





# Using two models of workplace facilitation to create conditions for development of a person-centred culture: A participatory action research study

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## Abstract

**Aims and objectives:** To examine facilitation in workplace learning where nurses are focused on creating person-centred cultures; to provide a framework for novice and proficient facilitators/practitioners to learn in and from their own workplaces and practices; and to provide the conditions where practitioners can gain an understanding of the culture and context within their own workplace.

**Background:** Evidence suggests that person-centred cultures depend on purposeful, facilitated practice-based learning activities. For person-centredness to become more meaningful to nursing leaders in their daily work, focus must be placed on their acquisition and use of facilitation skills. The facilitation framework “Critical Companionship” remains an exemplar in the development of expert facilitation skills. Two sequential facilitation models were developed as “steps” towards Critical Companionship, as a framework for novice and proficient facilitators and practitioners to learn in and from their own workplaces and practices.

**Design and Methods:** This research, situated in a critical social science paradigm, drew on participatory action research to devise, explore and refine two facilitation models: Critical Allies and Critical Friends. The researcher adopted an insider approach to work with five nursing leaders, which was subsequently reported using the EQUATOR guidelines on best practice in reporting of participatory action research.

**Results:** The results show the complexity of enabling facilitation within the workplace. Four themes and twelve subthemes emerged from the data that describe the attributes needed to facilitate workplace learning and reveal that managers can have an active role in enabling person-centred culture development.

**Conclusions:** This research adds to the body of knowledge on developing person-centred culture. It offers practical stepping stones for novice and proficient facilitators to enable embodiment of the skills necessary to facilitate learning in person-centred cultures. The models offer a workplace-friendly pathway with practical methods and further contribute to our understanding of how we create person-centred cultures.

**Relevance to clinical practice:** Facilitation of practice development and workplace learning remains the most effective methods to develop person-centred cultures. This research introduces a pathway for clinical leaders/managers to become facilitators with their own teams, maximising the impact on the culture where care is delivered.

#### KEYWORDS

action research, critical allies, Critical Companionship, critical friends, culture facilitation, participatory research, person-centredness, practice development

## 1 | INTRODUCTION

Like policy in many national healthcare organisations around the world, the Irish Health Service “*Framework for Improving Quality*” (2016) aims to influence and guide the planning and delivery of care in all services. It provides for a strategic approach to improving quality whether in clinical teams, at management, board or national level. It has a clear aim to foster a culture of quality that continuously seeks to provide safe, effective, person-centred care across all services. Unlike many similar strategic approaches, this framework is intended to be applied in ways that suit each organisation and team in order to encourage and support more effective use and implementation at the local and micro-levels. There is a recognition that learning is a critical element of the implementation process. This policy is supported by a national development programme that recognises and considers the importance of workplace culture and having skilled facilitators in the workplace to enable adoption and implementation of the framework. The research explored how nurse leaders, within the midst of practice, can facilitate learning that enables quality improvement and a movement towards person-centred cultures within their own workplace and organisation.

## 2 | BACKGROUND

Person-centredness is now so central to healthcare policy that it is proposed as the ultimate goal for the delivery of health and social care according to the World Health Organisation (2015). What person-centredness means can vary greatly. Indeed, Dewing and McCormack (2017) express some concern about an over-simplification of the term emerging in policy or strategy documents where there is a perception that person-centredness is simply about what matters to people and, or, that it can be easily adopted or “rolled out” at a systems level. McCance, McCormack, and Dewing (2011) describe person-centredness as complex, multi-dimensional and that goes beyond patient-centredness. Fundamentally, person-centredness is about a specific type of culture with embedded practices which enable the delivery of person-centred care. Thus, it includes the systems, processes and people (staff) that serve to make the experience (as staff or care recipients) a healthful one (Dewing & McCormack, 2017; McCormack & McCance, 2017). Person-centredness is defined as follows:

### What does this paper contribute to the wider global clinical community?

- This research contributes a framework of two complementary empirically derived models which enable practitioners and clinical leaders/managers to work together in a structured way with the intent of learning how to develop person-centredness, a growing international aspect of health care.
- The research adds clarity to understanding of what facilitators of workplace learning need to “do” and shows that nurses leading and influencing culture movement towards person-centredness can integrate facilitation into their roles.

“an approach to practice established through the formation and fostering of healthful relationships between all care providers, care receivers and others significant to them in their lives. It is underpinned by values of respect for persons (personhood), individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development” (McCormack & McCance, 2017, p. 3)

Health institutions both in Ireland and beyond are facing challenges to practices and processes previously accepted unquestioningly (Health Services Executive, 2016; King's Fund, 2012, p. 5). There is a growing call for a shift in focus towards person-centred cultures and thus a need for practical and sustainable solutions for “healthcare transformation” facilitated from within teams and organisations. While there is still much to learn about the characteristics of organisations struggling to improve quality (Vaughan et al., 2019), it is known that there is a strong relationship between person-centredness and participatory approaches including practice development. For example, the intent of practice development is enabling movement towards person-centred cultures. This is achieved by drawing on critical social theory principles, such as enlightenment, empowerment and emancipation (Manley & McCormack, 2004, p. 33) to achieve person-centred processes and outcomes (McCormack & McCance, 2017, p. 59). Practice

development is considered by McCormack et al. (2013, p. 8) as a complex methodology, specifically for developing person-centred cultures, enabled through skilled facilitation within the workplace. Although, often linked to nursing, it has application across the wider healthcare team, it is well documented within the practice development and related literature that skilled facilitators are a requirement to move towards person-centredness within the workplace (Manley, Martin, Jackson, & Wright, 2015; McCormack et al., 2013; Shaw et al., 2008). Facilitation draws on the use of interrelated enablement processes, through which participants and facilitator develop both personally and professionally, and while doing so, they enhance the development of person-centred relationships and practices (Shaw et al., 2008, p. 162). However, Van Lieshout and Cardiff (2011), Hardiman and Dewing (2014) and Shaw et al. (2008, p. 147) concur that the concept of being or becoming a skilled facilitator is so complex that the development of facilitation skills is a gradual and embodied process which involves a number of interrelated, complex influences such as knowing self and others, use of multiple learning methods, authentic engagement and use of purposeful strategies (Hardiman & Dewing, 2014; Van Lieshout & Cardiff, 2011). McCormack et al. (2013, p. 5) acknowledge that practitioners and those wishing to develop their own skills require help to do so. Surprisingly, the practice development and person-centred research literature are lacking in empirically derived models of workplace facilitation with the exception of an outline concept analysis (Shaw et al., 2008) and one model, *Critical Companionship* (Titchen, 2000, 2001, 2004). Titchen's empirically derived model is a facilitation framework developed specifically for application within healthcare workplaces and the basis for the two models in this research.

Workplace learning is a core feature in many action-oriented approaches such as participatory research and practice development. Traditional, work-based learning describes a workplace element of a formal academic programme (Boud & Solomon, 2001). However, Harvey and Kitson (2015) believe there is a need to purposefully translate formal knowledge through facilitation into the context and culture of the workplace. Therefore, the facilitation of workplace learning tends to occupy a central position within many facilitation models (Harvey & Kitson, 2015; Titchen, 2000). Common features of these are that the learning processes are often social and informal and take place within the workplace. As the currency of "know-how" knowledge evolves and the learning organisation is popularised (Senge, 2006), the learning capacity for the workforce is valued and maximised in everyday work. Wenger (1998, p. 47) purports that there are many advantages to workplace learning, suggesting that participation in work team is both a kind of action and a form of social belonging. Thus, there is a deeper social and cultural learning dimension which is as valuable as formal knowledge and as an attribute of person-centredness. This kind of knowledge shapes what we do, how we interpret what we do, but also who we are and highlights the importance of relationship and positive feelings about learning within teams (Pierson, 2014). This research complements the increasing value accorded to workplace social learning and the growing move in healthcare policy for person-centredness. There were two questions and three aims in this research:

What does a person-centred framework for workplace facilitation look like?

How do workplace facilitation skills enhance person-centred care?

Aims

To examine facilitation in workplace learning, where nurses are focused on creating a person-centred culture.

To provide a framework for novice and proficient facilitators and practitioners to facilitate learning in and from their own workplace and practice.

To provide the conditions where practitioners can gain an understanding of the culture and context within their own workplace.

## 2.1 | A critique of Critical Companionship

The research began with an exhaustive, critical review of Critical Companionship (Titchen, 2000). Titchen (2000) describes Critical Companionship as a helping relationship in which a critical companion (i.e., an expert facilitator) accompanies a less experienced practitioner on a learning journey to develop their expertise in patient-centred care. All the literature explored by Titchen in her original research was included and critically reviewed for this research. This involved reading Titchen's original thesis, sourcing and reading original references in order to gain an understanding of Titchen's influences and context. Given the topic and focus of this research, beginning with Titchen's research was an obvious starting point. The Critical Companionship framework (Titchen, 2000) with its patient-centred focus was developed at the time when nursing practice was largely ritualistic and task-focused (Walsh & Ford, 1989). It is probable that, given her later publications, Titchen's focus would now be on person-centredness. Critical Companionship uses as an exemplar, the enabling facilitative relationship between Titchen as the researcher and an expert nurse manager that evolved as part of a larger empirical study of the elements of Skilled Companionship (Titchen, 2000). Titchen drew on a blended hermeneutic and critical social science approach in her research with an intention to effect change. In order to do this, Titchen intentionally used critical strategies to facilitate the expert nurse to reflect on her actions and enable her to recognise their impact within the workplace. A key finding in Titchen's research (2000) was she identified that in order for a patient-centred approach to grow across the team, the leader needed to become a facilitator of learning from within the workplace and within practice.

It can be argued that one of the challenges to embodying Critical Companionship is the complexity of the model with its numbers of interrelated domains and their multiple concepts, which may be a barrier to learning and then applying the model in the workplace. Indeed, Titchen (2004, p. 171) acknowledges that the complexity of the language and imagery used in the model only begins to make sense when used as part of a Critical Companionship relationship. The complexity of the domains, not least which one to draw on and in which order, adds additional pressure to the novice facilitator or practitioner wishing to learn how to be an effective facilitator.

Perhaps the most challenging element preventing its use is the requirement for a well-developed learning culture to be already present, in which the model could thrive. Nevertheless, Critical Companionship continues to be cited within the practice development literature as a useful framework, perhaps indicating a need for other models of facilitation that are applicable within the workplace. Hardiman and Dewing (2014) building on Titchen's empirical work propose that novice facilitators, because of the need to develop facilitation skills gradually, are not able to move straight to being an expert facilitator and there is a need to have something that precedes Critical Companionship. Consequently, while we support the Critical Companionship framework as ideally positioned for use by expert facilitator and practitioners in cultures that are well on the way to person-centredness, we argue there is an unmet need with novice and proficient facilitators and practitioners in less person-centred cultures who require learning.

## 2.2 | Critical allies and critical friends models

In the first phase of the research, the Critical Companionship model was deconstructed, its principles and evidence base were systematically examined and two new models were generated from the same evidence base that could precede Critical Companionship. Briefly, there is an interactive relationship between the two models, Critical Allies (see Figure 1) and Critical Friends (see Figure 2). **Critical Allies offers the fundamental starting point for a new facilitative relationship. Like Critical Companionship, it is used to facilitate shared learning between a more experienced leader and a**

**less experienced practitioner. Critical Allies contains the essential elements for any facilitation relationship to be maintained, and we propose that the prerequisite elements in Critical Allies must be present to allow any relationship to be defined as facilitative. Both**

the Critical Allies and Critical Friends models have five domains: Relationship Domain; Rational/Intuitive Domain; Strategies; Facilitation Domain; and Expected Outcomes with seventeen elements contained across the five domains in Critical Allies and fourteen in Critical Friends. The Critical Friends model follows on from Critical Allies introducing the more challenging elements of facilitation initiated when a trusted, more established or confident relationship is present. We acknowledge that this transition may happen slowly or quite quickly depending on the context the persons in the relationship and the experience and skill of the facilitator. When viewing Figures 1 and 2 the models both read from the inside out and start with the prerequisite elements needed in the facilitative relationships. The next domain is rational and intuitive and reminds the facilitator to be intentional and courageous in their interaction with others. The models then offer a number of strategies that the facilitator can choose to implement to focus the conversation and enable the practitioner to reflect on the area of focus or context. The model then suggests some expected outcomes of the facilitation to provide some guidance particularly for the novice facilitator of indication of successful interactions. These new models once constructed then needed to be tested in the practice context. Both models were revised over the course of the research based on the participatory research process, peer review and critical dialogue with the research supervision team.

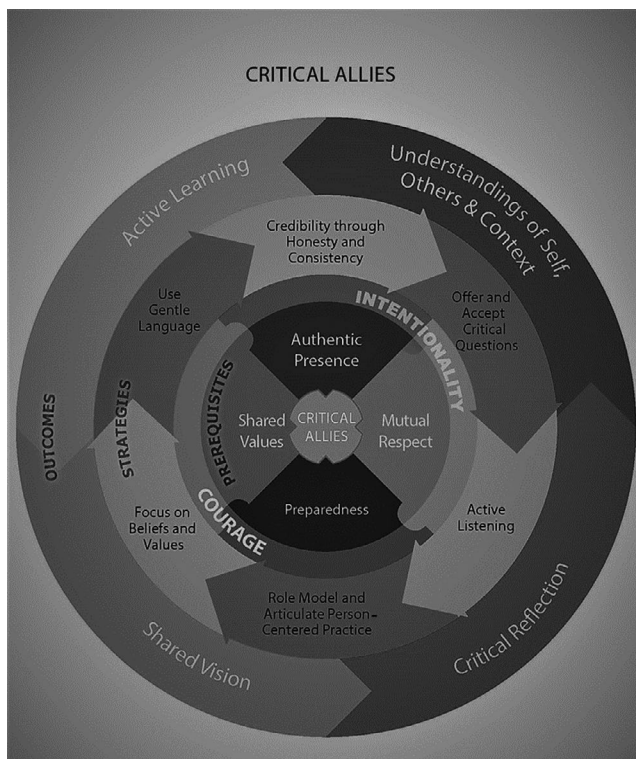


FIGURE 1 Critical Allies

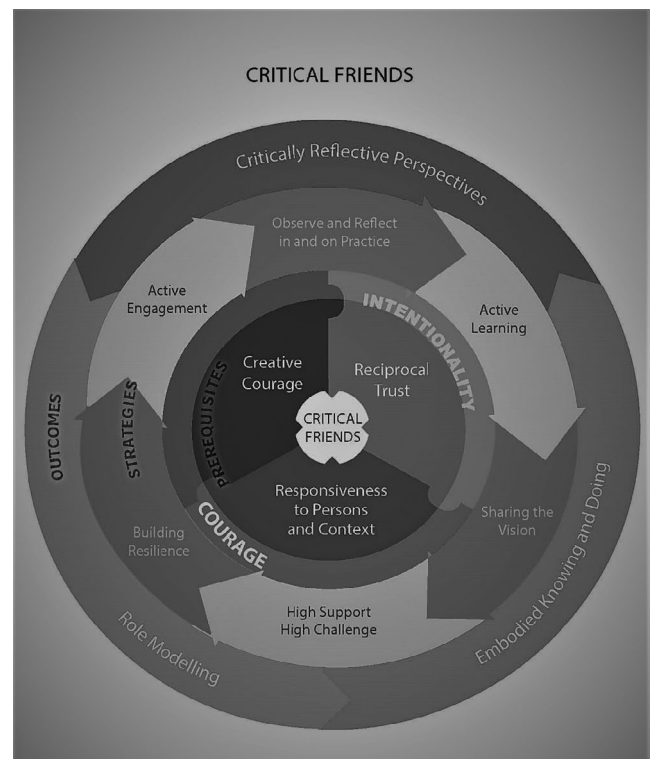


FIGURE 2 Critical Friends

## 3 | METHODS

### 3.1 | The research design

This was a participatory action design which involved the use and testing of the Critical Allies and Critical Friends theoretical models within the researchers own workplace, with the intent of achieving transformation towards a person-centred culture. The research commenced following ethical approval by the hospital ethics committee and was reported using EQUATOR guidelines on best practice in reporting of participatory action research (Smith, Rosenzweig, & Schmidt, 2010) (see Appendix S1).

#### 3.1.1 | Preparation of the context

This included several cycles of activity that involved but not confined to being consistent and persistent in sharing the core features for person-centred research (McCormack, van Dulmen, Eide, Skovdahl, & Eide, 2017). Van Lieshout (2017, p. 178) stresses the importance of contextual preparation in which the participatory action research is being conducted but also for the researcher themselves. Through the use of reflexivity and critical dialogue, the researcher approached the preparation of the context over nine months during 2014–2015. Understanding the culture is necessary to enable examination of the degree of person-centredness already evident within the workplace and to assess and prepare for any barriers. A baseline culture assessment was discussed with stakeholders, in this case, the hospital-wide nursing governance team. It was agreed that the context was not yet ready for the use of any in-depth assessment tool. Thus, the researcher needed to be flexible and do nothing that negatively impacted on the broader organisational culture development. As an alternative, Manley's, Solman, and Jackson (2013, p. 150) framework for an effective workplace culture provided a tool that was acceptable to the governance team and participants. The participatory analysis had begun learning about a deeper understanding of the nature of person-centred and workplace facilitation in practice. This provided the optimum conditions to move onto the action cycles within phase two of the research. In this second phase, participation with and by the clinical nursing leaders in the hospital to test the theoretical models of Critical Allies and Critical Friends evolved. Initially, three participants self-selected as an outcome from phase one. They were joined by two others as the research progressed.

#### 3.1.2 | The participants

All five participants worked as clinical leaders/nursing managers in the hospital (synonyms are provided for all participant names). The first participant, Sheila, started in September 2014. Three weeks later, Aine agreed to participate, followed by Riona in late December 2014. Finally, two accelerated action cycles were commenced in July 2015 with Duffy and Nicole. The last two participants' action cycles were more focused due to learning from the previous cycle and the researchers' growing skills. The participants could all be identified as expert nurses

in their field; however, they all acknowledged that they had no experience of facilitation of workplace learning and identified themselves as novice facilitators. All the participants stayed in the research until its completion in 2016. Participants engaged in a range of research activities including thematic data analysis, secondary analysis, critical discussion and meta-analysis as part of the participatory process.

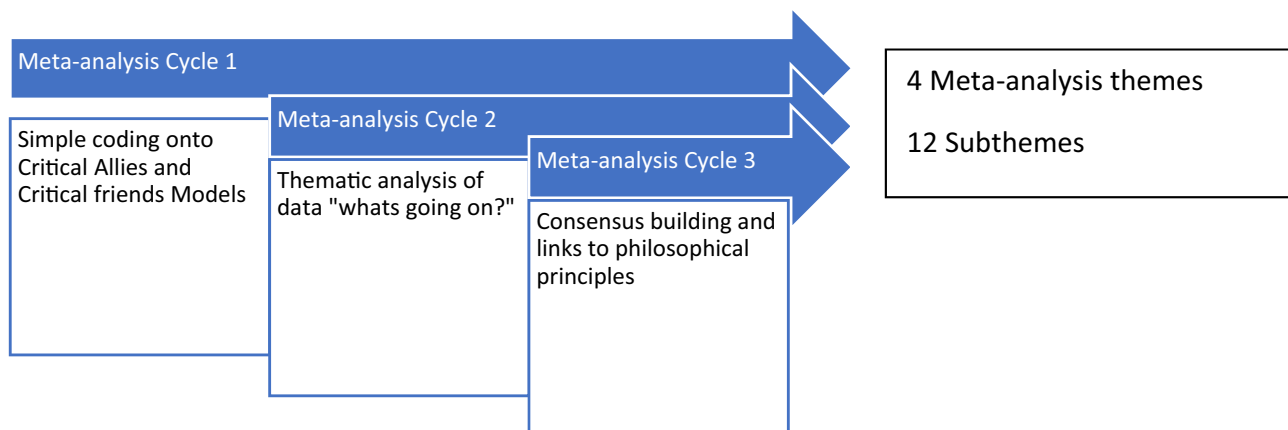
#### 3.1.3 | Interventions

In phase one, these were directed at developing a deeper understanding of the context. Several methods were employed: exploring values and beliefs of the team, observation or and a survey of culture. Simultaneously, the researcher was also building skills of facilitation by learning how to better use the Critical Allies and Critical Friends models. At the same time, the participants were experiencing and reflecting on being facilitated and bringing that learning and understanding to facilitate others. In phase two, the main intervention was critical dialogue including questioning, with the intent of unravelling "what's going on." Together, the researcher and participants developed a method known as "Facilitation on the Run" (FoR). This method emerged to provide a "virtual" space for focused, facilitated communication that could be used quickly and efficiently in all locations throughout the hospital when time was perceived as being "tight." FoR prompt cards provided an outline of a method of focused communication which had the effect of helping both the practitioner and facilitator to identify what skills and strategies they were using and why, thereby creating a structure for the development of facilitation skills.

### 3.2 | Data analysis

According to Averill (2014, p. 20), qualitative data analysis tries to make sense of the multitude forms of data that may accrue. In this participatory action research, data included transcripts of recorded interviews and discussions, field notes, reflective notes, photographs and poetry. And the cycles of research are such that reflection, action and analysis are all interconnected and not separated out into different units or parts of the research in a linear fashion. The initial data analysis revealed the journey of each participant as they learnt to become facilitators in their own workplaces. It involved the transcribing of recorded participant dialogues and interviews from a fifteen-month period, other notes and researcher's reflections. Following verbatim transcribing of the audio recordings, an initial content mapping was carried out by the researcher. This was done by taking each section of dialogue and mapping the content onto the relevant elements in the models of the Critical Allies and Critical Friends. The analysis was then shared with participants to discuss the mapping, which also proved another way of engaging the participants in reflection and learning about facilitation. Ultimately, the analysis process came together through a higher level meta-analysis. This focused explicitly on answering the two research questions. For clarification, a meta-analysis in this context is linked to an epistemological intent to reveal hidden meaning within the data. It is achieved by an





**FIGURE 3** Data analysis map

examination of the already analysed data from a number of angles to explore all intended or unintended meaning. In this paper, we focus on sharing the meta-analysis process and findings. Figure 3 provides a map of the meta-analysis cycles.

To delve further into the data and move beyond each participant's individual context, a cycle of "meta"-analysis took place. This drew on the thematic analysis model as described by Braun and Clarke (2006). Here, the focus was moving beyond the individual participant's and the researcher's personal context and coming to see the data from a wider perspective of shared experiences within a shared analysis of the culture. The participants and the researcher then mapped the data through critical dialogue and discussed their perception of "what was happening" across the participant's data. Eight tentative meta-themes emerged: (a) new learning, (b) revealing/exploring, (c) establishing relationships, (e) working with others, (f) critical questions, (g) context specific, (h) culture patterns and (i) personal skills. Participants then validated the meta-themes by sourcing extracts of their dialogue to the tentative themes. Where the dialogue seemed to fit between two themes, a consensus was sought among the participants as to the most appropriate theme. Using a whiteboard helped to visualise what was emerging, and an evolving image of a spider's web became a helpful analogy for participants to explore more deeply what was hidden within the data. Further reflection on the data and a consensus building process with participants led to the creation of four broad themes that were felt to form the "picture" of the whole study. This meant that the emergent discussion stayed consistent with the theoretical intent of the study. The overarching themes which finally emerged were as follows:

1. Intentional phenomena. Intentional actions that are rule-bound to achieve a particular purpose—such as described by Fay (1996, p. 113).
2. Communicative competence which is communication with the intent of providing understanding and the checking and rechecking assumptions through dialogue and reflection as described by Habermas.

3. Practical wisdom or the ways of knowing that blend ethical and clinical knowledge into a way of being as described by Altmann (2007).
4. Revealing the culture through learning in context/workplace described as the unravelling of previously hidden practice patterns or false consciousness as described by Fay (1987).

The researcher and two of the participants took all the transcribed data and mapped it onto one of the four themes above and thereby constructed twelve subthemes in total (see Figure 3). To go beyond this, we agreed was not appropriate as the data started to feel fragile and to move away from the context and meaning in which it was generated (Figure 4).

## 4 | RESULTS

The results and key findings emerging from the meta-themes and subthemes are summarised next and illustrated with extracts from original data.

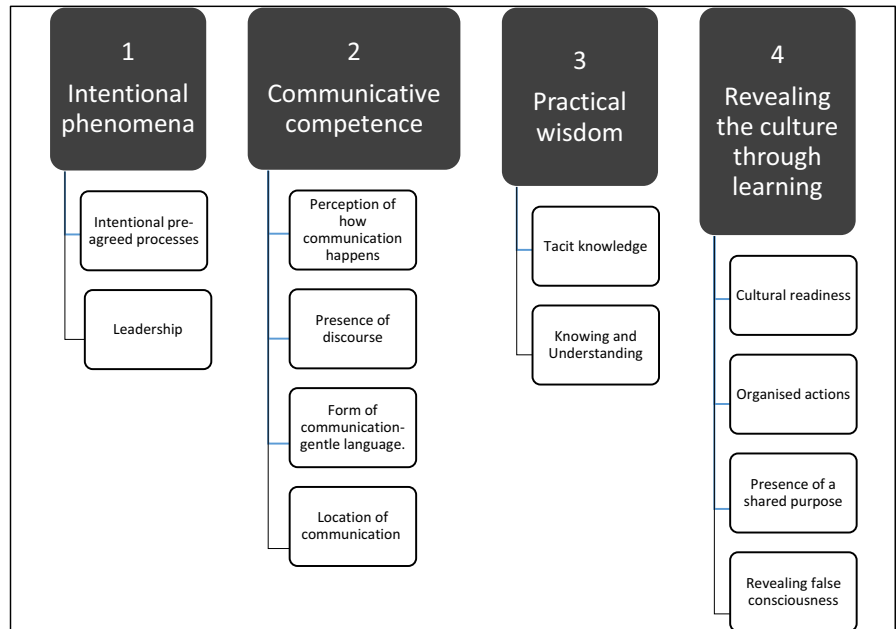
### 4.1 | Theme 1: Intentional phenomena

#### 4.1.1 | Subtheme: Use of intentional pre-agreed processes

Throughout the research, the researcher sought to build relationships with participants which, through facilitative purposeful actions, would lead to critical self-reflection and reflection on the workplace culture, supporting Fay's (1996, p. 113) challenge to view meanings and self-understandings of actions through the use of intentional actions that can be observed and critiqued.

#### 4.1.2 | Subtheme: Leadership

This theme emerged in almost all dialogues and interviews, with some believing that role modelling was the most effective way to

**FIGURE 4** Four meta-analysis themes

demonstrate leadership. This belief was teased out over several discussions; we noted that individual participants found it difficult to acknowledge that they were a strong leader or indeed a leader at all. When questioned on this, there was a sense that acknowledging leadership skills demonstrated lack of humility and promotion of self which was uncomfortable and unacceptable to them and to the culture in which they worked. Fay (1996, p. 40) suggests that the culture in which we live decides the basis of how we describe ourselves. We are unsure of who we are until we hear it from others. On the other hand, clinical leaders/managers are seen as gatekeepers of the workplace culture and have an undisputed role in the development of person-centred cultures and are therefore central to any transformation (McCormack & McCance, 2010, p. 148). The introduction of feedback and positive affirmation into the daily interactions in this study had the effect of providing a moment of reflection and affirmation within the milieu of a busy hospital. This is reflected in a dialogue with Sheila:

The question “what did I learn today?” (Written up on a white board in the office). Sheila says, helps her to focus particularly on days when we are struggling to focus we are using this as a starting point for a short reflection. She suggested that perhaps we should have this up in every office and it may trigger a similar response.

## 4.2 | Theme 2: Communicative competence

### 4.2.1 | Subtheme: Perception of how communication happens

Communication is a central part of all our lives, and how communication happens in the clinical environment was sensed by participants

as being important. Yet little thought was given as to how this important activity happened within the workplace. There was a distinct sense that people “read into” the unsaid element of conversation that can result in distorted understandings. These misunderstandings were rarely articulated and frequently caused tension or other hidden emotional responses to perceived challenge. Riona reflected:

“I realised that I don't like change, but here I am trying to implement change so maybe I have to look inwards and see why I'm reluctant -or is there something I need to change in myself.”

Use of active learning methods (Dewing, 2008, p. 278) throughout the research process enabled all communication to be heard and for people to find new ways to express themselves. Participants and others they facilitated through their day-to-day work started to use specific methods such as active listening and observational exercises within the workplace. This led to a new focus for conversation that involved revealing new understandings and greater depth and meaning-making.

### 4.2.2 | Subtheme: Presence of discourse

Habermas (1990) and Kemmis (2008) state that argumentation or discourse is necessary in the testing of the validity of any position or statement. Discourse, however, is not a natural or usual activity in the everyday working of a hospital. Discourse or argument may be perceived as being a breach of loyalty or opinion and can be seen as a form of dissent. The researcher openly invited challenge from participants, but only received challenge when the Critical Allies relationship was well established and there was a sense of trust and easiness between herself and the individual participants. The discourse was instead respectful and reflective always with the view of enabling understanding through listening, asking critical questions and reflection through

“stories” of practice and past events. Language use was evident in the study such as “I always thought” or “I never thought of that before.” These are examples of discourse whereby differing views or positions are explored through dialoguing rather than argumentation:

“Oh yes. But it's others who see you as credible or not. It's not something you can control, except by being honest and open. But if they don't feel it, they don't feel it.”  
(Duffy)

#### 4.2.3 | Subtheme: Gentle language

The development of verbal and nonverbal communication skills was an unanticipated outcome of the study. Practice development literature stresses the need for a facilitator to hold good communication skills and the ability to put arguments across (Garbett & McCormack, 2004, p. 28; Titchen & McMahan, 2013, p. 110). More recently, McCance and McCormack (2017, p. 44) stress the importance of getting to know people to enable good communication and the use of both verbal and nonverbal skills and knowing “what to say and when to say it.” We suggest an addition to this is knowing “how” to say it; placing importance on the use of calm and gentle tones of voice, pacing and voice force; knowing when and where to use a stronger, more confident tone; and actively listening in the interaction with patients and their families (Price & Baker, 2012). These communication skills also included awareness of body position, movements and body language are often embodied and tacit in nature. We agreed that what we referred to as “gentle language” had the impact of creating calm and attentive dialogue. This was especially useful in Facilitation on the Run activities which required a psychological shifting of focus from everyday crisis to reflective analysis. Active listening and use of all of the senses to listen to what is being communicated emerged as a challenging strategy for some. Listening with the whole body or actively listening communicates beyond words and demonstrates credibility, authentic presence and mutual respect without the utterance of a single word. In addition, the use of gentle language enables and supports the development of strong interpersonal skills. These skills can only be developed through the understanding of self (McCance & McCormack, 2017, p. 45) and require practice to enhance the role of facilitator. Duffy explains her perspective in the following passage:

“So do you think it makes a difference what way you say something? What gives us, I think that drive and energy are those moments that you feel so rewarded, you know you did the right thing, at the right time, in the right way and you have a connection with another human being who feels that too.”

#### 4.2.4 | Subtheme: Location of communication

During this research, we quickly established that facilitation is not a stationary activity, and the strategies and intentional actions should

be embodied and used in every activity and opportunity within the workplace. If the prerequisites of Critical Allies are in place, authentic presence, mutual respect, shared values and preparedness, communication can happen in any and all locations in the workplace. To enable person-centred cultures, the goal must never be lost. The intention of this research was to enhance person-centred practice through use of novice and proficient facilitators within the workplace. It is important that the novice facilitators have some understanding of person-centredness before engaging in workplace facilitation; otherwise, the message and intent may be lost and novice facilitators may not have a clear understanding of the role of the facilitator. To this degree, the Critical Allies/Critical Friends models do not stand alone and the concept of person-centred practice (McCormack & McCance, 2010, 2017) needs to be understood, particularly the need to recognise and appreciate the values and beliefs of self and others. I engaged in dialogue with Sheila and Riona about engagement in the process:

“Using a workshop may be useful but is difficult to achieve a staff numbers are very low even with commitment from manager is difficult releasing staff on any given day. We have agreed that the best place to learn is on the ward itself that also has its difficulties as forms and call bells are bring attention away from the learning session. In a discussion with focused on use of the facilitation cards both agreed that it was a way of re-focusing attention in the middle of the ward but needed to be quick.”

### 4.3 | Theme 3: Practical wisdom

#### 4.3.1 | Subtheme: Tacit knowledge

This means that in the quest for enlightenment, a person must display a type of wisdom that emerges from mutual understanding and embedded knowing (Fay, 1987). Brian Fay (1987) contends that there is more to enlightenment than merely learning about self; therefore, throughout the research process the researcher sought to enable participants in a way that would be empowering to them both as individuals and as leaders within the workplace. Aine could identify this in her practice:

“So do you believe what you see or what you know?  
I often get a sense of something before it becomes a problem”

Practical wisdom enables people to develop a sense of innate “knowing” what to do or how to respond (Fay, 1987). In a more contemporary context, this sense of practical wisdom can also be related to the development of “craft knowledge,” or tacit or intuitive knowledge, often described in nursing literature (Titchen, 2000, p. 154). In this study, there was an innate



sense of knowing what to do and how to act in certain situations emerging from the facilitated dialogue for all the participants. There was initially a definite caution regarding the breaking of unwritten rules. These unwritten rules were defined by the culture rather than by empirical evidence. In the early stages of the study, there was a definite sense of fear of leading a change or standing out to be different as the organisational culture was changing. However, this evolved over time. Thus, using the models enabled systematic facilitation of practical wisdom within the craft of nursing.

#### 4.3.2 | Subtheme: Knowing and understanding

Enlightenment emerges when people see themselves in a totally different way through the unearthing of previously hidden elements within the context. It was clear to all involved in this research that there had been a shift of understanding and examination of problems as a result of everyday activity being viewed with a wider lens. Nicole describes how the culture has shifted:

"I think it's improving, it's kind of in relation to the rocks where once you do the foundations then take it step by step by step then you can get to the point and I think we're getting to be very similar in our viewpoint"

### 4.4 | Theme 4: Revealing the culture through learning

#### 4.4.1 | Subtheme: Cultural readiness

Critical social theory proposes that it is only through the process of engaging with self and others that the conditions for enlightenment, empowerment and emancipation occur (Fay, 1987, p. 39). Focusing on stakeholder engagement and policy in the first instance, the researcher role-modelled and articulated person-centred language and ways of working and used the Critical Allies and Critical Friends strategies in everyday work. She was able to commence the study with colleagues who were interested in developing these facilitation skills, so we were able to start the process of sharing the vision and supporting person-centred cultures.

#### 4.4.2 | Subtheme: Organised actions to learn about self and others

As stated earlier, the research participants used strategies and activities to learn about themselves and the context they were working in. Through dialogue, they began to consciously notice and understand the ways that they adapted themselves to fit into the context and culture within which they were working. By exploring culture and context and asking "why" things are done the way, they began a slow but persistent movement of hearts and minds towards person-centred culture.

#### 4.4.3 | Subtheme: Presence of a shared purpose

This offered a greater opportunity for significant dialogue and focused debate on the "way things are done around here." Participants then lead and facilitated the dissemination of information and learning into smaller clinical teams. The earlier work with organisational stakeholders and person-centredness embedded in policy helped the new Critical Allies and Critical Friends to support person-centred ways of working as everyday activity:

"You have a lot of nurses who find it hard to change its managing change and how you facilitate that so you start small you chip away at that until you think 'yeah actually this might work'." (Riona)

#### 4.4.4 | Subtheme: Revealing false consciousness

A recurring theme throughout this research is the revealing of false consciousness. Participants were unsure of what they had experienced; however, they could all articulate that the culture had changed. This is not unusual as false consciousness is based on the premise that there is no understanding of its existence and the "subject is blind" (Carr & Kemmis, 1986, p. 96). When a person has gained some enlightenment and empowerment, often the former reality no longer exists. Moving to a new understanding creates new perceptions, and it is difficult to look back to when that understanding did not exist. Fay (1996, p. 10) states:

"Mental phenomena are invisible; they take place 'inside' where no one else can go. Philosophers have described all of this by saying that each person has privileged access to his or her own mental states and processes." (Fay (1996, p. 10)

This quote suggests to us that we cannot prove that any of the participants have shifted their hearts and minds. We can only rely on the dialogue and actions that indicate that they now experience things from a different perspective. Although no one statement can demonstrate the moment of enlightenment, there is no doubt that it has occurred. Processes and systems have changed, and the patterns of practice reveal the shift in minds and hearts in the actions and activities of all the nursing leaders.

Key Finding One: Facilitation is grounded in relationships. Not all facilitation models focus on relationship. In contrast to Critical Allies, Critical Friends and Critical Companionship (Titchen, 2000), other frameworks, such as the i-PARIHS framework (Harvey & Kitson, 2015, p. 73), do not mention relationship as a core element. Instead, they suggest that the facilitator holds personal skills such as being able to identify the task in hand; process control and management of group dynamics; and possessing skills of communication to feedback. Suggesting to the readers that facilitation is "done to" rather than "done with," Cardiff (2014), van Lieshout

(2013) and Dewing (2010) suggest facilitation in itself is relational and requires the facilitator to be attuned to personal values and beliefs and awareness of self. Also, Titchen (2000) in the Critical Companionship framework emphasises relationship as a central component of facilitation.

Indeed, the finding of this study is that there are four relationship prerequisites for Critical Allies:

1. **Preparedness**—Being prepared and timely in a facilitative relationship.
2. **Authentic Presence**—Working authentically is a two-way process enabling the creation of a safe space.
3. **Mutual Respect**—Seeing each other's viewpoint as valid.
4. **Sharing Values**—A shared view or curiosity, such as a desire to improve or innovate, may be sufficient as a value that is shared to commence. Continuous sharing of values is important.

The outcomes of this study show that these four elements must be present in some form for a facilitative relationship to begin. Achieving these four prerequisites is enabled through intentional actions and courage. Initially, this courage is intrapersonal and challenges the facilitator and practitioner introspectively to move themselves into an uncomfortable space and dialogue as they build a new and more purposeful facilitative relationship.

In this study, an example of these is:

“Well you see courage can go anywhere. Personal respect - I would hope that I would have that and would strive to work towards that. But that would come with being responsive from both sides and having trust from both parties that would be the most important thing I would want out of a relationship. You don't automatically get that straight away” (Riona)

As the relationship develops into critical friendship, the challenges become more interpersonal in nature as both extend the attributes of the relationship (e.g., creative courage and authentic challenge and support):

“Well to me that says that you're being authentic in yourself, in your persona so you're not changing because it's a senior nurse and 'I can't do that' and I think a lot of people are like that that they would be more than happy to talk to a junior nurse but they're not really willing to tackle their own peers”..... (Duffy)

**Key Finding Two:** Facilitation does not always need protected time and space away from the workplace. Facilitation strategies can be integrated into everyday work quickly and unobtrusively. Feedback consistently indicates that the “Facilitation of the Run” (FoR) cards support the actions, particularly those of the novice facilitator offering them a quick reminder of suggested strategies to use with others and prompts to support the facilitative conversations in the practice context. The

cards are described by users as bringing the frameworks from academic theory into the real world of practice.

**Key finding Three:** The Critical Allies and Critical Friends models offer stepping stones from novice to more experienced facilitation and complement the Critical Companionship model (Titchen, 2000). Skilled facilitation (McCormack et al., 2013, p. 5) is a key strategy in successful PD projects; however, this study clearly indicates that practitioners and those wishing to develop their own skills require help to do so. Together, all three models offer a coherent integrated framework for the progress of facilitation knowledge and skills developed in and through everyday work in the workplace. Critical Allies and Critical Friends offer strategies that act as a bridge to build up skills over time, moving to expert facilitation and connecting the models to Titchen's model as a complete pathway. Not all facilitators will develop as far as Critical Companionship. Some may never move beyond a novice facilitator role as Critical Allies, and some practitioners may transform their practice and become agents of cultural change. However, they will all, through the process, further develop themselves and others. This, in turn, has an impact on person-centredness in their workplace. We demonstrated in this research that to start to create transformation, Critical Allies and Critical Friends offer a user-friendly pathway that can develop over time and within the culture and workbase without the presence of an expert facilitator.

## 5 | DISCUSSION

This research developed two original models for facilitation of workplace learning positioned within person-centredness. It revealed that the Critical Allies and Critical Friends models are theoretically consistent with the Critical Companionship model and that they are usable in practice. Carr and Kemmis (1986, p. 182) suggest that action research involves relating understanding of the current practice through a social process of dialogue which will in itself initiate change in that understanding. In this research, the researcher focused on the here and now of her work with participants, intentionally going with, rather than “driving,” any preset agenda. Enabling and supporting became a two-way process as participants suggested ways to adapt the progression of the study. As a skilled facilitator, the researcher used strategies such as challenge and support, providing a reflective lens for participants to learn from their observations of practice. Over time, becoming Critical Friends, the researcher moved from being solely a facilitator to also being facilitated by participants, where both shared a vision for enabling the development of a person-centred culture in the organisation.

To achieve transformation in an organisation, the people involved need to collectively view or see the organisation with a different lens and be able to imagine new possibilities for their practice patterns. Practice patterns as described by McCance et al. (2011) and McCormack and McCance (2017, p. 24) featured strongly in participants dialogues. They were positioned as the way

person-centredness is experienced by service users and staff. The relationship between the patterns was informed by the participants' espoused vision and purpose of person-centredness, although at the beginning of the research they did not always align. Gaining insight into the individualised "mis"-understandings or false consciousness of workplace culture and the misalignment was therefore central to creating a commitment to wanting to achieve an authentic alignment. Social norms and practice patterns were revealed through critical reflection on and in dialogue with others, supporting assertions by Manley et al. (2013, p. 146). During this PAR study, the researcher intentionally set out to facilitate with participants, the illumination of practice patterns and cultural norms to collectively agree what is known or hidden and what is acceptable or not. This is an important focus for research given that workplace culture has the most direct impact on patients and staff in a hospital setting, which differs from but is affected by the organisational and corporate culture, which may be quite different.

It is clear that healthcare organisations desire and need to stay relevant and responsive to the development of person-centred cultures at the micro-level. This study provides new understandings of the skills necessary to become facilitators of others to support that cultural development. The Critical Allies and Critical Friends models provide the "how to" for novice or proficient facilitators to enable themselves and others to better understand their own context and culture as a preparation to enabling transformation. It offers a structure to what a facilitator does and how to do it in the workplace and in the midst of everyday work. Other facilitation models generally stop short in providing this guidance. It is the "how to do" facilitation in a range of everyday engagements and situations that is particularly needed for the development of workplace facilitators, as this will ultimately lead to sustainable person-centred cultures in healthcare organisations. In this research, two significant features started to occur; a movement from a top down driven culture in nursing to nurses in clinical leadership roles have greater visibility and voice and a movement from focusing on what the leaders "could not do" or were "prevented from doing" to a focus on what they "could do". Furthermore, existing organisational data demonstrated successful outcomes, as revealed through improved nursing metrics, the elimination of complaints related to nursing and the attraction and retention of high-class candidates to work in the hospital filling all vacancies within a highly competitive market. However, a direct cause-and-effect relationship was not explored.

Throughout the study, it was noticeable that participants and others effected by them demonstrated a movement from growth with intrapersonal skills when working with Critical Allies model to interpersonal skills when working with the Critical Friends model. This meant participants started to gain confidence in all elements of person-centred ways of working. The study, however, focused on the clinical manager/leader and demonstrated how work with this group can impact directly on the broader culture in the workplace. The six nursing leaders (including the researcher) involved have, through participation in the research, shifted the

collective perception of the workplace towards person-centredness. Participants became enlightened and empowered to act, which has in turn influenced others also. The outcomes also suggest that elements of "human flourishing" described by Dewing and McCormack (2017, p. 152) are evident in all participants to different degrees. Workplace learning remains a radical challenge to organisations who focus mostly on training and academic programmes to influence the uptake and use of evidence in practice. What counts as worthwhile knowledge in health care (Liaschenko & Fisher, 1999; Schon, 1987) is evolving as the system constantly faces new crises that demand new solutions. Workplace learning offers a greater opportunity to develop different types of knowledge appreciation. Nurses may draw on a range of sources of knowledge; none exist exclusively, and nurses may use scientific, personal knowledge and experience in making judgements. The research presented here offers an alternate approach for continuing professional development; to develop facilitation and facilitators from within the workplace, who can have an impact on the culture and context where care is delivered.

Returning to our research, questions begin with what does person-centred workplace facilitation look like? We propose that this facilitation approach cannot be categorised or boxed into a statement of facts, rather it is a focused, purposeful way of being and working with others every day. It pays attention to the groups shared values, vision and purpose that enables movement through cycles of individual (intrapersonal) and collective (interpersonal) learning. In regard to how workplace facilitation enhances person-centredness, this research shows that person-centredness is enhanced through the creation of meaningful facilitative relationships and that this can take place within the workplace as part of an everyday pattern of practice. However, organisations cannot become complacent about achieving a person-centred culture as it will need an ongoing persistent and consistent strategy.

## 6 | LIMITATIONS OF THE RESEARCH

As can be the case in some doctoral and action research, upon completion of the study, the research questions are only beginning to be unravelled. Cultural transformation is an ongoing process that requires continued focus on relationships and maintaining organisational support for its development. The research was underpinned by philosophical principles that support the view that transforming people will, in turn, contribute to transforming organisations. The Critical Allies model was robustly used and examined as part of PAR testing over an 18-month period. Although participants gained confidence in facilitating others and understanding and enabling person-centred practice, they were not always confident Critical Friends. Those being facilitated started to understand and embody person-centredness and started to transform practice in a psychologically safe space. However, some of the elements within the Critical Friends model remain theoretical and need further exploration and analysis in a practical context.

## 7 | CONCLUSION

Clinical managers/leaders and practitioners can become effective facilitators within their own workplace, moving from a model of management to person-centred facilitation and relationship. Organisations who wish to develop a person-centred culture need to develop a strategy of purposeful nurturing and investment in leaders as facilitators of person-centred ways of working within the workplace. Critical Allies, Critical Friends and Critical Companionship together offer a long-term broad-based facilitation pathway to guide a co-construction type of relationship that effectively enables intrapersonal and interpersonal growth in individuals and teams. The challenge then becomes how to make this informal workplace learning more visible and valued. Leaders, particularly managers, can drive the process of enlightenment, empowerment and emancipation to create the conditions where all have a voice and are heard as a consequence of embodying a facilitative approach.

## 8 | RELEVANCE TO CLINICAL PRACTICE

Person-centred cultures are necessary for the delivery of person-centred care (McCormack & McCance, 2017), a core goal of most hospital and healthcare environments. Workplace learning is essential aspect of a person-centred culture. Facilitation of workplace learning remains the most effective method to develop person-centred cultures. This research introduces a pathway for clinical leaders/managers to become facilitators of learning in and from practice as part of their day-to-day work. We propose that doing this will enable nurses managing and leading to be more effective in the way they facilitate others to learn in day-to-day work.

## CONFLICT OF INTEREST

There are no conflicts of interest to declare.

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## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

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