Nurse Education in Practice 11 (2011) 173–178

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

How do facilitators of practice development gain the expertise required to support vital transformation of practice and workplace cultures?

Jackie Crisp [a,b,c,*], Valerie Wilson [b,d]

[a] Practice Development Unit, Sydney Children's Hospital, Sydney, Australia
[b] Faculty of Nursing, Midwifery and Health, University of Technology, Sydney, Australia
[c] University of New South Wales, Australia
[d] Nursing Research and Practice Development Unit, Children's Hospital at Westmead, Australia

ARTICLE INFO

Article history:
Accepted 9 August 2010

Keywords:
Practice Development
Facilitation
Professional Development

ABSTRACT

Background: Skilled facilitation is at the heart of transformational practice development, and facilitators carry the hopes and expectations of those eager to see the promises of practice development come to fruition.
Aim: The aim of this paper is to present a framework that assists facilitators to understand their progress in relation to the development of specific expertise, identify their ongoing needs and make the most of all opportunities for development.
Conclusion: We argue that insight into several stages of development, and finding appropriate forms of challenge and support, are likely to enhance the experiences of facilitators, their rate of development and the level of expertise achieved.

Explore the websites of ministries and departments of health internationally and you will find consistent concerns about the quality and safety of services, and the failure of clinicians to provide care in a patient-centred way. At the heart of the problems plaguing health care systems is the disengagement of staff from their work, and workplace cultures that make the delivery of effective and safe care more challenging than ever (Cassirer et al., 2000; Duffield et al., 2009). This situation has led to strong recommendations for fundamental shifts in health care cultures (Aiken et al., 2001), and the recognition of the need for person-centred approaches (e.g. Dept of Health, 2009), within the now constant stream of health care inquiries and calls for reform (e.g. Garling, 2008). Practice development is being used to create the kind of environments that support the engagement of clinicians in evaluating and improving their practice (Manley et al., 2008). In view of this situation, and given the central role that nurses play in the provision of health care, it is surprising to find ourselves debating the place of practice development in academia (Thompson et al., 2008; Dewing et al., 2009). Surely the debate should be a dialogue, and the dialogue should be less about 'whether' or 'why' and more about 'what' and 'how'.

If nurses, including nurse academics, do not provide leadership in achieving the transformations required for health care reform, a space will be left for others to determine the focus and future of health care developments and reforms; and debates about what are or are not appropriate pursuits for nurse academics may well become mute. In addition, a very real risk of nursing focusing on a limited range of interests and activities, largely in response to changes within the university system, is that of becoming irrelevant to health services and communities. One thing comes through clearly in contemporary literature dealing with innovation and sustainable change: success is dependent on facilitation (Harvey et al., 2002; Rycroft-Malone et al., 2004). The leadership required in the face of contemporary challenges to nursing practice and delivery of patient-centred care includes, but is not limited to, the production of rigorous practice-based research and the development of robust methodologies for transforming individuals and practice so that research knowledge is utilised appropriately and practice is effective (Manley and McCormack, 2003; FitzGerald and Armitage, 2005; McSherry and Warr, 2006; Hamer and Page, 2009).

Over the past decade a substantial amount of time and effort has been expended in seeking effective means by which to engage clinicians in improving the experiences and outcomes of those for whom they provide care (Dobson et al., 2003; Greenhalgh et al., 2004; Manley, 2000; Rycroft-Malone et al., 2002, 2004; Walsh et al., 2005). The emerging theoretical and empirical work associated with transformational practice development (PD) (Manley and

* Corresponding author at: Professor of Child and Adolescent Nursing, Faculty of Nursing, Midwifery and Health, University of Technology, Sydney, Australia. Tel.: +61 2 93821797; fax: +61 2 93821786.
E-mail address: jackie.crisp@uts.edu.au (J. Crisp).

1471-5953/$ – see front matter © 2010 Elsevier Ltd. All rights reserved.
doi:10.1016/j.nepr.2010.08.005

McCormack, 2004; Manley et al., 2008) is providing a basis for optimism in this regard (McCormack et al., 2007a,b,c). The success of PD is largely dependent on effective facilitation in developing the individual, team and organisational attributes identified as essential for effective workplace cultures (Manley, 2004).

This current paper has several objectives. For individual nurses wishing to work within practice development, or currently engaged in practice development work, it provides a framework (see Table 1) for thinking through self development and possible strategies for enhancing progress. For groups of practice development facilitators, it encourages more creative thinking about the ways in which the progress of group members may be enhanced. For organisations, it raises awareness of the need to invest in the ongoing development of facilitators, to provide opportunities and to allow the time required for this to happen. We believe strongly that this framework should be used to enable ongoing development, not as a tool for measuring performance. For those who undertake education, research and theoretical work associated with practice development, the paper provides an opportunity for engaging in a way of thinking about the development of effective facilitation skills.

Drawing on experiences in working with practice development

Over the past several years we have worked with facilitators across a variety of contexts. This has involved connecting with clinicians, educators and managers new to working with practice development, facilitators with varying levels of experience and international leaders. This work has included collaborative practice development initiatives through formal links with the International Practice Development Collaboration; heading up Practice Development Units based in tertiary hospitals where we support clinicians as they engage in, and evaluate, practice innovations; creating and delivering workshops and courses for developing facilitators; providing leadership within major state-wide programs of reform and, using systematic reflective and learning strategies such as critical companionship (Titchen, 2004), action learning (Wilson et al., 2006), and clinical supervision (Clarke and Wilson, 2008) to continuously enhance learning.

The approach we used in exploring the processes involved in developing facilitation expertise demanded by transformational practice development was a critical and creative approach (Titchen and McCormack, 2008). The impetus for using the idea of 'stages of development' was the frequency with which we heard Piagetian-like concepts (Piaget and Inhelder, 1969) reflected by colleagues. For example, when discussing their own facilitation development, or that of others, they used phrases such as: 'I used to see the process [facilitation] as magical rather than as something that could be readily understood', 'she is still very concrete in the way she works with groups', and 'she doesn't get hung up on rules, just knows what will work and goes with it'. Piaget was interested in knowledge and its acquisition, in the processes of assimilation and accommodation and the conditions under which children learn, and generated a 'staged' approach from his observations of children (Furth, 1969). These ideas had general resonance with the desire to understand the acquisition and application of knowledge by facilitators, and served to stimulate our initial thinking. There was also an obvious resonance with the work of those interested in the development of expertise (e.g. Benner, 1984).

Using critical creativity to generate a framework

The approach we used in exploring facilitation development involved creative processes such as photography, poetry and the

Table 1
Stages in development of facilitation skills.

Preliminary	Progressive		Propositional
Egocentric engagement with PD	Forms of engagement with PD are motivated by own evolving needs		
	Values remain bound by concrete perceptions of PD reality		Values associated with PD encompass many personal and social possibilities
Limited awareness of self and impact on others in this engagement	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	Embracing the potential ongoing transformation of PD
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	Freeing from a fixed notion of PD – PD reality is located within a range of ways of working
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)	Transformational thinking employing hypotheses and reasoning with regards to what is possible through PD

use of metaphors, and reflective walks. Each of these processes involved ongoing critical dialogue, in which we challenged all evolving ideas and their meaning; and, critical discussion of the structuring and depiction of these ideas in written form.

We worked with the processes of accommodation and assimilation; that is, the development of facilitation expertise as involving the filtering of knowledge, skills and theory through established internal schemas, and adjusting those in response to developing knowledge, skills and theoretical understandings. At first glance, for example, a new facilitator may view the use of craft materials or performance within workshops in a relatively superficial way – due to their mental representation (or schema) that such activities are recreational and more or less about having fun. As the facilitator works more critically with creative media, however, the need to accommodate the evidence that such activities contribute to shifts in thinking in fundamental ways demands different ways of thinking about these activities and leads to more sophisticated ways of working with them (Titchen and Higgs, 2001). As schemas are categories of knowledge that help us to interpret and understand the world, it is clear that the knowledge and experiences of an individual will influence their transition to the facilitator role.

The outcome of this work was the development of the framework presented in Table 1. The Table outlines three major stages of development which are discussed below: Preliminary, Progressive (incorporating three phases) and Propositional stages. We believe that the framework captures some of the most important developmental challenges confronting those seeking to facilitate practice development work, and provides a schema for understanding how each stage builds on the previous one in the evolution of facilitation expertise.

The Preliminary stage

The Preliminary stage begins with the initial exposure to practice development methodology and its facilitation. This exposure can leave the potential facilitator excited or overwhelmed. We have seen both strong desires to just dive in and spread the word or, alternatively, to argue vehemently that it already exists in practice. The behaviours and thoughts within this stage centre on the individual, and are, consequently, somewhat egocentric in nature. One aim of practice development is to enable person-centred care: that is, where care decisions reflect the needs, values and beliefs of those receiving the care (e.g. the patient) and those providing the care (e.g. the nurse). Beginning facilitators may argue that practice development ways of working already exist in their workplace, based on a superficial understanding of person-centred care and unexplored ideas about their workplace culture; and the difference between what they believe they do and what actually occurs in practice. In addition, the facilitator within this stage may engage in activities with a limited awareness of how their engagement may be experienced by others. One could say that this stage is characterised by loving (or disliking) everything 'practice development', without a full understanding of what that actually entails.

The importance of the early interactions between the individual and practice development work is the role these interactions play in establishing a sound basis for creating a meaningful 'PD reality'. This allows for the integration of new knowledge or ways of thinking, and the personal theories, motivations and characteristics of the individual. A fundamental difference between Piaget's notion of assimilation and accommodation in infants, and the processes described here, is the extent to which the individual can critically examine their thinking and responses to the outside world. What appears to be similar, however, is the newness of the area, to the individual, in which understanding is sought (in this case practice development facilitation). The more authentic and systematic the individual's reflections, the more likely it is that a firm basis will be established for ongoing development; alternatively, they may determine that the facilitation of practice development work is not something they wish to do at this time.

Overall, the perceptions of those who embrace the facilitator role at this stage, as well as the actions that they take in relation to their facilitation, can at times be based on untested assumptions concerning practice development and the facilitator's role in enabling this work to occur. These may include, for example, the assumption that practice development can fix everything; that it is easy and even has a magical quality; and, that it can be used in a straightforward way in every situation. The facilitator in this stage is likely to imitate others they have observed facilitating. In other words, they copy or mimic others as they begin to develop their understanding around facilitation activities, apply the theories that underpin such activities and the role they themselves play as a facilitator.

The Progressive stage

The Progressive stage, like the middle stages of development outlined by Piaget, incorporates a number of complex and integrated components that evolve over time. For the majority of facilitators, this stage will take an extended period of time, due to the extent of the expertise development associated with this stage. This stage has three phases: the early, middle and latter phases (see Table 1).

Facilitators within the Preliminary stage of development appear to be so engrossed in getting on and doing practice development that they are relatively unaware of how this may be impacting on those around them. As they move into the Progressive stage, however, their interactions with practice development become more directed or motivated by what (and how) they wish to learn. At this stage the values they hold are tied to their concrete perceptions of practice development; and their observations of related activities – albeit at a surface level – constitute practice development. For example, one of the key principles of practice development involves engaging participants in learning and action. For a facilitator within the early phase of the Progressive stage, merely running an information session for a group of nurses may be deemed to constitute working to that principle. During the next phase of development they become more aware of themselves and their learning, and in so doing desire connection with other facilitators with similar experiences, creating strong and sometimes inter-dependent bonds. In the latter phase of the Progressive development the need for such bonds is reduced as they establish relationships based upon cooperation and collegiality.

The early phase is characterised by the notion of internalised 'rules' concerning the work of the facilitator. Learning depends on repeating actions (i.e. undertaking a particular activity many times) following a prescribed system until the doing of that activity is mastered. As the facilitator gains more experience they feel able to free themselves from these internalised rules, as long as this is supported through a process of consensus among those with whom they are working. There is little doubt, however, that although the facilitator still undertakes the activity using a step by step process, in other words they follow a set pattern for how things 'should be done' and although this results in learning about the specifics there is limited translation of learning from the particular to the general. In the latter phase of the Progressive stage there is a move away from concrete rules to the development of more flexible ways of working. At this point learning is not only about the specifics at hand but also about how their learning can be connected to general ideas about practice development and how it plays out in practice.

A precursor for moving into the final stage of development – the Propositional stage – is the transformation of reality that occurs for

the facilitator. The facilitator has now developed a range of internalised actions that are grouped and coherent and as such are in sync with facilitation of practice development. Their perceptions – of practice development and how it works in practice – are based on their own sophisticated internalised representations.

The Propositional stage

The final stage of development in the framework is the culmination of development of knowledge, skills and theoretical complexity, and results in the emergence of an integrated sense of self as a facilitator. The defining aspect of this stage is flexibility of thought and action (see Table 1). The values and beliefs the facilitator holds about practice development encompass many personal and social possibilities and the realisation that these are not static; this frees them from previously fixed notions. This freedom results in the facilitator working in ways that reflect deep understanding: of the principles, theories, actions and outcomes of practice development. They not only embrace the potential and ongoing transformations of practice development, they are able to transform their own thinking, to create hypotheses and develop sound and reasoned arguments about what is possible through practice development, and what is not possible. It is at this stage that practice development is 'embodied' and simply becomes an authentic way of being and working. This of course is not an end point of learning or development, it is merely marking a space from which the facilitator continues to expand their understanding of practice development and the promise it holds for future transformations.

In summary, the process of becoming an expert facilitator requires individuals to reflect on and 'see' their knowledge as it unfolds, to apply their skills in all they 'do', to 'think' through the conceptual and theoretical implications of their work, and to 'be' authentic in their facilitation (Rogers, 1983; Hogan, 2002; Thomas, 2008). The aim of Table 2 is twofold: to be explicit about the major characteristics of thinking/actions within each of these domains (*seeing, doing, thinking and being*) at each stage of expertise development and to set up a framework for discussing strategies to enhance progression.

Judgmental approaches in relation to the level of thinking and associated behaviours within each stage are counterproductive and should be resisted. The behaviour of facilitator within the Preliminary stage, for example, is egocentric for a purpose; that is, to find the fit between the self and practice development that will form the basis of ongoing engagement and development. While lining up the self and practice development is important within each stage, it is the focus of this initial stage, and crucial for future development. The goal is, therefore, not one of avoiding this stage; it is about engaging with it fully in order to move forward. Within all stages the developing facilitator should work within the limitations of the stage to 'see' or observe their unfolding knowledge, to 'do' or take action in relation to that knowledge, to 'think' through or analyse the theoretical issues and to 'be' authentic in their use and understanding of self through ongoing reflexivity. The case study illustrated below provides some insight into using the framework.

Case study: Claire

Claire was a senior nurse new to the role of facilitating practice development. On starting her new position she appeared confident that her skills and knowledge would be easily transferable into the facilitation role. After a few months Claire began to question her ability to be effective in the work she was undertaking, and she voiced concern regarding her lack of progress as a facilitator. Claire was asked to look at the framework (Table 1) as a means of locating and reflecting on her current level of facilitation expertise. Claire was shocked by the realisation that she was in fact much earlier in her stage of development than she had expected. She was able to articulate her need to 'copy' what she saw others doing in order to appear confident as a facilitator. In doing this she often struggled with 'being herself' and this, somewhat paradoxically, actually reduced her confidence and self esteem. Critical discussion with a colleague, using the framework, allowed Claire to acknowledge where she was in terms of her development. This process also helped to normalise her experiences and journey so far and allowed her to set more realistic expectations for future development. Claire was also able to acknowledge her development as a facilitator, and was motivated to find ongoing challenge and support within the organisation to continue her development.

Our experiences with facilitators like Claire have led us to believe that becoming 'stuck' in one of the first two stages is not uncommon; particularly becoming stuck within the early phase of the Progressive stage. At times this sense of 'concrete application of rules' appears to be linked to a resistance to do the 'thinking or theoretical work' required for the generation of the internalised and complex schemas that are at the heart of Propositional thought. There are of course many potential explanations for becoming stuck. These include:

- inadequate access to the forms of experience that support ongoing development;
- intra personal dynamics that impede critical reflection;
- organisational constraints that may result in inadequate resource allocation or systems that pressure the facilitator to 'get on and do the job';
- group dynamics that lead to resistance of alternative ways of thinking about practice and its development;
- decisions about the amount of effort and time for practice development;
- views of self that are at odds with perceptions of the kinds of people who do practice development;
- beliefs that going beyond the 'doing' to the 'thinking' is for academics and that clinicians have no role to play in evolving practice development knowledge.

The issue for us, however, is not about the evolution of practice development knowledge per se, but about the evolution of

Table 2
The essential characteristics of the three stages of development within four domains.

Domain	Preliminary	Progressive	Propositional
Seeing – knowledge unfold	In relation to 'me'	Particular to particular	Particular to general
Doing – skilful application	Imitation of others	Rule-based	Flexible
Thinking – through theory	Significance of 'it' to 'me'	Tied to actions & observations	Possibilities and potential
Being – authentic	Egocentrism	Activity-based	Embodiment

understanding that supports approaches of facilitation congruent with their stated emancipatory intent. This congruence is dependent on high levels of reflexivity, and the flexibility to adapt facilitation in response to the specific group's needs, and work with them 'in the moment'. This demands high level knowledge and skills on the part of the facilitator.

Critical guidance to enhance movement through the stages

There is a range of strategies that the facilitator may adopt to enhance their development of expertise. These include critical reflection (Johns, 1998; Maggs and Biley, 2000), action learning (McGill and Brockbank, 2004), active learning (Dewing, 2008) and critical creativity (McCormack and Titchen, 2006). A key component of progress, however, is the selection of an appropriate 'critical guide': an individual with adequate knowledge and skills who can provide guidance – with the right balance of challenge and support – to enhance the development; and, who will work with due regard for the realities of the individual's stage of development. There is a range of established ways of engaging that can be used within the relationship with such a guide: for example, mentoring (Vance and Olson, 1998), clinical supervision (Butterworth et al., 1998; Johns, 1998), critical friendship and critical companionship (Titchen, 2004). The key to the success of each of these strategies is the use of high challenge/high support framework (Wilson et al., 2006). Some of these strategies may, of course, be better suited to different stages of development. For instance, within the Preliminary stage mentoring may prove useful in establishing fundamental understanding of practice development and its fit with the individual facilitator, as with Claire in the case example; while progress in the latter phases of the Propositional stage may be enhanced by a critical companionship relationship.

Conclusion

So what does the framework mean to those working in, or considering working in transformational practice development? We have outlined three key stages of development – Preliminary, Progressive and Propositional – that we hypothesise form broad stages in the evolution of skilled facilitators. These stages focus on the reality of facilitation work: Seeing, Doing, Thinking and Being as facilitators.

The time it takes to move through each stage is not predictable, and is very much dependent on factors such as the commitment and capacity of the individual facilitator, the resources and demands of the context in which they work and the opportunities for enhancing learning. The framework outlined within this paper provides insight into the complexity of evolving high level facilitation skills and we believe will assist individuals to make more informed decisions concerning their self development, consolidation and transformation as facilitators. The framework will help those working within practice development locate themselves and their development needs.

And finally we believe that health care transformation is the business of all nurses and that nurse academics must provide leadership in ongoing theory, methodology and research developments or run the risk of becoming increasingly irrelevant to contemporary health care.

Acknowledgement

Thank you to our colleagues who contributed their experiences and expertise so generously.

References

Aiken, L.H., Clarke, S.P., Sloane, D.M., Sochalski, J.A., Busse, R., Clarke, H., Giovannetti, P., Hunt, J., Rafferty, A.M., Shamian, J., 2001. Nurses' reports on hospital care in five countries: the ways in which nurses' work is structured have left nurses among the least satisfied workers and the problem is getting worse. Health Affairs 20, 43–53.

Benner, P., 1984. From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Addison-Wesley, Menlo Park.

Butterworth, T., Faugier, J., Burnard, P., 1998. Clinical Supervision and Mentorship in Nursing. Nelson Thornes, London.

Cassirer, C., Anderson, D., Hanson, S., Fraser, H., 2000. Abusive behavior is barrier to high-reliability health care systems, culture of patient safety. QRC Advisor 17 (1), 1–6.

Clarke, C., Wilson, V., 2008. Learning – the heart of practice development. In: Manley, K., McCormack, B., Wilson, V. (Eds.), International Practice Development in Nursing and Healthcare. Blackwell Publishing, Oxford, pp. 105–125.

Department of Health, 2009. NHS 2010-2015: from good to great. Preventative, people-centred, productive. http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_109876 (accessed June 15th, 2010).

Dewing, J., Titchen, A., McCormack, B., 2009. Practice development and the potential for integrating transformational practice with research. A response to Editorial: Thompson, D.R., Watson, R., Quinn, T., Worrall-Carter, L., O'Connell, B. 2008. Practice development: What is it and why should we be doing it? Nurse Education in Practice 9, 1–4.

Dewing, J., 2008. Becoming and being active learners and creating active learning workplaces: the value of active learning in practice development. In: Manley, K., McCormack, B., Wilson, V. (Eds.), International Practice Development in Nursing and Healthcare. Blackwell Publishing, Oxford, pp. 273–294.

Dobson, S., Locock, L., Gabbay, J., Ferlie, E., Fitzgerald, L., 2003. Evidence-based medicine and the implementation gap. Health 7, 311–330.

Duffield, C., Roche, M., O'Brien-Pallas, L., Catling-Paull, C., King, M., 2009. Staff satisfaction and retention and the role of the nursing unit manager. Collegian: Journal of the Royal College of Nursing, Australia 16 (1), 11–17.

FitzGerald, M., Armitage, D., 2005. Clinical research: the potential of practice development. Practice Development in Health Care 4 (3), 150–159.

Furth, H.G., 1969. Piaget and Knowledge: Theoretical Foundations. Prentice-Hall, Englewood Cliffs.

Garling, P., 2008. Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. http://www.lawlink.nsw.gov.au/acsinquiry.

Greenhalgh, T., Robert, G., Bate, P., Kyriakidou, O., MacFarlane, F., Peacock, R., 2004. How to Spread Good Ideas: A Systematic Review of the Literature on Diffusion, Dissemination and Sustainability of Innovation in Health Service Delivery and Organisation. Report for the National Co-ordinating Centre for NHS Service Delivery and Organisation R&D (NCCSDO). University College, London.

Hamer, S., Page, S., 2009. Curiosity: asking questions and listening for answers. Practice Development in Health Care 8, 181–184.

Harvey, G., Loftus-Hills, A., Rycroft-Malone, J., Titchen, A., Kitson, A., McCormack, B., Seers, K., 2002. Getting evidence into practice: the role and function of facilitation. Journal of Advanced Nursing 37 (6), 577–588.

Hogan, C.F., 2002. Understanding Facilitation: Theory and Principles. Kogan Page, London.

Johns, C., 1998. Opening the doors of reflection. In: Johns, C., Freshwater, D. (Eds.), Transforming Nursing Through Reflective Practice. Blackwell Science, Oxford.

Maggs, C., Biley, A., 2000. Reflections on the role of the nursing development facilitator in clinical supervision and reflective practice. International Journal of Nursing Practice 6 (4), 192–195.

Manley, K., McCormack, B., Wilson, V. (Eds.), 2008. International Practice Development in Nursing and Healthcare. Blackwell Publishing, Oxford.

Manley, K., McCormack, B., 2004. Practice development: purpose, methodology, facilitation and evaluation. In: McCormack, B., Manley, K., Garbett, R. (Eds.), Practice Development in Nursing. Blackwell Publishing, Oxford, pp. 33–50.

Manley, K., 2004. Transformational culture: a culture of effectiveness. In: McCormack, B., Manley, K., Garbett, R. (Eds.), Practice Development in Nursing. Blackwell Publishing, Oxford, pp. 51–82.

Manley, K., McCormack, B., 2003. Practice development: purpose, methodology, facilitation and evaluation. Nursing in Critical Care 8 (1), 22–29.

Manley, K., 2000. Organisational culture and consultant nurse outcomes: part 2 – consultant nurse outcomes including commentary by Scholes, J. Nursing in Critical Care 5, 240–248.

McCormack, B., Wright, J., Dewer, B., Harvey, G., Ballintine, K., 2007a. A realist synthesis of evidence relating to practice development: recommendations. Practice Development in Health Care 6 (1), 76–80.

McCormack, B., Wright, J., Dewer, B., Harvey, G., Ballintine, K., 2007b. A realist synthesis of evidence relating to practice development: interviews and synthesis of data. Practice Development in Health Care 6 (1), 56–75.

McCormack, B., Wright, J., Dewer, B., Harvey, G., Ballintine, K., 2007c. A realist synthesis of evidence relating to practice development: findings from the literature review. Practice Development in Health Care 6 (1), 25–55.

McCormack, B., Titchen, A., 2006. Critical creativity: melding, exploding, blending. Educational Action Research 14 (2), 239–266.

McGill, I., Brockbank, A., 2004. The Action Learning Handbook. Routledge-Falmer, London.
McSherry, R., Warr, J., 2006. Practice Development: confirming the existence of a knowledge and evidence base. Practice Development in Health Care 5, 55–79.
Piaget, J., Inhelder, B., 1969. The Psychology of the Child. Routledge & Kogan Page, London.
Rogers, C.R., 1983. Freedom to Learn for the 80's. Charles E. Merrill, London.
Rycroft-Malone, J., Harvey, G., Seers, K., Kitson, A., McCormack, B., Titchen, A., 2004. An exploration of the factors that influence the implementation of evidence into practice. Journal of Clinical Nursing 13, 913–924.
Rycroft-Malone, J., Kitson, A., Harvey, G., McCormack, B., Seers, K., Titchen, A., Estabrooks, C., 2002. Ingredients for change: revisiting a conceptual framework. Quality & Safety in Health Care 11 (2), 174–180.
Thomas, G.J., 2008. Facilitate first thyself: the Person-centered dimension of facilitator education. Journal of Experiential Education 31 (2), 168–188.
Thompson, D.R., Watson, R., Quinn, T., Worrall-Carter, L., O'Connell, B., 2008. Practice development: What is it and why should we be doing it? Nurse Education in Practice 8, 221–222.
Titchen, A., McCormack, B., 2008. A methodological walk in the forest: critical creativity and human flourishing. In: Manley, K., McCormack, B., Wilson, V. (Eds.), International Practice Development in Nursing and Healthcare. Blackwell Publishing, Oxford, pp. 59–83.
Titchen, A., 2004. Helping relationships for practice development critical companionship. In: Manley, K., McCormack, B., Wilson, V. (Eds.), International Practice Development in Nursing and Healthcare. Blackwell Publishing, Oxford, pp. 148–174.
Titchen, A., Higgs, J., 2001. Towards professional artistry and creativity in practice. In: Higgs, J., Titchen, A. (Eds.), Professional Practice in Health, Education and the Creative Arts. Blackwell Science, Oxford.
Vance, C., Olson, R., 1998. The Mentor Connection in Nursing. Springer Publishing Company, New York.
Walsh, K., Lawless, J., Moss, C., Allbon, C., 2005. The development of an engagement tool for practice development. Practice Development in Health Care 4 (3), 124–130.
Wilson, V., McCormack, B., Ives, G., 2006. Re-generating the 'self' in learning: developing a culture of supportive learning in practice. Learning in Health and Social Care 5 (2), 90–105.