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## Full Length Article

# A creative analysis of the role of practice development facilitators in a critical care environment

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## ABSTRACT

Practice development focuses on methods to address the quality of care and advance healthcare practices. The role of practice development facilitators to address challenges of delivering evidence-based person-centred care in the critical care environment was determined by using a nominal group technique. Eleven participants from public and private healthcare services reached consensus on seven clusters: theory-practice application, facilitation of learning, increasing collaboration, effective communication, facilitation of change, time management and role modelling. The clusters were visually represented as a hot air balloon. Competence as facilitators is of vital importance to ensure knowledge translation with the aim to improve quality.

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## 1. Introduction

Worldwide healthcare systems are challenged to provide quality and safe care to all citizens. The quality of care in the critical care units has also been affected. Nursing in South Africa finds itself in a crisis because of the impact of globalisation and increasingly porous country borders facilitating an increase in the exodus of skilled professional nurses, leading to a shortage of critical care nurses (De Beer, Brysiewicz, & Bhengu, 2011; Department of Health, 2012) and as nurse leaders, managers and the public opinion reveal poor

standards of nursing care (Mokoka, Oosthuizen, & Ehlers, 2010; News24, 2013; Oosthuizen, 2012). Examples of concerns expressed by the Critical Care Nurses Forum (2013) and medical doctors include poor adherence to routine and evidence-based nursing care of critically ill patients and decreased accountability and responsibility as critical care nurses are not involved in monitoring and evaluating patient care. Practice development is a term that has been used for more than twenty years mainly in developed countries, such as Northern Ireland, the United Kingdom, North America and Australia to describe various methods to address the quality of care and advance healthcare practices, particularly in the

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nursing practice (Manley, McCormack, & Wilson, 2008: 1; McCormack, Manley, & Titchen, 2013: 5).

Interventions to address challenges in the critical care environment and subsequently develop practice is currently implemented by both the public and private healthcare services through training and education of evidence-based practices such as the “best care always” campaign and continuous professional development programmes. These initiatives are supported by the South African Department of Health’s strategic plan compiled for nursing education, training and practice to achieve the goal of “... a long and healthy life for all South Africans” (2012:13). Focussing on getting research into practice by addressing technical skill and knowledge is embedded on the assumptions that skill, knowledge and benchmarks are appropriate for all contexts and that knowing evidence ensures action. As a top-down approach, the emphasis is mainly on outcomes, regarded as a narrow view of practice development and referred to as ‘technical practice development’ (Manley & McCormack, 2003).

The axis around which today’s healthcare challenges and difficulties revolve is not only based on deficient skills and knowledge, but also on the disengagement of staff from their work and workplace cultures, which increases the challenge of delivering evidence-based and person-centred care to healthcare users (Crisp & Wilson, 2011: 173). Healthcare services are consecutively obligated to consider and implement innovative strategies to ensure quality critical care delivery to healthcare users (Costa & Kahn, 2016). An alternative to ‘technical practice development’ is the implementation of ‘emancipatory practice development’. Manley et al. (2008: 9) defined emancipatory practice development as: “... a continuous process of developing person-centred cultures. It is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that occurs brings about transformations of individual and team practices. This is sustained by embedding both processes and outcomes in corporate strategy”.

Emancipatory practice development focuses on both getting evidence into practice and creating a culture of innovation and effectiveness. Through using emancipatory practice development practitioners are enabled to break down the barriers to taking action and is based on the assumptions that best practice is locally defined and contextualised and that research will not be used in practice, unless it is owned and regarded as relevant. Emancipatory practice development focuses on outcomes as well as processes (McCormack et al., 2013). Emancipatory practice development is not seen as a quick fix for perverse challenges healthcare in various countries are facing today, but rather a sustainable transformational process. As a bottom-up approach, emancipatory practice development has amongst other things, shown to bring about change in healthcare providers, practice and patient outcomes (Manley et al., 2008: 2; 160). Facilitation has been identified as key to its success.

The concept facilitation refers to the type of support practitioners need to change their attitudes, habits, skills, thinking and working ways (Seers et al. 2012). Facilitation has been identified as the main component to ensure successful uptake of evidence in practice (Crisp & Wilson, 2011:173), one of the most important variables in the process of change

management (Dogherty, Harrison, Graham, Vandyk, & Keeping-Burke, 2013: 129) and widely recognised as essential to ensure sustainability and transformation in practice development (McCormack et al., 2013: 13; Wales, Kelly, Wilson, & Crisp, 2013: 179). The importance of facilitation is furthermore highlighted by the practice development conceptual framework where authentic facilitation is illustrated as the strategy used to ensure collaboration, inclusion and participation during the transformation towards person-centred work cultures (McCormack et al., 2013: 9).

In emancipatory practice development facilitators focus on facilitating “human-flourishing” in healthcare settings, leading to environments that are experienced as effective and person-centred by healthcare users (patients and their significant others) as well as healthcare practitioners (Manley et al., 2008: 14). Through facilitation, healthcare workers can be supported to evaluate and improve their practice by engaging with each other as well as the patients and their significant others (Crisp & Wilson, 2011: 173).

There are two types of practice development facilitators: external (outsider) and internal (insider) practice development facilitators (Dogherty, Harrison, & Graham, 2010: 81; McCormack & Garbett, 2003: 319). External practice development facilitators is an identified person who is not part of the organisation (outsider) e.g. academics, whilst the internal practice development facilitators are staff from within the organisation (insiders) (Dogherty et al., 2010: 81). Both external and internal practice development facilitators are often regarded as “in the middle” between clinical and managerial constructions where they strive to move towards synergy between “top down” and “bottom up” itineraries in an organisation (McCormack et al., 2006: 58).

Although there is no doubt that facilitation is a key concept and process in practice development, the responsibility for changing the nursing practice does not rest on the PDF shoulders alone, but with the practitioners in the context (Dogherty et al., 2010: 77). The practice development facilitators must enable and support these practitioners to change their culture and context of care for the change in practice to be sustainable and positive. The author continues that the practitioners need to have insight, understanding and ownership from the engagement stage of the practice development journey in order to change the way they practice (McCormack et al., 2013).

Nursing in the critical care context transpires in a highly technical and challenging environment where the daily care is influenced by the workplace culture and a variety of barriers on a daily basis. As the care of the critical ill or injured patient becomes progressively more technological, the need for humanisation is more important than ever before (Morton & Fontaine, 2009: 3). Therefore, the role of the practice development facilitators may be more complex and challenging than in a routine hospital ward. As it was the first time that a practice development programme was presented in South Africa, it was important to have conversations about, give meaning to, and raise awareness of what the roles of PDFs will entail within the critical care context. The research question that this article strives to answer is: “What should a practice development facilitator be able to do to facilitate change in the critical care environment?”

## 2. Methodological and theoretical framework

The methodological framework of emancipatory practice development for sustainable change and the 'Person-centred Practice Framework' (McCormack & McCance, 2010) underpins the study on which this article reports (McCormack et al., 2013: 50). Three principles, namely: collaboration, inclusion and participation are used to guide the development of a culture of effectiveness and person-centeredness in twelve critical care units (McCormack et al., 2013: 50).

Manley and McCormack (2003: 25) are of the opinion that emancipatory practice development goes beyond the critical paradigm into critical social science because the awareness raised through the critical component leads to actions. The methodological framework of critical social science expands even further into critical creativity which is a paradigmatic synthesis when the creative and traditional world fuses with the assumptions of the critical social science to promote human flourishing (Titchen, McCormack, Wilson, & Solman, 2011: 4).

Person-centredness strives to establish therapeutic relations between all care providers, people and significant others in their lives, emphasising values such as respect for people and their right to self-determination. Cultures of empowerment are created that foster sustainable practice development (McCance, Gribben, McCormack, & Laird, 2013: 2). All healthcare services strive to attain the outcomes of a person-centred process, namely that both care givers and receivers experience high levels of satisfaction with care, both are involved in care, and a feeling of well-being persists that creates a therapeutic workplace culture (McCormack et al., 2010: 95). To achieve these mentioned outcomes involve working with people's beliefs and values, engagement of all stakeholders, having a sympathetic presence, shared decision making with shared accountability, and providing holistic care. A person-centred care process requires a supportive care environment with appropriate organisational systems and physical environment. Staff should have an appropriate skills mix and effective relationships. They should demonstrate power sharing, shared decision making and have the potential for innovation and risk taking. None of these outcomes and processes are attainable, unless the people working in the context are professionally competent, have interpersonal skills, are committed to their job, have clarity about their values and beliefs, and know themselves (McCormack et al., 2010: 95).

## 3. Methods

The research ethics committee of the faculty of health sciences of the University of Pretoria approved the study protocol (Reference number 314/2013).

The nominal group technique was used to reach consensus on what the role and tasks of a practice development facilitators in a critical care environment is. A nominal group technique is a well-established structured, multi-step facilitated group meeting technique that is used to get consensus

on a single issue (Abdullah & Islam, 2011: 87; Gill, Hewitson, Peile, & Harnden, 2012: 267). This process prevents domination by one person because everyone gets an equal chance to voice their suggestion or opinion during the round-robin step of the four-step process (Centers for Disease Control and Human Services: Department of Health and Human Services, 2006: Online). Furthermore, more ideas are generated when individuals work independently, but in a group environment than when individuals engage in a formal group discussion (Abdullah & Islam, 2011: 81). A skilled facilitator who has conducted numerous nominal groups facilitated the data gathering process and thereby enhanced the rigor.

### 3.1. Unit of analysis

The first author presented the core principles of practice development as well as the proposed study at a formal preceptor meeting. She invited the attendees to participate in the nominal group. Eleven practice development enthusiasts volunteered to participate. Seven critical care nurses represented 12 critical care units, of which three represented a public hospital and four represented four private hospitals. The public hospital has critical care units which were represented by three critical care nurses. Four academics that specialise in critical care and share the passion for practice development also volunteered to participate. The seven representatives from the healthcare services are known as the insider practice development facilitators and the four academics are known as the outsider practice development facilitators.

### 3.2. Data gathering

The facilitator was known to two of the outsider practice development facilitators and she spent some time over coffee with the unfamiliar faces to create a congenial atmosphere. Most of the participants knew each other. The leader of the practice development CoP initially re-oriented everybody regarding the conceptual framework and underpinning philosophy of practice development. Thereafter, the facilitator explained the nominal group technique and asked the participants to individually and silently generate as many ideas as they can on what they think a practice development facilitator should be able to do, to bring about sustainable change in the critical care environment.

Participants were asked not to repeat an idea during the round-robin step and still thirty-seven ideas were generated. It was evident that some of the ideas belonged together and was clustered into seven categories. The amiability and openness of the group allowed participants to propose not to vote and prioritise the categories because they felt that all of them are equally important. This proposal was accepted unanimously by the group. However, during the categorisation and clarification of ideas it was apparent that facilitating practice development is different from facilitating learning and that it occurs within a specific framework. Therefore, the facilitator of the nominal group encouraged the participants to create a visual representation of the tasks and roles of a practice development facilitator which is aligned with the critical creativity paradigm of Titchen et al. (2011).

The participants collaboratively came up with a hot air balloon to indicate the takeoff to a better future in nursing practice (Fig. 1).

### 3.3. Rigor

Rigor was enhanced through making use of an expert facilitator. Member checking is inherent to the nominal group process and consensus was reached on the content and visual representation (Fig. 1) thereof.

## 4. Results

The six clusters that were identified in no specific order are that the practice development facilitator should be able to:

- apply the theory of practice development;
- increase collaboration;
- role model;
- manage time;
- communicate effectively;
- facilitate change and learning.

By giving the participants an opportunity to be creative they spontaneously represented a bigger picture in which the role of the practice development facilitator is linked to emancipatory practice development and person-centredness. Fig. 1 depicts the role of the facilitator to change practice in the critical care units towards person-centredness through practice development.

## 5. Discussion

The application of the theory of emancipatory practice development occurs within a certain context which is represented by the basket of the hot air balloon. For the participants it meant that they had to meet the prerequisites of competence as clinicians and as facilitators, that their interprofessional skills should be optimal and that they need to get to know themselves and have clarity on their own belief and value system. The context comprises three elements, namely the workplace culture which refers to social norms and behaviour that are accepted and expected, leadership and evaluation (Thornton, 2010:4). Culture refers to the “way things are done around here” (Manley, 2004, chap. 4 after Dennon, 1992). Participants mentioned that they should be able to “critically look at practice” and facilitate the process to enable their colleagues to look critically at what and how they are doing things. McCance et al. (2013: 10) explicitly state that change cannot occur unless the practice context is understood. It is therefore of paramount importance that hegemony and inculcation should be identified and reflected on in order to identify areas for practice change (Thornton, 2010: 25).

Collaboration amongst the interprofessional team members is dependent on the leadership style. Therefore, an appropriate leadership style was identified by the group as a skill that they should have. They depicted leadership as one of the uprights that connects the basket (context) to the hot air



**Fig. 1 – Visual representation of the role of a practice development facilitator.**

balloon. According to the participants, the leader should be able to make decisions in collaboration with the team, motivate others and lead by example. Lamont, Walker, and Brunero (2009: 67) share the viewpoint of McCormack et al. (2010: 96) that transformational leadership empowers others through processes of inclusion and shared decision making. Transformational leadership fosters collaboration with others through shared power and shared decision making, which are also core elements of the care environment and care processes. Through transformational leadership everybody takes responsibility for quality of care.

Role models lead by example which is also one of the roles identified by the participants. A role model is someone who has made a conscious decision to role model behaviour that is worth imitating (Price & Price, 2009: 52) and fosters the growth of others through a humanistic interaction style (Jochemsen-van der Leeuw, van Dijk, van Etten-Jamaludin, & Wieringa-de Waard, 2013: 26). Therefore, a practice development facilitator would lead by creating care environments, demonstrating care processes and affirm colleagues' desired behaviour. The participants also voiced that they should role model technical knowledge. Thornton (2010: 27) supports the notion that emancipatory practice development encompasses technical practice development.

Effective time management was a concern because they all worked in busy clinical areas with a high workload. A high workload is frequently quoted as one of the main reasons that contributes to disengagement and burnout of staff. McCormack et al. (2010: 103) declare that staff should be less obsessed with tasks and should have enough time to care for

patients holistically, without feeling rushed. However the external practice development facilitators voiced that they are interested in time management strategies to allow them time for their own development and the development of others.

Effective communication is depicted as an upright next to leadership and refers to more than what you say, but also how it is said. The participants mentioned that they should be able to record the context (climate and evaluation) and actions in the critical care units accurately, be assertive, listen and observe carefully, challenge staff regarding practices, promote reflexive practice, and disseminate information timeously. They mentioned the use of social media as well as more traditional methods. Moss, Walsh, Jordan, and Macdonald (2008: 99–104) confirm that communication is closely aligned with leadership, decision making, group dynamics and level of engagement. Therefore, it is vitally important to cultivate clear and concise methods for communicating about work and practice development. McCance et al. (2013: 8) reported that dissemination information about emancipatory practice development in the ward was very difficult because ward meetings were rare. It is thus apparent that plans for effective communication should be well thought through in advance and be continuously evaluated.

Facilitation of change through emancipatory practice development is the remaining upright in Fig. 1. Successful emancipatory practice development is dependent on the facilitation skills of the practice development facilitator (Lamont et al., 2009: 74) because this person creates a culture where people of all levels have opportunities for meaningful dialogue on the change process and where they feel that they can make a difference (Moss et al., 2008: 105). Throughout this process learning takes place and behavioural changes are evident as the workplace culture moves towards person-centredness. Although the practice development facilitator is a catalyst for effective change management, it remains the responsibility of the practitioners to change practice (Newman, Cashin, & Downie, 2009: 78). Hunnisett (2011: 4) shares the participants' voice to be trained in facilitation techniques, specifically in the use of art and nature to foster the critical creativity.

Through the creative process the participants added that the burner system in the hot air balloon enables the pilot to lift off and control the vessel's vertical movement. Manley, Sanders, Cardiff, and Webster (2011: 10) state that "human flourishing is both the end and the means of person-centred practice principles". It is therefore appropriate that the participants labelled the flame as the human flourishing.

The words knowledge translation and evidence-based practice were added on the envelope (balloon). The practice development facilitator can ensure the translation of evidence-based knowledge into practice through supporting and developing individual practitioners and teams to identify what needs to be changed and how to change the practice accordingly (Doherty, Harrison, Baker, & Graham, 2012).

Lamont et al. (2009: 66) describe practice development as the quest of evidence-based practice via synthesised activity and innovation, subsequent to critical appraisal of practice with the aim to improve quality. Knowledge translation is the process whereby research findings and consequently, best practice guidelines are incorporated into everyday clinical

practice. Evidence based practice is therefore closely related to transformational/emancipatory practice development (Harvey & Kitson, 2015).

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## 6. Conclusion

One nominal group discussion was conducted, including a creative activity, with volunteers from one public and four private hospitals. Although both healthcare systems were represented, the limited extent of the study allows for transferability to similar contexts but does not allow for generalisation.

The workplace culture which refers to social norms and behaviour that are accepted and expected is of utmost importance in facilitating change as it cannot take place if the practice context is not understood. Leadership is needed for collaboration and to motivate team members. As role models, the practice development facilitators will foster the growth of others through a humanistic interaction style. Effective communication is closely related to leadership and becomes the avenue through which the context and actions in the critical care unit is enhanced. However, the actions and change cannot take place if the process of facilitation is not appropriate and meaningful. Therefore, training in facilitation techniques, specifically in the use of art and nature to foster critical creativity is necessary.

The practice development facilitator's skill set must include knowledge about the processes involved during an emancipatory practice development journey, in order to assist stakeholders to move towards person-centredness. Therefore, professional development and support to practice development facilitators is essential to ensure that they move from novice to experts where they can sustain change in practice as qualified skilled change agents. Practice development facilitators should make sure that they attend to their own learning needs in order to empower themselves to be effective. The practice development facilitator can ensure the translation of evidence-based knowledge into practice through supporting and developing individual practitioners and teams to identify what needs to be changed and how to change the practice accordingly.

From this research it is recommended that a training programme for practice development facilitators are developed and implemented. Training outcomes should focus on clusters identified by the participants. Future research should focus on experiences of facilitators and stakeholders as well as the outcomes of a practice development process in the critical care unit.

As a change agent, the practice development facilitator ignites the flame of person-centredness through the use of emancipatory practice development principles in order for stakeholders to flourish in the critical care unit.

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## Authors' contribution

Tanya Heyns: Proposal development; Involved in data collection; Planning first draft; Wrote introduction; Collaborated in finalising article; Critically read final draft.

Yvonne Botma: Involved in data collection; Planning first draft; Wrote methodology and results; Collaborated in finalising article; Critically read final draft.

Gisela van Rensburg: Planning first draft; Wrote abstract and conclusion; Collaborated in finalising article; Critically read final draft.

## Declaration

The authors hereby declare that the content of this research is original. There is no conflict of interest with any of the contributing authors. The work has not been previously submitted for publication.

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