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From being to becoming: the journey of becoming an organisational practice development facilitator through the stages of enlightenment, empowerment and emancipation

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Abstract

Background: The success of practice development and culture change relies heavily on skilled and systematic facilitation, but becoming a capable facilitator who enables individuals to be creative and flourish can be challenging. This article follows the journey of being introduced to practice development and becoming an enabling facilitator in an aged care residential setting.

Aim: This paper reflects on a personal journey of transformation; from being an organisational practice development internal facilitator to becoming an external facilitator through the stages of *enlightenment*, *empowerment* and *emancipation*: the three Es.

Design: The three Es demonstrated in this paper are compared to and represented as the three stages in the lifecycle of a dragonfly: the 'egg' stage, being fertilised with knowledge and deciding whether to expand and enlarge or lay dormant; followed by the 'nymph' stage where the facilitator surrounds themselves with familiarity, avoids episodes of upsetting the calm while they grow and mature; and lastly the 'adult' stage where the facilitator has developed and grown to be an external facilitator. Their wings/courage allows them to hover, review, question myths, and encourage quality and innovation; their legs encourage transportation of knowledge and facilitation; and their large eyes observe and question.

Results: Equipping individuals with the skills to facilitate learning in an environment that encourages creativity, growth and high challenge/high support, and using practice development processes, has enabled person-centred outcomes for older people living in residential care.

Conclusion: Facilitators aim to help staff become aware of, and freed from, taken-for-granted aspects of their practice. They help staff understand their roles in creating and sustaining culture in the workplace, and how to approach organisational systems that constrain them. Having a vision for practice development in the workplace, being committed to person-centred care delivery and being actively involved in culture change has fuelled my personal journey to becoming an enabling facilitator.

Implications for practice:

- Building capacity and capability to enable transformational change in the workplace helps individuals to see that care is not a checklist of tasks – it is about engagement and meaningful relationships at all levels
- Enabling facilitation encourages inclusive decision making processes that give older people input into their individual care plans. More than that, it has increased engagement and the building of meaningful relationships at all levels
- Continually recruiting and equipping facilitators who have the ability to engage authentically with individuals and teams helps develop a learning culture where staff awaken their creative imagination

Introduction

When first introduced to practice development, I was incredibly confronted and challenged, and found it confusing, hard to summarise and so extremely difficult to explain to others. The question that I first asked myself was 'what does practice development mean?' In my early practice development days I read a number of articles and the definition that resonated with me was from Manley et al. (2008, p 9).

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

I considered this definition and then factored in facilitation; Crisp and Wilson (2010, p 173) state that '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'.

This paper will reflect on my personal journey of being introduced to practice development in an aged care setting (in New South Wales, Australia), starting as an internal facilitator and then, through transformational change over three years via the stages of *enlightenment*, *empowerment* and *emancipation*, becoming an external practice development facilitator.

Background

To put my journey into context, in 2008, UnitingCare Ageing South Eastern Region (UCA SER) entered a partnership with the University of Wollongong to implement practice development across the South Eastern Region. The project, called Aspire to Inspire, was led by Professor Jan Dewing and was the means by which the region has chosen to implement the organisation's (UnitingCare Ageing New South Wales / Australian Capital Territory NSW) brand of person-centred care, which is called INSPIRED CARE. The programme has nine aims, see Box 1.

> **Box 1: The nine aims of the Aspire to Inspire programme**
>
> 1. To develop demonstrative ownership and commitment in staff for the core values of the organisation in their everyday work
> 2. To implement systematically a set of effective methods and processes to embed the INSPIRE values within everyday practice
> 3. To test and evaluate the applicability of a specific person-centred framework in the Australian aged care context and use this framework to achieve implementation of the INSPIRE values
> 4. To develop a knowledge and skills set in transformational practice development methods, especially Active Learning cultures and skilled facilitation
> 5. To evaluate the engagement of managers with practice development
> 6. To develop a portfolio of evaluation methods and tools to enable ongoing evaluation of workplace culture effectiveness
> 7. To influence organisational policy and development in person-centred practice
> 8. To engage regional office staff in the programme
> 9. To contribute to national and international knowledge in person-centred practice in aged care and in practice development methodologies and methods

The challenge was to engage more than 1,000 staff across an area of 55,000 square kilometres in a programme of transformational change in a way that made person-centred care an everyday reality in the lives of approximately 1,700 older people.

The genesis of the journey

My starting point in writing this article was to reflect on my journey. In my early days on this journey I realised that self-reflection and the posing of critical questions was an important and necessary aspect of practice development but not a process I was used to and definitely not one that came naturally to me. However, I was curious to know if what had intrigued and in turn challenged me was the same for others. In reading Clarke et al. (2008) I discovered I was not alone in how I was feeling and that the discipline of practice development enabled and empowered me to experience the concepts of facilitation, increased awareness and an expansion of my skills, knowledge and expertise. Also, there was an acceptance that I did not have to have all the answers to every question. I was invited to join the programme at the beginning as an internal facilitator while working as the learning and development coordinator in an aged care setting, consisting of a nursing home (80 beds), a low care hostel (58 beds) and a dementia-specific residential home (25 beds).

I see my transformational journey as akin to the transformation of a dragonfly; this analogy best depicts my personal growth through knowledge transfer, building of capacity and capability, and reflective practice. The three Es, which have been the cornerstones of my awareness and growth, are: being *enlightened* by becoming aware of how we practice and the things we take for granted; feeling *empowered* by challenging the system in which we work to create the potential for better care; and *emancipatory practice* – continually refining action in light of new understanding.

As a facilitator, a variety of processes were introduced to me and practised during the programme by active learning (Dewing 2007; 2010), which included the following – all of which required courage and a firm personal commitment to 'not being afraid':
 • Working with individuals' values and beliefs
  • Challenging contradictions
  • Developing moral awareness
  • Self-reflection and fostering reflection in others
  • Introducing collaboration, inclusion and participation in ways of working
  • Giving and receiving feedback

An invitation to be part of a team whose aim was to introduce practice development to a population and environment where change is not normally seen as positive might not seem an attractive proposition. In the next section, I will systematically go through the process of transformation that I experienced, which enabled me to develop my skills in facilitation, providing the opportunity and impetus to become an external facilitator.

Enlightenment: the egg stage – maturing with practice development
'The beginning is a readiness for transformation. Here, the egg is either fertilised with knowledge, or an opportunity to mature or to remain dormant. This is enlightenment' (West, 2012).

Figure 1: Pictorial definition (West and Eldridge, 2012)

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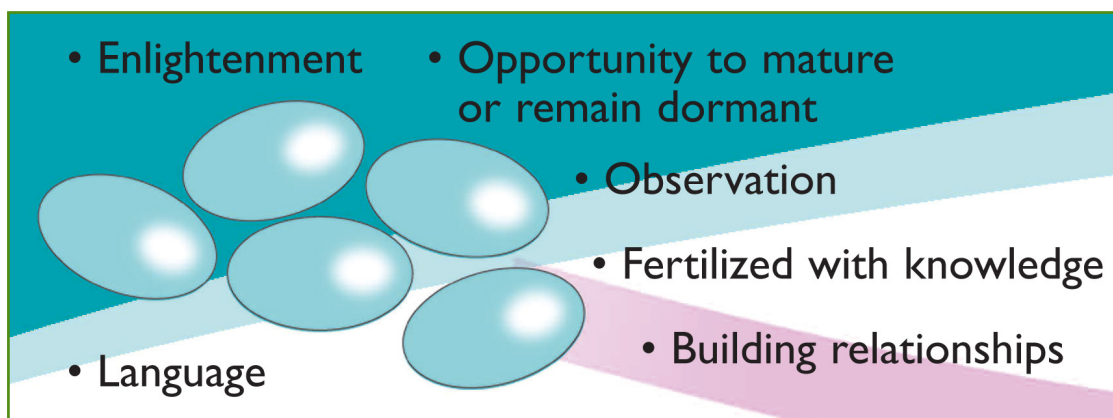
The Person-Centred Framework and person-centredness

At the outset, the Person-Centred Nursing Framework developed by McCormack and McCance (2006) was introduced. This comprises:

- Prerequisites, which focus on the attributes of the care giver
- The care environment, which focuses on the built environment
- Person-centred processes, which focus on care delivery through a range of activities
- Expected outcomes, which are the end results of the process and its effectiveness

This framework became our navigation tool in introducing a person-centred culture. As a group we were asked to consider:

- The attributes in each of the four elements, what they mean to you and how you would describe them to other people you work with
- How this framework can be made visible in your workplace
- How it can be discussed over the coming months

Historically in aged care settings, the planned care is medically dominated, disease oriented and task focused, whereas we all dream and envision the opposite – namely, care that is relationship focused, collaborative and holistic. So when we talk about ideas and visions of providing person-centred care, engagement, excitement and enthusiasm are present but common questions are posed:

- How do we get there?
- How are we going to change a particular group of individuals and the ways they work with older people?
- What if the manager doesn't agree?

Depending on the answers given and the confidence with which they are delivered, individuals can become disengaged and lose faith quickly. Another mindset that was presented at the start of the project is that being person-centred takes more time and that separate people should be employed for person-centred activities. On the other hand, particular groups of staff – registered nurses and other personnel – were asking, 'don't we already do person-centred care anyway?' This was a common theme and was identified and explained as small episodes of person-centred care rather than a culture change; staff would share feelgood stories and scenarios about when the older person was the one driving the care, how the outcomes were person-centred or the expressions of thanks given by relatives – but once a shift was short staffed or everyday stressors were experienced, care reverted to being task driven.

Once I got my mind around what practice development is and what person-centredness means, I realised that practice development was the vehicle to person-centredness and the facilitator is the driver. Stepping back and reflecting on the way a person works and communicates with others,

especially about other people, was paramount. A personal reflection for me early in my role as a facilitator and the work using practice development processes was the way I communicated about older people to my co-workers and other healthcare professionals, especially in relation to their diagnosis or medical issues. I found that I naturally referred to the medical issue, such as stroke or dementia, as if it were the essence of the person. Although I never spoke in a disrespectful manner or with any adverse intent, I was more concerned about the diagnosis and medical needs than seeing the older person as a human being who had individual and personal needs.

This type of communication mirrored that of colleagues, resulting in a culture that was not person-centred. This was the culture that I had adopted at this work place. Having awareness of your language and the way you work is critical to being an internal facilitator. Being enlightened enabled me to take on the next challenge, which for me as a facilitator was to engage others in reflection on their language and ways of working where task-driven care had been the norm for many years. One issue that was encountered with care staff (registered and non-registered) was labelling of older people, especially those with a diagnosis of dementia. This was evident not only in verbal communication but also in written documentation of the progress notes, care plans and signage used around aged care service. Again, it was seen as acceptable that there was a focus on the older person's diagnosis and care needs as a way of describing them.

Empowerment: the nymph stage – growing in confidence
'Most of the lifecycle of a dragonfly is lived in the nymph stage. Skills and confidence are not always able to be clearly demonstrated. A nymph hasn't grown its wings; it lives in calmer waters as it matures. Internal facilitators surround themselves with familiarity, avoiding episodes of upsetting the calm while they grow and develop. Tentative steps are taken forward; their wings dry and become strong. This is where the person looks at themselves and/or a situation in more detail, and assesses what they felt, did and didn't do but could have. Empowerment and self-awareness occur here' (West, 2012).

Figure 2: Pictorial definition (West and Eldridge, 2012)
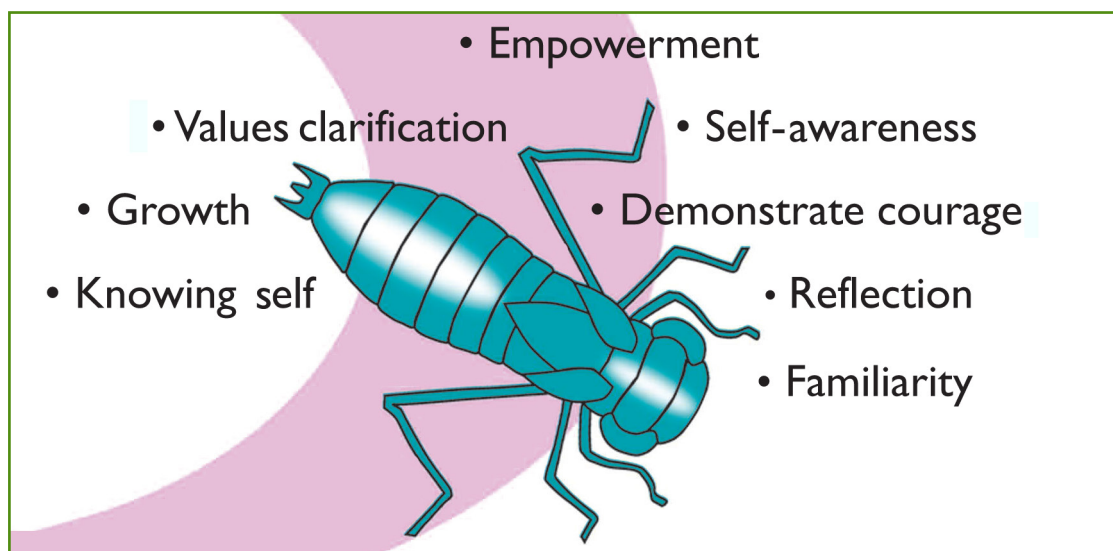
Values and beliefs
The next stage was the process of looking at my own values and beliefs and then being able to understand and demonstrate them clearly. This required me to be able to identify if my values were being 'forced' onto the others I worked with or the older people for whom I was providing care. Being asked to question and then reveal your own beliefs and values in a creative way can be very confrontational and offputting, comparable to being naked in front of a group of strangers. When I

did this activity and then did it with the programme participants the result was that individuals felt exposed and at risk, as they may never before have been asked to vocalise and demonstrate their personal values and beliefs in a public forum.

Dewing (2007, p 40) argues that values and beliefs are a key component of nursing and how we practice, and that they also influence how we go about providing care to a range of people. Some individuals understand the theory and the concept and are open to a change in ways of working, to challenge current processes and to choose to embrace practice development. Others may feel threatened and extremely exposed and actively fight against any change in practice. There is another group of individuals who will wait to see which way the tide flows and are happy with either of the two outcomes. Dewing (2007, p 48) also states that 'lack of authenticity often stems from a lack of awareness in the values and beliefs at the core of "Who I am"'. I would describe working through my own values and beliefs and reaching a clear understanding what being 'person-centred' is as enlightenment. The introduction of practice development enabled me as a facilitator to reflect, resulting in my being enlightened.

As my confidence as an internal facilitator increased, my emotional intelligence skills were developing. This combination of knowing self and having self-awareness was becoming second nature; not only in the work place but my personal life. What I soon realised was that I had grown and was gaining skills in an active learning environment. Dewing (2007) describes active learning as a process by which a variety of learning methods are use in a creative manner. I found that values clarification helped the team members to reach an understanding of each other and to be fully conscious of how their values influenced others and the environment. For positive change in culture and practice, all members of the team must be open to challenging practice and to adapt in a positive and effective way.

My example of empowerment within the workplace was when working as learning and development coordinator. I was appointed to lead a care project, which was to minimise the use of physical restraints through the introduction of technology (sensor equipment). This was my first exposure to a challenging situation where firmly embedded work practices required closer analysis. Even though I was supported by an organisational policy, management and evidence of how technology improved practice, the culture impeded the change in practice. When implementing the project, I was able to draw on facilitation skills such as high challenge and high support, using practice development processes such as individualised feedback in a systematic way that was empowering. The outcome was a sustainable change in work practice and culture.

Emancipation: adult stage – transformation complete

*'Dragonflies have a long slender abdomen, wings and large eyes. This is the emancipatory stage, by which the internal facilitator has developed and grown to be an external facilitator. Their wings/ courage allow them to hover, review, question myths, and encourage quality and innovation. Their legs encourage transportation of knowledge and facilitation, and their large eyes observe and question. The transformation is complete: they are facilitators who authentically engage with individuals and teams to help people learn, reawakening their creative imagination, practice skills and practice wisdom' (*West, 2012*).*

Figure 3: Pictorial definition (West and Eldridge, 2012)
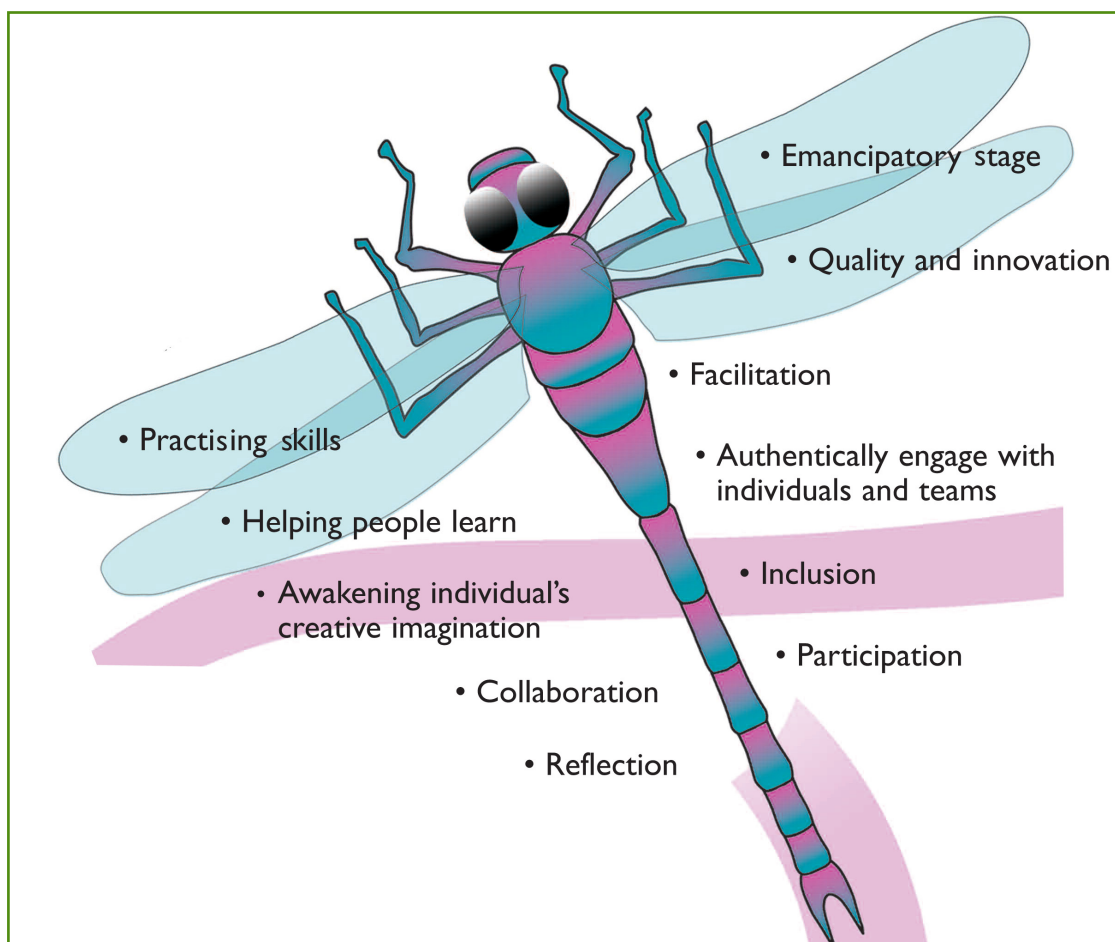
Systematically building practice development processes into all aspects of caring and working with people through emancipatory practice development strengthens and embeds changes in culture. This is the stage where I felt my transformation was complete as a facilitator. My ability to engage authentically with individuals and teams using collaboration, inclusion and participation had enabled people to learn creatively in the workplace. As a facilitator I found that I enabled individuals to explore and experience the concept of having a dream and then articulating it in a creative expression – by artwork, poetry and role playing. This in turn built on practice skills and wisdom, and identified a shared vision. I was actively engaging in continuous learning activities throughout the facilitation journey and am now able confidently to adopt increased levels of challenge and risk taking, along with continually testing out new skills and creative styles of learning. Critical reflection is a part of everyday functionality and acts as a motivator for action and change.

A personal example of emancaptory practice development in action was the use of active learning and collaboration, inclusion and participation in the implementation of an organisational online incident and risk management system. More than 250 staff were trained to use the online application and each session was planned and delivered differently depending on the participants' claims, concerns and issues. Active learning was used to enhance the participants' skills and creativity as a large number of staff felt challenged using technology.

Implications for practice
Learning facilitation skills through practice development processes has enabled me to grow personally and professionally in practising person-centredness.

Personal

Having self-awareness and using models of reflection in my personal life has helped me transform and I have gained in confidence and self-assurance. Being mindful of how my values, language and feedback can affect others has been a revealing process. I have learned to adopt a coaching mindset when having personal and professional conversations, and to be aware that I do not always know the answers or have the best advice to give.

Professional

Facilitation has enabled transformational change in the workplace and staff see that care is not a checklist of tasks; it is about engagement and meaningful relationships, at all levels. I am now able to use observation skills in assessing the built environment and the care given, and I have the courage and skills to challenge people in providing person-centred care, and to give and receive feedback using critical questions. I use practice development processes in dealings with staff, residents, families and external personnel. I am able to use knowledge transfer in practice and to recognise the importance of individuality and shared decision making that includes older people in residential and community settings. The adoption of reflective practice techniques, including the use of critical questioning, has brought with it an increased awareness that care staff cannot be expected to have all the answers. This has translated into an inclusive decision making process that gives older people input into their individual care plans. More than that, it has meant an increased level of engagement and the building of meaningful relationships at all levels.

By adopting the practice development principle that people learn, retain and change practice when given opportunities to lead and direct change, staff have developed skills that enable and empower them not only to provide person-centred care but to value and understand themselves as people. When this is combined with critical reflection and active learning, staff feel empowered to change the way they work. This ultimately brings about sustainable transformation of individual and team practices, by embedding processes and outcomes in corporate strategy. I feel that this view is supported by Crisp and Wilson (2011, p 174) who cite Manley (2004): 'The success of [practice development] is largely dependant on effective facilitation in developing the individual, team and organisational attributes identified as essential for effective workplace cultures.'

Conclusion

Equipping individuals with the skills to facilitate learning in an environment that encourages creativity, growth and high challenge/high support using practice development processes has enabled person-centred outcomes for older people living in residential care. Staff can identify and have a clearer idea of what person-centredness looks like in regard to the following aspects of care:

- Communication
- Choice and decision making
- Dignity
- Respect
- Independence
- Comfort and happiness

This is sustained by recruiting and equipping facilitators who have the ability to engage authentically with individuals and teams to create a learning culture where staff awaken their creative imagination, combining it with practice skills and practice wisdom. Another way that this is sustained is by ensuring that the embedding of processes and outcomes aligns with corporate strategy.

Facilitators aim to help staff to become aware of, and freed from, taken-for-granted aspects of their practice. They ensure that staff understand their roles for creating and sustaining work place culture and how to recognise organisational systems that may be constraining them. Having a vision for practice development in the workplace, being committed to person-centred care delivery and active

involvement in culture change has fuelled my personal journey to becoming an enabling facilitator. I finish my article by posing to myself a critical question: 'Now that I have been transformed, how do I continue to nurture, flourish and grow as a facilitator?'

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