongoing development and build in co-facilitation models that enable regular interaction with other facilitators. In particular, the structure would incorporate opportunities to have another individual observe their facilitation, provide feedback and engage in critical reflection activities, with emphasis on articulating the self-talk that occurs. Supporting people to actively make their self-talk positive and constructive has been shown to be of benefit, as discussed in the previous chapter, for example Jemmer (2011); White (2008). An approach such as that suggested here would help facilitators to reflect on their inner dialogue and, especially for inexperienced facilitators, enable them to create strategies to reduce the negativity and chaotic nature of their self-talk. This would in turn help in building self-confidence and the facilitator's trust in their ability to facilitate effectively. Although my findings revealed that facilitators used diverse mechanisms for development, there was no

indication that this was structured or particularly systematic, or that there were opportunities to engage over longer periods of time, to foster ongoing development.

The structure should also emphasise the need for more advanced development opportunities for skilled facilitators. Such facilitators talked about their ongoing search for opportunities to keep challenging themselves, but this seemed to be very individual and, again, quite adhoc. More advanced development could include Masterclasses, advanced PD schools with equity in giving access to all facilitators; as well as supporting opportunities to engage in learning outside the context of healthcare and practice development.

Recommendation 3: That training in facilitation and PD be incorporated into pre-registration training for all health professionals. This would include becoming self-aware, how to have critical conversations, how to provide feedback in the moment, how to challenge the prevailing culture, how to interact effectively with team members to share a common vision and build effective person-centred workplace cultures. Such training would enable all practitioners to be facilitators of practice change and maintain person-centred healthcare cultures. It has been suggested that any healthcare practitioner can, and indeed should, be a practice development facilitator (Beckett et al. 2013; Sanders, Odell & Webster 2013). This makes sense in terms of the idea that changes to workplace culture are most successfully made locally, by the individuals and teams working in those environments

All of the facilitators in this research had been practicing health professionals for many years. It is not surprising, then, that they did not touch on learning PD and facilitation as part of pre-registration training. Their practice as facilitators often involved changing their ways of thinking and acting from a technical approach, where people do things for, or to, others, to a transformational approach which enabled the positive development of individuals, teams and cultures. An approach such as that suggested here would enable person-centredness to be embedded in health

professionals' practice and ways of interacting with each other and with service-users and their significant others from the onset of their professional career.

Establishing this approach to development would require engagement of facilitators and academic institutions that train health professionals. As I identified in the formal learning opportunities section in the literature review in chapter 3, some training does already exist within tertiary institutions. However, as with facilitator development outlined in recommendation 2 above, there does not seem to be any systematic approach to this and the training is post- rather than pre-registration. Many leading PD facilitators also have academic appointments with universities which could enable conversations regarding integration of facilitation training into undergraduate degrees for health professionals to be conducted.

In the next section, I offer suggestions for further research into facilitation and the practice of facilitators. These studies would serve to further enhance our understanding of specific aspects of facilitation practice and development of facilitators.

Recommendations in relation to future research

My research has provided a deeper understanding of skilled facilitation and insight into the facilitators who enact it, their practice and their development. In particular, my research has uncovered the internal aspects of facilitators and their practice and the way in which skilled facilitators drew everything together to embody facilitation. However, further research regarding facilitators would be of benefit, including:

1. Exploration of the inner dialogue of facilitators, from those who are new to highly skilled individuals, the nature and intent of the dialogue, how it impacts on their practice and how it changes over time

2. Exploration of the nature of flexibility in skilled facilitation and how skilled facilitators uncover their expertise for those who are less experienced
3. Further exploration of decision-making by facilitators, particularly regarding whether or not to intervene at particular moments in time. What influences their thinking and what do they draw on in their decision-making?
4. Formally testing the framework proposed by Crisp & Wilson to establish its success in meeting the authors' belief that the framework 'assists individuals to make more informed decisions concerning their self-development, consolidation and transformation as a facilitator' (Crisp & Wilson 2011, p. 177)

Limitations of the study

As with much research, there were limitations to the study I engaged in within this thesis. This research was undertaken over a period of several years but provided a snapshot at one period of time of the experiences of facilitators. In capturing their experiences facilitators were asked to think back to their early days of facilitation, the challenges they encountered and support they received as well as highlighting the changes that had occurred as they developed. It is possible that individuals' memories could have been coloured by the passage of time and their subsequent developmental opportunities. However, participants were confident in their relating of early experiences of their facilitation practice and how they had developed. This was equally true for highly skilled facilitators who had been practicing for many years as it was for relatively new facilitators.

My former role for several years of being a PD facilitator meant that I knew many of the participants who agreed to engage in the research study. This may have been instrumental in individuals' decisions to participate, as only a small number of the practice developers contacted who did not know me responded to the invitation to be a part of the research. In light of my varying relationships with the participants, the challenge involved was in trying to get underneath the surface, beneath a superficial

layer of storytelling. For example, knowing and having worked with a participant could have made me think that I knew the reasoning behind their comments so not exploring their experiences fully. Being consciously aware of this risk, being reflexive throughout the research process and critical discussions with my supervision team served to overcome the potential for my relationship with participants to create any bias. Participants engaged fully in talking about their experiences and were very honest in relating negative aspects of their experiences as well as those which were positive.

Personal reflection on the research process

In common with many doctoral studies, I have been engaged in this work for a number of years. My thinking regarding facilitation and development of facilitators really started with my early experiences of trying to be a transformational facilitator, which started almost 14 years ago. I reflected, in chapter 1, on my personal experience in this field and how I came to be interested in learning more about skilled facilitation and how people become skilled. As might be expected from undertaking a research study at doctoral level over several years, my learning has been significant. I present in this section reflections on my engagement in a doctoral degree. I have not used one structured model of reflection, rather drawing on elements of different models such as (Rolfe, Freshwater & Jasper 2011), which quite simply asks What? So what? Now what? and Mezirow's transformative learning theory in terms of discourse as an important element in becoming an autonomous learner through critically reflecting on one's own values, beliefs and purposes (Mezirow 1997). The reflections I present below have resulted from my self-reflections and notes I have made regarding my personal journey throughout my degree, as well as insights I have gained from critical conversations with my supervisors and others with whom I have discussed my work throughout this journey. My reflections resulted in three key areas which I present in this section: my engagement in the research process, including supervisory

relationships; my learning in relation to my practice as a facilitator and the interaction between my doctoral work and my professional life.

My engagement in the research process

My research background was largely in quantitative research until I began my development as a facilitator. Although I became involved in qualitative research studies as an investigator, undertaking doctoral work required that I start to think at a new, and higher, level than I had done previously. My first challenge was grappling with literature relating to facilitation and facilitators. I wanted to search as broadly as possible to establish the body of evidence on the topic, so I included all aspects of facilitation from a diverse range of settings. I did not really consider different approaches when I started looking at the literature, rather I immersed myself in looking at everything to do with facilitation.

However, I became increasingly frustrated with trying to make sense of different views of facilitation and the many different contexts in which facilitation was used. My supervision team, from the beginning, used critical questioning techniques to encourage me to think critically about the approach I was taking to this aspect of the work. I continued, however, to try to incorporate a wide body of facilitation literature, even though I felt like I was in a quagmire and could not see any way out.

At this stage, I was engaged in supervision with another doctoral student as we had supervisors in common and the other student was developing her facilitation skills as part of her project. This dual supervision provided an opportunity to hear another voice and be subjected to questions and observations that were quite different to those being asked by my supervisors. Reflecting on the reason for this, I surmised that because my supervisors were experienced facilitators themselves they were familiar with facilitation literature. This was less true for my co-supervisee, who was an inexperienced facilitator, and whose expertise was in a different field. This meant that

the questions asked by my co-supervisee were, what could be considered, naïve as she sought clarification from me on my strategy and approach to engaging with the literature. From this process of critical conversations with my supervisors and my co-supervisee I learned that I really needed to pay attention to the research questions I was trying to answer and the methodology I was proposing to use. I was also learning that I needed to keep the focus and context of my research at the front of my mind as I progressed. This enabled me to narrow the remit of my literature review to focus on the context I was particularly interested in, that of facilitation using transformational approaches to enable individuals and teams to make positive changes to their thinking, behaviour and practice.

The second significant challenge I encountered in the research process was determining the research paradigm and methodology that would be most appropriate for studying the topic I had selected. I suspect that this is a challenge faced by many doctoral students. Although I knew that a qualitative approach would be the best fit for addressing the questions I was interested in, I was less sure of which methodology was most appropriate. As I tried to become familiar with the philosophies and principles underpinning methodologies such as phenomenology and grounded theory, I thought that any one of several approaches would be appropriate. My illusions about this were quickly dispelled by my supervisors whose conversations with me enabled me to consider each approach in a critical way. Although my stated intention was to become familiar with the principles underpinning different methodological approaches, in reality I had been engaging with them in a superficial way. I was looking at how they had been used in other studies and paying little attention to the assumptions inherent within the methodologies. Again, I felt frustrated with what seemed to be a drawn-out process and just wanted someone to tell me which approach I should use.

Inherent in this exploration of methodology and methods was a deeper exploration of the philosophical, ontological and epistemological basis of my research. This was a challenging prospect for me. I had never considered myself to be a 'theoretical thinker' and had always found it quite a journey to get to grips with philosophical ideas

underpinning various aspects of my practice. Engaging in a doctoral study made me explore the philosophical basis for transformation and to work through the ontology and epistemology associated with the approaches I could take to my study. This was not an easy journey for me, at times I felt overwhelmed by the information I was accessing and thought that I might never reach a good understanding of the concepts I was exploring. Now I appreciate that my feelings of being inadequate and not knowledgeable enough were the result of being a novice in these particular aspects. I was directed, by my supervisors and others, to sources of information that enabled me to gain a better understanding of these philosophical aspects of research and qualitative approaches.

I also now realise that this was an important part of my doctoral work, learning how to establish the best fit in terms of a research approach and methodology to address the questions that I had about facilitation and facilitators, as well as the philosophy, ontology and epistemology that underpinned the approach and context for the research. This critical thinking process enabled me to narrow the search. With my supervisors' guidance and expertise in qualitative research, I was able to locate my study within the appropriate paradigm of Constructivism and methodology of Naturalistic Inquiry, which aligned with my values of engaging authentically with research participants, as I described in chapter 4 when I outlined my positioning as a researcher. I felt a deep sense of relief to have a structure to guide the methods for my data collection, analysis and reporting of findings. This delving into research paradigms and methodologies taught me the value of working through each principle or underlying tenet of a research approach to determine how it could be operationalised within a study. I also gained a much better understanding of qualitative research methodologies and the kinds of questions that could be addressed by these different approaches.

My learning in relation to my practice as a facilitator

I came to this research study with a pre-existing body of knowledge about facilitation and development of facilitators, as described in previous chapters. Engaging in dialogue with a very varied group of facilitators has greatly enhanced my knowledge and perspectives of this topic. Throughout my doctoral candidature, and as a result of my facilitation practice, I have been invited to lead workshops and education sessions for groups wishing to learn more about facilitation and their role as facilitators. One session in particular is repeated twice each year for the same post-graduate course. The invitation to engage with this course has required me to prepare information to discuss with participants in the sessions and to consider ways of engaging them in effective learning. Initially I assumed that I could probably prepare the information I needed then use it for each session as the learning outcomes remained the same, although the participants changed. That assumption was a very naïve one, which I now am quite amused by. Each time I engaged with the participants on this course, I had progressed further in thinking about facilitation and facilitators as I shaped my findings and the discussion chapters within this thesis. I also unsurprisingly needed to pay attention to the range of participants in each group and the context of their practice in order to facilitate their learning. I no longer make assumptions about what will work within a particular session, rather I take my knowledge of PD facilitation and engage participants in conversations that enable them to maximise their learning, based on their needs. This change in my practice reflects a person-centred approach advocated not only in healthcare (McCormack & McCance 2017a) but also in education (Rogers 1983).

Reflecting on the findings of my study and the dialogues I have had with facilitators throughout the course of the work has allowed me to critically consider how I can incorporate this new knowledge and perspectives into my facilitation practice. My learning in terms of the philosophical basis for transformation and transformative action, as the context of my research, was very significant. I was able to make stronger connections, that had previously been rather sketchy, between critical theory, practice

development and the practice of facilitation. This gave me a better understanding of the challenges inherent in changing workplace culture and greater ability to work with practitioners to overcome those challenges. I have new ways to talk with practitioners and others about person-centredness, changing culture and transforming self and practice.

Interaction with each facilitator in the study has been valuable in adding to my learning about facilitation, regardless of their level of experience or stage of development. Dialogues I have had with very skilled facilitators has given me new insights into the artistry of skilled facilitation and has prompted me to critically reflect on how I can exhibit this same artistry in my own practice. Using the findings of my research to inform my facilitation practice is an ongoing journey and forms part of my continuing development as a transformational facilitator. The work within this doctoral thesis has also, of course, led to further questions about expertise in facilitation and the way in which skilled facilitation is enacted. I have outlined some of these questions in the section on recommendations for future research.

The interaction between my doctoral work and my professional life

During the course of this doctoral work, I have twice changed my professional role, each time moving to a new organisation and taking on increasingly senior and wider ranging roles. This has, not unexpectedly, had both positive and negative impacts on me. The positive aspects of undertaking this particular research alongside changing roles has enabled me to use the new insights I have been gaining from the study findings to make the transitions somewhat smoother. By this, I mean that using the findings to enhance my facilitation practice has enabled me to integrate into these new roles more quickly than I might previously have done. Taking on, and working through, the challenge of doctoral research has also increased my confidence which, in turn, has translated to my ability to successfully fulfil my professional roles.

Less positive aspects of changing roles during my doctoral work included the impact of the demands of learning a new role on my ability to keep my doctoral work on track. Challenges in both of the new environments that I entered as I changed roles limited the time and energy that I had to continue work on my doctoral research. This resulted in a slowing down of my research and the necessity to take semester breaks to meet the challenges I was facing in my professional life. However, despite these challenges, the ongoing support provided by my supervisors enabled me to refocus my energies and to complete this comprehensive study of facilitation and facilitators, which has provided new perceptions that will make an important contribution to the current body of knowledge on this topic.

In addition, the writing skills involved in my professional roles and in completing this thesis have been complementary. The academic nature of thesis writing has informed my ability to complete written reports and high-level briefings in my professional roles. At the same time, the writing required in my professional roles has enhanced my ability to complete my doctoral thesis to the required standard.

This section has provided reflections on my learning during the course of undertaking this research and preparing my thesis. It has also highlighted the influence that undertaking this research has had, and continues to have, on my facilitation practice. I have further identified the impact of changing professional roles on the completion of doctoral work. The next section provides the final remarks on this body of work and thesis.

Final remarks

The thinking about PD as an effective approach to creating person-centred cultures within healthcare has evolved significantly in the last two decades. The place of skilled facilitation to enable this endeavour has been cemented. Further development of theory and frameworks relating to PD and facilitation practice continue to increase our

understanding of these concepts and their use within healthcare settings. However, despite the progression in thinking about facilitation and emphasis on development of facilitators, further work was needed to understand the nature of skilled facilitation and how people become skilled.

Engaging in this research has enabled me to advance the understanding of skilled transformational facilitation and the facilitators who enact it. By embodying facilitation, which incorporates learning, experiences and the facilitator as a person, individuals display the skilled facilitation that is key to enabling practice development. Becoming a skilled facilitator is a very individual journey and people go at their own pace. There is, however, valuable learning that is common to all facilitators, for example in gaining knowledge of approaches that serve to engage people in thinking about and changing ineffective practices and learning how to facilitate the use of such approaches. The effect that facilitators' inner dialogue has on their practice cannot be underestimated and plays a major role in their ability to become confident skilled practitioners of the art of facilitation. My findings have given greater insight into the complexity of transformational facilitation and has made more explicit the artistry involved in embodying facilitation as a way of being. Less experienced facilitators need to be supported to maximise their learning, they need to be able to practice in safe environments with skilled facilitators. They need to learn about themselves and how to underpin their practice with their personal values and beliefs while not allowing these to overshadow the values and beliefs of others. All of the elements of facilitation expertise are contained within the Standards developed by Manley et al. (2015). Facilitators need to be supported in assessing themselves and achieving these Standards.

Hearing the stories of a wide range of facilitators from diverse countries and settings, at various stages of development, has given me a new awareness of my own practice. My journey of development, one that has no end, was a view shared by the facilitators who engaged in my research. Even very skilled facilitators with many years' experience highlighted their continuing desire to seek new challenges and learning for

themselves. My own development is ongoing as I continue to develop knowledge and skills and to amass facilitation experiences. The findings from this research have assisted me in making sense of my development as a facilitator, helping to create awareness about, and explain, the feelings and experiences I had as an early facilitator. This, in turn, will assist me in supporting other facilitators as they follow their own path to expertise.

I leave this thesis with the quote below, by Drake (a Canadian musician), which encapsulated for me what I have gained from engaging in this doctoral research. I have learned so much both theoretically and personally from undertaking this research. I have delighted in the conversations I have had with the facilitator participants and my supervisors who have joined me in this endeavour and in all the critical thinking and dialogue that have shaped this thesis. I am taking so much with me into the future, not least how the findings can be used to support facilitators and the facilitation of person-centred healthcare cultures that benefit all. In my case, both the journey and the destination have taught me a lot.

*Sometimes it's the journey that teaches
you a lot about your destination*

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Appendices

Appendix 1: Invitation for study participation, stage 1

Email text to invite participation in doctoral study

Subject: Invitation to participate in a research study about transformational facilitation

Hi xxxxxx

You are receiving this email via the University of Technology (UTS), Sydney because you have been identified within a network of practice development facilitators. This research study has been approved by the Human Research Ethics Committee at UTS and is not in relation to your work.

I am seeking your assistance with my doctoral research which is exploring the development of skilled facilitation and facilitators within the context of transformational practice development.

Please see the attached invitation letter and information sheet outlining the study and what participation would involve.

If you are interested in participating or would like to know more about the study please contact me on and/or complete the attached consent form indicating which parts of the research you would like to participate in and return to me at Margaret.T.Kelly@student.uts.edu.au.

If you decide to complete the attached self-reflection proforma please return it to me at Margaret.T.Kelly@student.uts.edu.au **within 2 weeks**.

If you know any other practice development facilitators that you think would be interested in considering participation, I would be grateful if you could send this email invitation on to them.

You may be sent this email more than once if other recipients think you might be interested in the study. I apologise if that happens, and please just delete any duplicates.

Thank you for considering participation in my study.

Regards
Margaret

Appendix 2: Invitation letter, stage 1



INVITATION LETTER

Becoming Skilled in Transformational Practice Development Facilitation (UTS APPROVAL NUMBER: 2013000213)

Dear

My name is Margaret Kelly and I am a PhD student at the University of Technology, Sydney.

I am conducting research into development of skilled facilitation and facilitators within the context of transformational practice development and would welcome your assistance. The research will involve a written self-reflection. You may also choose to participate in a face to face interview to explore the topic in more depth and/or to comment on key themes from data analysis. I anticipate that the self-reflection may take up to 1 hour of your time, the interview 1-2 hours of your time and commenting on key themes about 30 minutes. I have asked you to participate because you are actively engaged in facilitating transformational practice development.

This research is for my studies in a Doctor of Philosophy degree.

If you are interested in participating or have any questions about the research, I would be glad if you would contact me via email on or via email at Margaret.T.Kelly@student.uts.edu.au

You are under no obligation to participate in this research.

Yours sincerely,
Margaret Kelly
PhD Student
Faculty of Health, Level 7

Building 10, 235-253 Jones St,
Ultimo NSW 2007

Margaret.T.Kelly@student.uts.edu.au

NOTE:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 9772 Research.Ethics@uts.edu.au), and quote the UTS HREC reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

Appendix 3: Information sheet, stage 1



INFORMATION SHEET

Becoming Skilled in Transformational Practice Development Facilitation (UTS Approval Number: 2013000213)

WHO IS DOING THE RESEARCH?

My name is Margaret Kelly and I am a PhD student at UTS. (My supervisors are Professor Jackie Crisp and Professor Val Wilson).

WHAT IS THIS RESEARCH ABOUT?

This research aims to gain a better understanding of what facilitators of transformational practice development understand by transformational facilitation, how they become highly skilled facilitators and how they apply their skills and experience to their practice within the context of contemporary health care.

IF I SAY YES, WHAT WILL IT INVOLVE?

There are three elements of participation in the study:

- a) Completing a self-reflection
- b) Participating in a subsequent interview
- c) Providing feedback on key themes identified from analysis of self-reflection and interview data

You can choose to participate in:

- part a) only
- part a) and b) only
- part a) and c) only
- parts a), b) and c)

Part a): I will ask you to complete a written self-reflection using questions in a proforma and return it to me. The questions are about your understanding of transformational facilitation, your experience as a facilitator and your development, including goals that you set. You may choose to end your participation in the study at this point. Your self-reflection will be analysed along with those of the other participants to identify key themes. These themes may be used to inform questions for subsequent interviews.

Part b): In addition to the self-reflection, you may choose to participate in a face to face interview with me at a location convenient for you. In the interview we will use your self-reflection initially to further explore your understanding of transformational facilitation, your own development as a facilitator and/or your contribution to development of other facilitators, and your practice as a transformational facilitator. During the interview I will ask you to reflect on your practice as a facilitator and talk about examples of the following situations:

- A situation you were facilitating that worked really well
- A situation you were facilitating that pushed you beyond what you thought you were capable of
- A situation you were facilitating that didn't work so well

I will also ask you to capture the key elements that you think are important in relation to transformational facilitation and becoming a skilled facilitator. You may capture these in any way that is meaningful for you for example in words, drawing or using images. I will provide resources for you to capture the key elements.

With your consent I will record the interview using an audio digital recorder. When the interview is completed I will save the recording to a password protected computer file and will delete the recording from the digital recorder. All data relating to the study will be kept for 5 years following the publication of my doctoral thesis then it will be destroyed.

Part c): When I have developed the key themes from analysis of the self-reflections and the interviews, I would like to send these to you for you to consider whether the themes fit the reality of your experience. I would like you to provide feedback to me about whether the key themes resonate with your own experiences. This will help me to further develop and refine my findings.

ARE THERE ANY RISKS/INCONVENIENCE?

There are very few if any risks. The self-reflection is likely to take up to 1 hour of your time. The interview (if you choose to participate) is likely to take up to 1-2 hours of your time. During the interview, it is possible that talking about your experiences could make you feel uncomfortable, particular if you are recalling experiences that were not positive for you. If this occurs, we can stop the interview and talk through your experience if you would like to, or you may wish to talk to another person about your experiences. We can stop the interview at any time and for any reason if that is what you want. Providing feedback on the key themes is likely to take about 30 minutes of your time. This means that if you agree to participate in the self-reflection, interview and providing feedback on key themes, participation in the study will take up about 3.5 hours of your time.

You may feel self-conscious about the interview being recorded. The recording will only be accessed by the research team (myself and my supervisors) for the purpose of data analysis. No-one else will be given access to the recording. Quotes from your self-reflection or interview may be used to illustrate key themes. Quotes will be de-identified and will not be linked to you or your practice.

WHY HAVE I BEEN ASKED?

You have been identified as a facilitator who is engaged in facilitating within a context of transformational practice development related to healthcare. You can provide valuable information about what practice development facilitators understand by transformational facilitation, how people become skilled in that type of facilitation and how they apply their skills and experience to practice.

DO I HAVE TO SAY YES?

You don't have to say yes. You can choose not to participate at all.

WHAT WILL HAPPEN IF I SAY NO?

Nothing. I will thank you for your time so far and won't contact you about this research again.

IF I SAY YES, CAN I CHANGE MY MIND LATER?

You can change your mind at any time and you don't have to say why. I will thank you for your time so far and won't contact you about this research again. Saying no to the research or changing your mind about participating will not affect any relationship you have with me or my supervisors.

WHAT IF I HAVE CONCERNS OR A COMPLAINT?

If you have concerns about the research that you think I or my supervisors can help you with, please feel free to contact me or Jackie Crisp on 02 9382 1797 or Val Wilson on 02 9845 3093.

If you would like to talk to someone who is not connected with the research, you may contact the Research Ethics Officer on 02 9514 9772, and quote this number 2013000213.

Appendix 4: Consent form, stage 1



CONSENT FORM

I _____ (*participant's name*) agree to participate in the research project *Becoming Skilled in Transformational Practice Development Facilitation* (UTS HREC approval no 2013000213) being conducted by Margaret Kelly, Faculty of Health, PO Box 123 Broadway 2007; (mobile no) of the University of Technology, Sydney for her degree Doctor of Philosophy.

I understand that the purpose of this study is to gain a better understanding of what skilled transformational practice development facilitation is, how facilitators develop skills and how they apply their skills and experience in practice.

I understand that I have been asked to participate in this research because I am actively engaged in facilitating within the context of transformational practice development. My participation in this research may involve up to three elements: a) Completing a written self-reflection; b) Participating in a subsequent interview which will be audio recorded; c) Providing feedback on key themes identified from analysis of self-reflection and interview data

I understand that I can choose to participate in (and have indicated my participation in):

- | | |
|---------------------|--------------------------|
| Part a) only | <input type="checkbox"/> |
| Part a) and b) only | <input type="checkbox"/> |
| Part a) and c) only | <input type="checkbox"/> |
| Parts a), b) and c) | <input type="checkbox"/> |

I also understand that my participation in the study may take up to 3.5 hours, depending on which elements I choose to participate in.

I am aware that I can contact Margaret Kelly or her supervisors Professor Jackie Crisp or Professor Val Wilson if I have any concerns about the research. I also understand that I am free to withdraw my participation from this research project at any time I wish, without consequences, and without giving a reason. Withdrawing from the study will not affect my relationship/s with the investigator or her supervisors now or at any time in the future.

I agree that Margaret Kelly has answered all my questions fully and clearly.

I agree that the research data gathered from this project may be published in a form that does not identify me in any way.

_____/_____/_____
Signature (participant)

_____/_____/_____
Signature (researcher or delegate)

NOTE:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 9772 Research.Ethics@uts.edu.au) and quote UTS HREC reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

Appendix 5: Reflection proforma, stage 1

Reflection proforma

- Please describe your facilitation approach & style
- How long have you been facilitating within the context of practice development (PD)?
- Can you briefly describe the range of experiences you have had as a facilitator?
- Can you briefly outline the range of facilitation activities that you undertake and with whom? For example, you may facilitate action learning sets with groups of people, or facilitate the development of collaborative action plans with healthcare teams or provide coaching for another individual.
- What does transformational facilitation within the context of PD mean to you?
- What brought you to transformational facilitation?
- Think back to when you started to work in PD facilitation. What was it like when you first started to work in transformational ways? What was your experience of being a facilitator at that time?
- How has your development as a facilitator progressed?
- What has influenced your development as a transformational facilitator?
- What strategies or learning opportunities have you found useful in helping you to develop as a transformational facilitator?
- What strategies or learning opportunities have not been useful for your development?
- How have your experiences of being a transformational facilitator changed as you have developed?
- How do you view your facilitation practice now?
- What feedback have you received from others about your facilitation?

Appendix 6: Information sheet, stage 2



INFORMATION SHEET – INTERVIEWS IPDC MEMBERS

Becoming Skilled in Transformational Practice Development Facilitation (UTS Approval Number: 2013000213)

WHO IS DOING THE RESEARCH?

My name is Margaret Kelly and I am a PhD student at UTS, Sydney, Australia. (My supervisors are Professor Val Wilson and Professor Tanya McCance).

WHAT IS THIS RESEARCH ABOUT?

This research aims to gain a better understanding of what facilitators of transformational practice development understand by transformational facilitation, how they become highly skilled facilitators and how they apply their skills and experience to their practice within the context of contemporary health care. Interviews have been completed with practice development facilitators in Australia and New Zealand. I am seeking an opportunity to extend the study to an international context.

IF I SAY YES, WHAT WILL IT INVOLVE?

You will participate in a face to face interview with me at a location convenient for you. This may be before or during the Enhancing Practice 14 conference in Toronto (21 – 26 September). In addition I will be in the UK between 27 September and 16 October 2014 and an interview may be scheduled during that period if you prefer. In the interview we will use the initial findings from my study as the basis for a critical discussion about skilled transformational facilitation. The conversation will include questions about whether/how the themes fit the reality of your experience and your understanding of skilled facilitation and whether there are gaps in the themes relating to skilled facilitation and how people become skilled. The conversation will also explore whether my initial findings within the Australia/New Zealand context translate to other countries.

With your consent I will record the interview using an audio digital recorder. When the interview is completed I will save the recording to a password protected computer file and will delete the recording from the digital recorder. All data

relating to the study will be kept for 5 years following the publication of my doctoral thesis then it will be destroyed.

Analysis of interviews with skilled facilitators will build on the themes identified from an initial set of interviews conducted with a range of practice development facilitators in Australia/New Zealand. I anticipate that the outcomes of the study will lead to a better understanding of skilled facilitation, opportunities that enhance individuals' ability to become skilled and provide key strategies that people might use in their development as skilled PD facilitators within an international context.

ARE THERE ANY RISKS/INCONVENIENCE?

There are very few if any risks. Your participation in the interview will take about 1 hour. It is possible that talking about your experiences could make you feel uncomfortable, particularly if you are recalling experiences that were not positive for you. If this occurs, you can choose to stop talking about your experiences and decide not to participate in the critical discussion. You are welcome to remain in the workshop until the end. I will be available at the end of the workshop to talk through your experience if you would like to, or you may wish to talk to another person about your experiences.

The feedback that you provide during the workshop will be anonymous and will only be accessed by the research team (myself and my supervisors) for the purpose of data analysis. Quotes from your feedback may be used to illustrate key themes. Quotes will be de-identified and will not be linked to you or your practice.

WHY HAVE I BEEN ASKED?

You have been identified as a skilled facilitator who is engaged in facilitating within a context of transformational practice development related to healthcare. You can provide valuable information about what practice development facilitators understand by transformational facilitation, how people become skilled in that type of facilitation and how they apply their skills and experience to practice.

DO I HAVE TO SAY YES?

You don't have to say yes. You can choose not to participate at all.

WHAT WILL HAPPEN IF I SAY NO?

There are no consequences for saying no.

IF I SAY YES, CAN I CHANGE MY MIND LATER?

You can change your mind at any time and you don't have to say why. I will thank you for your time so far and won't contact you about this research again. Saying no

to the research or changing your mind about participating will not affect any relationship you have with me or my supervisors.

WHAT IF I HAVE CONCERNS OR A COMPLAINT?

If you have concerns about the research that you think I or my supervisors can help you with, please feel free to contact me or Val Wilson on +61 2 9845 3093 or Tanya McCance

If you would like to talk to someone who is not connected with the research, you may contact the Research Ethics Officer on +61 2 9514 9772, and quote this number

Appendix 7: Consent form, stage 2



CONSENT FORM

I _____ (*participant's name*) agree to participate in the research project *Becoming Skilled in Transformational Practice Development Facilitation* (UTS HREC approval no 2013000213) being conducted by Margaret Kelly, Faculty of Health, PO Box 123 Broadway 2007; (mobile no) +61 402 630 674, of the University of Technology, Sydney, Australia for her degree Doctor of Philosophy.

I understand that the purpose of this study is to gain a better understanding of what skilled transformational practice development facilitation is, how facilitators develop skills and how they apply their skills and experience in practice within an international context.

I understand that I have been asked to participate in this research because I am a skilled facilitator actively engaged in facilitating within the context of transformational practice development. I also understand that my participation in the study may take about 1 hour.

I am aware that I can contact Margaret Kelly or her supervisors Professor Val Wilson or Professor Tanya McCance if I have any concerns about the research. I also understand that I am free to withdraw my participation from this research project at any time I wish, without consequences, and without giving a reason. Withdrawing from the study will not affect my relationship/s with the investigator or her supervisors now or at any time in the future.

I agree that Margaret Kelly has answered all my questions fully and clearly.
I agree that the research data gathered from this project may be published in a form that does not identify me in any way.

_____/_____/_____
Signature (participant)

_____/_____/_____
Signature (researcher or delegate)

NOTE:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 9772 Research.Ethics@uts.edu.au) and quote UTS HREC reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome

Appendix 8: Schedule of interview questions

The questions below were used as a guide but were not all used in every interview nor in any particular order. Participants' responses determined the direction of each interview.

Interview schedule

- What brought you to transformational facilitation?
- What does transformational facilitation look like for you?
- How would you explain transformational facilitation to a new facilitator?
- What does transformational facilitation involve?
- What would you say is the intent of transformational facilitation?
- What is it that you're trying to achieve when you work with a person or a group of people?
- How is it different to other forms of working with people?
- Why do you think it is important in healthcare?
- What is the importance of context in transformational facilitation?
- What are the skills that you need as a transformational facilitator?
- What do you do if you're at odds with the person/people you're working with?
- People have talked about facilitation as a way of being – what if anything does that mean for you?
- Can you be a transformational facilitator if it isn't a way of being?
- What challenges have you seen in facilitating in transformational ways, either for yourself or for others?
- Why do you think it is challenging to work in this way?
- Can you talk about the impact of transformational facilitation on practice?
 - Your practice
 - The practice of others
 - Clinical practice
- Do you have experience of being facilitated? What was that like? What did you see, hear, think, feel in that situation?
- Can you talk to me about your development goals – what are they?
- How can you achieve those goals? What do you need?
- In working with new facilitators or those less experienced than yourself, what do you see happening with them, in terms of the way they facilitate? The challenges they face? Their development?

- Ask about scenarios
- A situation you were facilitating that worked really well

- A situation you were facilitating that pushed you beyond what you thought you were capable of
- A situation you were facilitating that didn't work so well
 - Why did/didn't the situation work well?
 - What happened in the situation?
 - What was informing your thinking?
 - What theories were you drawing on in that situation?
 - What did you do?
 - What was the outcome in that situation – for participants? For you?
 - How has this impacted the way you facilitate?
 - What feedback did you receive if any?
 - What evidence did you have that a situation was going well, or wasn't going well or that you were being pushed beyond what you thought you were capable of?

Appendix 9: Extract 1 from audit trail

Summary of supervision conversation 01 November 2012

In refining the study design and seeking ethics approval include the following:

This is what we know about transformational facilitation

This is what I think we don't know

Understanding the steps between being a novice and reaching expertise

What does being a transformational facilitator look like?

Using an interpretive paradigm – consider how interviews would look in terms of engaging with different groups about skilled transformational facilitation

- experts

- PD facilitators starting out

- PD facilitators mid-level

Think about how these groups would be defined

Look at the professional artistry work by Titchen 2009 - how does this fit with my thinking and writing about transformational facilitation?

The PD literature constantly refers to effective workplace cultures - we are constantly striving towards this - person centred environments - why aren't we there - why is PD not resulting in better care experiences and effective person-centred environments?

Why are we still struggling - the leaders in PD have are developing theory and progressing the understanding about PD and workplace cultures - how do facilitators of this work make sense of it all?

Especially new facilitators - what clues do we have about what transformational facilitation looks like and what people need to do or be to be transformational facilitators?

There are still lots of papers about the struggles of working with people to transform themselves and their environments.

Human Flourishing - how do I bring this in and what does it mean for facilitators?

How do facilitators make sense of themselves, of others and of the world around them?

Appendix 10: Extract 2 from audit trail

My notes re discussion of preliminary themes 11 November 2014

Tanya highlighted the idea of the names of the themes relating more to a) novice facilitators e.g. rule-bound, b) skilled facilitators e.g. turning toward the tensions or c) mixture of both e.g. inside your own head, walking a fine line

We should have a conversation about this at some stage, are we going to have theme names that relate to different 'levels' of facilitator or a mixture of both and in the meantime, I should hold it in my head as a question and reflect on it as I'm continuing to work on the themes.

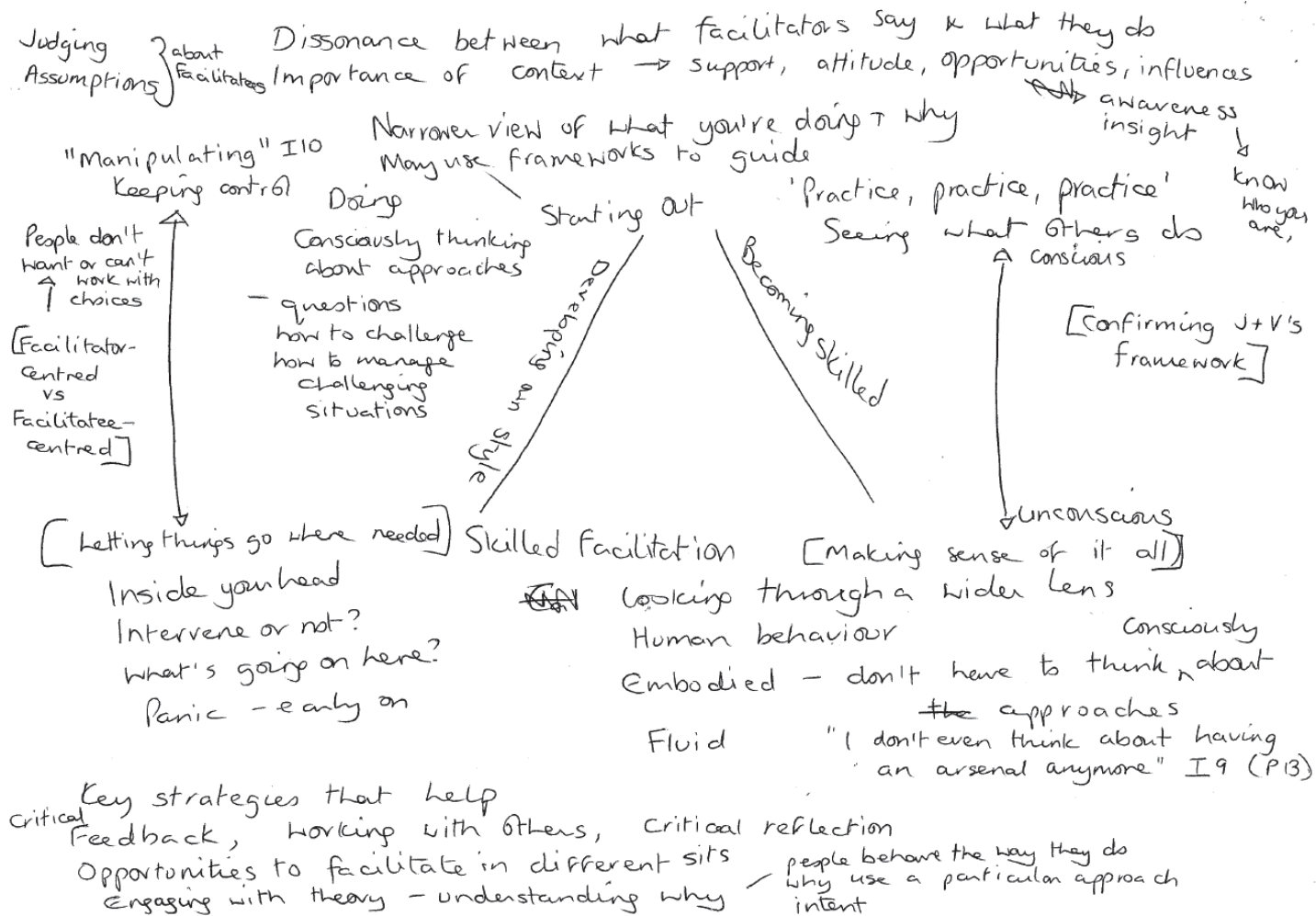
This work contains elements of what's already out there but it's also adding, and it's perhaps giving us a different language, things like inside your own head, walking a fine line etc. For the time being keep unpicking, don't roll too much up or too much under.

Maybe start to bring together themes that are really closely related, recognising that everything's related, but themes that are closely linked.

There are some things that aren't in here yet or they are but not completely i.e. things that people found helpful in development, critical feedback and reflection, opportunities to facilitate in different situations. Some of it was about working with more experienced people. So seeing skilled facilitation in action is one strategy and these are 3 others so what are these about? Perhaps mechanisms that assist development, so add them as separate themes and let them sit together with seeing skilled facilitation in action. Critical reflection could be linked to theory and learning about yourself. Being critical could be reflecting critically and receiving critical feedback.

The other element is approaches e.g. questions and different PD tools, some of which is in the theory section. So it's all part of the journey - there's something about developing technical skills, starting to pad that out with increasing knowledge and understanding and the ultimate is how you then link all that to theory?

Appendix 11: Example of thematic map in development September 2014



Preliminary Themes – Interviews

LENS ON FACILITATION

- Less experienced facilitators seemed to have a narrower view of their practice. They talked almost exclusively about working with groups to help them see what needed to change and how they could achieve the change. When they talked about starting out in facilitation, they identified a narrower view – needing to keep control, stick to a plan.
- More experienced facilitators talked about human behaviour, that we are all fallible human beings and gaining insight into the people they are working with, their issues and challenges, what situation they found themselves in, what was good or otherwise about that and what or whether anything needed to be done. Their conversation was less bounded, they talked about creating spaces. Less experienced facilitators talked about behaviour but in general referred to the behaviour of people they were facilitating, often commenting on behaviour that was challenging to what they were trying to facilitate.

DISSONANCE

- Contradictions between what people say and what they do
This applied to facilitators espousing person-centredness but their behaviour not lining up with that. People talked about this engendering feelings of anger, ‘feeling cheated’
- It also applied to organisations: work being facilitated but the organisation (implied higher management) then deciding to do whatever they thought was right. This had implications for the people who had done the work and the facilitator. Some people talked about this in terms of things being out of their/the group’s control
- Facilitator-centred
People talked about control – for less experienced facilitators this seemed to be about keeping control so could feel less anxious. People talked about power and who had it (the facilitator or facilitatee/s), also about needing to guide groups, give them direction, not all people being able to cope with choices, just wanted to be told.

CONSCIOUS VS UNCONSCIOUS

- For more experienced facilitators the approaches/techniques/methods/ways of working they use came across as embodied. They go with what is needed, whatever that might be. They don’t seem to think consciously anymore about what they do. One referred to ‘I don’t even think about having an arsenal anymore’ because they could do whatever was needed for the person or people they were working with without having to think extensively about it, e.g. which question to use, or how much to challenge.
- Less experienced facilitators talked more about structure but again referred to this being more important when they were starting out and talked about their ability to be more flexible as they became more experienced.

JUDGMENTS/ASSUMPTIONS

People talked about not making assumptions or being judgemental, but in some of the earlier interviews there was references to individuals or groups that they worked with, which displayed judgements and assumptions, it was often in the context of talking about managing challenging situations or behaviours

The importance of context was talked about in many interviews. This related to the support or otherwise available, particularly from senior people in organisations, access to opportunities to develop facilitation, influences or politics in organisations.

Key strategies for development

Critical feedback

Critical reflection

Opportunity to work with other facilitators (more or less experienced), to see how they approached situations and to have someone to bounce ideas off (this was generally from less experienced facilitators).

Opportunities to facilitate in different situations, with different levels of groups.

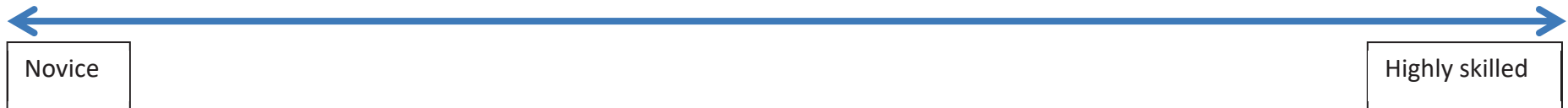
Understanding why – often about engaging with theory more and more to understand why people behave as they do and why you might use a particular approach for a particular intent.

People talked about facilitation evolving. Overall, my impression is that as people develop and become more skilled, they become more comfortable in their skin, in who they are and in how they facilitate.

Appendix 12: Example of thematic map in development August 2015

Results

Inside your own head

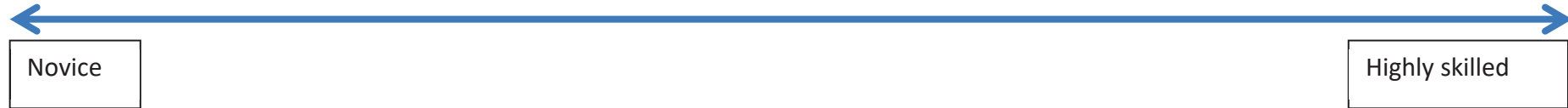


- Chaotic, sense of panic
- Self-doubt, questioning of self
- Anxiety about where to go next or how to bring things back on track
- This dialogue remained internal
- Linked to the need to plan and control sessions so could reduce likelihood of the unexpected happening
- Bringing things back on track so can stay in control

- Starting to change the inner dialogue
- More focus on analysing what was happening in the room
- Thinking about whether an intervention was needed

- Sense of calmness and curiosity about what's happening
- Weigh up the consequences of intervening
- Eternalising the dialogue, checking out assumptions

Gaining insight

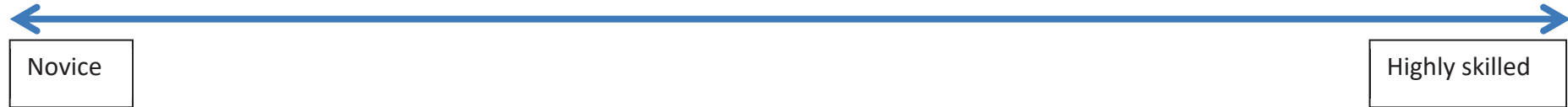


- Creating the space for self to reflect and learn
- Thinking about yourself and your thinking, behaviours
- Getting feedback when working with others

- Starting to gain greater self-awareness
- More critical self-reflection to continue learning
- Gaining understanding and using theories to gain insight into yourself and your own behaviour and practice

- Gaining understanding and using theories in terms of the way others may behave or react
- Finding ways to get feedback and gain insight on their practice from people and groups you work with
- High degree of self-awareness and insight into your facilitation practice

Being me



- Copying other facilitators rather than being yourself
- Can be authentic as a person

- Starting to recognise the need to be yourself
- Moving away from trying to be the same as other facilitators
- Increasing self-awareness
- Developing your own style of facilitation

- Natural way of working
- Part of your everyday facilitation practice
- Embodying facilitation – who you are, your philosophies, all your knowledge, skills and experience
- Being an authentic facilitator

Walking a fine line



- Learning to balance providing challenge with support
- Seeing impact of other facilitators that they consider too challenging or confronting
- May guide or direct groups, as they try to keep control of situations (link with *learning to be fluid*)
- The facilitator holds onto the power in the situation as they try to control things
- May be more technical in pushing the group in the direction they want to go

- May be becoming aware of ability to manipulate and need to avoid that
- Feeling responsible that the group will have an outcome
- Starting to check the balance of challenge and support they are offering
- Becoming aware of the power in situations and how it may be used

- Sense of responsibility for impact facilitator can have on people
- Letting go of the need to have a pre-defined outcome to some extent
- Achieving more of a balance in providing effective change with support
- Balancing needs of group with needs of organisation – using the power within the context – link to understanding and working with people and context
- Able to let go of the power and enable power to sit with the group

A lens on facilitators



- Watching skilled facilitators at work
- Learning from the way they handle situations and approaches they use (through observation)
- Seeing how skilled facilitators make sense of and use theory in their practice
- Want to understand the steps in the process

- Opportunities to work with skilled facilitators at PD school
- Trying things out, learning by doing and practising
- Starting to deconstruct what others are doing as well as observing
- Starting to challenge why people do things in a certain way
- Seeing negative aspects of facilitators – not stepping aside, not meeting people where they're at

- Still learning from working with other facilitators
- Supporting development of less experienced facilitators
- The lens is on them and likely to ask more critical and challenging questions about facilitation



Seeing negative aspects as well as positive – dissonance between what people say and how they behave

Making sense of theory



- May have limited knowledge of theories underpinning facilitation but have knowledge of other theories
 - May question what is my understanding but more likely to be caught up in learning processes and practical skills
-
- Starting to explore different theories and see how they can be used
 - Making sense of PD and facilitation theory in light of the theories they know
 - May be linked to attending training such as attending PD school
 - Starting to use theories in their practice
 - Starting to help others make sense of theory helps facilitators gain further insight into themselves
-
- Using theory in everyday interactions
 - Immersion in theory provides deep understanding of theory and application
 - Has developed frameworks on which to hang their practice and understand/manage situations

Learning to be fluid



Starting out

- Need to plan sessions very thoroughly
- Need to control sessions and make sure they don't go off track
- Rigid, rule-bound

- Practise
- Try things out) especially if have support from more experienced facilitators
- Take risks)
- Learning theory
- Starting to realise need for flexibility

- Be exposed to opportunities to facilitate in diverse contexts, different groups, different levels
- Learning when get things wrong, not be discouraged
- Let go of some of the control, less rigid
- Gaining deeper understanding of theory and why some things work, others don't

- Prepare for sessions – find out about the people they will be working with, the context in which the work is happening
- Very flexible, go with the flow, let things happen and see where they lead
- Can admit to making mistakes, being fallible and try something else
- Using their deep understanding and engagement with theory to inform their practice

Understanding people in context



- Realises context is important
 - No real understanding of impact of context or what to do with it
 - Don't work through what it means to work in different contexts
 - Focus on finding out where groups are at and working with them to understand what needs to change
- Starting to understand the context
 - Starting to work out what context means for the work being done and what the organisation wants
 - Getting to know people as persons – link to building relationships – who are they? What do they need?
 - Starting to build from a base of finding out people's strengths
- Deep understanding of context and how to work within different contexts
 - Preparation includes finding out about the people involved and the context, the influences and incorporating into facilitation
 - Links to being fluid and creating a space in which people can transform
 - Understanding human behaviour, their own and that of the people they work with

Creating a transformative space



- Creating the conditions first for the facilitator
 - A space in which the facilitator can transform their own thinking and behaviour
- Not so explicit about creating a transformative space, rather talk about approaches they would use
- Setting up the conditions, e.g. creating ground rules may use quite a technical approach
 - As they gain knowledge, skills and experience, thinking about creating the conditions changes
 - Learning to trust themselves and building trust and effective relationships with the group
 - Create the conditions needed in different contexts and by different groups
 - The space is a learning space in which people can transform and grow
 - Recognise the influence of the power held by the facilitator and the need to share/hand over power to the group
 - Trust themselves and building trust with the group so they can help determine the conditions needed

Appendix 13: Stages in development of facilitation skills

(Crisp & Wilson 2011)				
PRELIMINARY	PROGRESSIVE		PROPOSITIONAL	
Egocentric engagement with PD	Forms of engagement with PD are motivated by own evolving needs		Values associated with PD encompass many personal and social possibilities	
Limited awareness of self and impact on others in this engagement	Values remain bound by concrete perceptions of PD reality		Values associated with PD encompass many personal and social possibilities	
		Awareness of self, interpersonal relationships and emotional investments result in attachments to other PDers	Interpersonal relationships with other PDers are inherently co-operative in nature	
Perceptions and actions based on naïve assumptions about PD	The 'rules of PD' are sacred and must be followed	Rules surrounding PD can be changed by consensus	Movement away from rules to more flexible ways of working – both in terms of PD activities and their goals	
Imitating others - non-reflective action in evolving PD reality	Learning based on repeated actions and experiences	A step by step process of PD is followed without generalisation of learning	Learning is related to the broader context of PD and how that plays out in practice	
Transforming PD reality to meet own needs			Reality transformed by means of internalised actions that are grouped and coherent (perceptions based on internalised representations of PD)	Freeing from a fixed notion of PD – PD reality is located within a range of ways of working
				Transformational thinking employing hypotheses and reasoning with regards to what is possible through PD

Appendix 14: Location of participants in Crisp & Wilson Framework

(Crisp & Wilson 2011)

Stage 1 interviews		
Years of experience	Participant	Stage in Framework
1-2	Jessica ^{Pr}	Preliminary
3-5		
	Lucy ^{LP}	Late progressive
	Molly ^{EP}	Early progressive
	Rebecca ^{LP}	Late progressive
	Sarah ^{Pr}	Preliminary
6-10		
	Emma ^{LP}	Late progressive
	Jennifer ^{LP}	Late progressive
	Lily ^{LP}	Late progressive
	Lisa ^{LP}	Late progressive
	Patrick ^{EP}	Early progressive
	Tony ^{LP}	Late progressive
>10		
	Amanda ^P	Propositional
	Anne ^P	Propositional
	Debra ^P	Propositional
	Joanne ^P	Propositional
Stage 2 interviews		
10 or more	Kate ^P	Propositional
	Mary ^P	Propositional
	Nick ^P	Propositional
	Sally ^P	Propositional
	Tom ^P	Propositional
	Vanessa ^P	Propositional
	Wendy ^P	Propositional

Note: For explanation of the codes and validation by stage 1 participants of my assessment, see chapter 6, pages 124-125. All participants, except one, in stage 1 validated my assessment of their location in the framework. For the participant who did not match, I placed the participant in the middle progressive stage of the framework, while the participant's assessment was the late progressive stage. For the purposes of presenting the findings, the participant's self-assessment was used.

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