

# Exploring a positive approach in facilitating teachers personal and professional development

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**ABSTRACT:** This presentation will reflect on experiences from the perspective of two education developers in an ongoing teacher development project within the Nurse Education Program at Kristianstad University, Sweden. When we entered the project the nurse education management had already decided to translate and implement the philosophy and framework of *person-centred care* into a *person-centred education* environment (McCormack & McCance, 2016). Our contribution was to host a number of workshops aiming at facilitating the change process among the nurse teaching staff. The framework urged us to pay attention to teachers *prerequisites* (for example interpersonal skills, commitment, beliefs and values and knowing ‘self’), the *educational environment* (for example shared decision making systems, effective staff relationships, supportive organizational systems) and *processes* (working with teachers beliefs and values of how to design education, being engaged, having sympathetic presence). The intended student *outcomes* are experience of relevant content, deeper involvement, feelings of well-being and a flourishing culture.

As the basis for three workshops, Scharmers’ (2005) Theory U was used to guide the process, implying that change ought to start in a psychological safe zone. Also appreciative inquiry was a principle behind workshop design implying identifying what is already working. The experience so far will be presented, discussed and comments are highly appreciated.

## 1 BACKGROUND AND PAPER OBJECTIVES

The nature of the educational development profession is not easily described. However, although the responsibilities varies over time and space and the role has been depicted as unpredictable, disconnected and almost totally unstructured (Green & Little, 2016; Wright & Miller, 2000), that also bring an entrepreneurial opportunity to the job.

One potential role that is more often nowadays associated with the educational developer is that of the change agent (Baume & Popovic, 2016). The change agent role per se is not uncomplicated and to be able to facilitate even the slightest change you can subscribe to a plethora of stipulations, recommendations, skills and steps. Beyond that you can listen to all the hearsays claiming that over 70% of all change initiative implementation fail. To make matters even more challenging, accomplishing transition of values and cultures is only made possible if you can stimulate individuals to review their deeply held assumptions and its underlying values (McCalman & Potter, 2015). Having noted all that, this paper will elaborate on the meandering experience of two educational developers aiming at scholarly facilitating a value-oriented change process.

The paper will, to begin with, describe the change context and its intentions. Next, the focus will be on describing the idea and design behind the facilitating change paths and its implementation moves. Finally we will reflect on lessons learned and its implications for future efforts supporting change.

## 2 THE CHANGE CONTEXT AND AIMS

### 2.1 Aiming at a person-centred academic environment

Person-centred practices are frequently found in health services exerted by nurses and other health care professionals. One early viewpoint behind the approach derives from Rogers work with person-centred psychotherapy. He was convinced that the therapist-client relationship should build on authenticity, acceptance and understanding (Rogers, 1961). The more genuine, interested, understanding, value-free and respectful the therapist was towards the client the more effective was the therapy for the client. The key was to see the client as a person consisting of needs and resources with a capacity and willingness to be actively involved and partner in managing her own case. Rogers was also involved in introducing the person-centred approach into an educational environment

(Rogers, 1969; Rogers, Lyon, & Tausch, 2013). He criticized the traditional expert/teacher centred approach to learning that prevailed the idea of the teacher transferring knowledge to a passive receiving student. Instead he saw the same potential with a person-centred approach in relation to learning and education as he had discovered in the therapeutic context. Put in an up-to-date framework the term flourishing (Seligman, 2011) helps us to understand the superior intents of Rogers approach. When you as a nurse, therapist or teacher start to act upon the patient, client or student as a person you also engage in the maximising achievement of that individuals potential for growth. Thus the principals behind and the practice of person-centredness supports human flourishing (McCormack et al., 2014).

McCormack and McCance have developed a framework for the person-centred nursing practice (McCormack & McCance, 2010) which evolves out of four domains:

1. *Prerequisites*. Like Rogers idea about authenticity, acceptance and understanding the prerequisites is about the nurse developing beliefs, values, commitment and interpersonal skills that supports the idea of the person-centred approach and human flourishing in the long run.
2. *Care environment*. This domain concentrates on establishing the right organization around the person for example a mix of competences and decision structures.
3. *Person-centred processes* focus on the way care is delivered to the patient. One important thing is that the patient is made involved and active in the care process. Is she respected and listened to as a person?
4. *Expected outcomes* involves the overall development of both the person and the culture as a result of the person-centred approach

## **2.2 Person-centeredness # Student-centred learning**

The aim of the change project is thus to transform the four domains of the person-centred nurse practise into a person-centred academic environment. The argument behind this is that deep understanding and development of person-centred cultures in the health care most preferably start at nursing school. If you as a nurse student experience and flourish in a person-centred environment you subsequently adopt and carry on the person-centred approach into a future career as a nurse. The nurse education academic environment have to walk the talk.

As an educational developer you are of course familiar with the term student-centred learning. Hence, as you would expect, we naturally saw similarities between person-centredness and student-centredness. If you simply convert the four domains above into an education setting you also catch the essence of student-centred learning:

1. *Prerequisites*: Basically, as a nurse teacher, you are interested in and seeing the student as a person with needs and resources and with a capacity and willingness to be actively involved and partner in her own learning/growing process.
2. *Learning environment*: this domain involves for the nursing program management to build a proper curricula that supports the philosophy.
3. *Student-centred learning processes*: this domain will acknowledge the supporting of deep-learning processes implying that you as a teacher involve and make the student active in her own learning practice. The student is preferably made a co-creator in her own learning process.
4. *Expected outcomes*: Student-centred approaches increase students independence and enables life-long learning. However the teacher role is also expect to change from an expert to more of a facilitator.

It is also worth commenting that since student-centred learning is a central term in the forthcoming national quality assurance system regarding education, the timing of implementing a person-centred approach in the nurse education program is optimal.

## **3 DESIGNING THE FACILITATION OF CHANGE**

### **3.1 Motivating change actions**

Realizing that there's a gap between an existing state and a desired state might sound as an easy way of motivating change actions and it is our impression that the majority of the nurse teachers find a

person-centred approach a desired aim to support. On the other hand, we are not sure that the teachers have a common picture of what the existing state is or what's wrong or problematic with it. However what they do stress as problematic, like many other university teachers, is the challenge of hanging on to delivering high quality education with larger and more heterogeneous student groups and doing so with same or less resources. The Swedish Association of Health Professionals ([www.vardforbundet.se](http://www.vardforbundet.se)) identifies about the same challenges within health care. In the absence of monetary addition, questioning and redesigning the traditional way of working as well as organizing and controlling the care systems seems to be the only accessible road. The person-centred approach is considered a way to seize the possibilities of the care system to meet the challenging health care need of the population with a tight budget but still resulting in a win-win situation. Most likely, the parallel solution to the same challenges within the education institution is a student-centred learning approach. To sum up, from our point of view as educational developers, we can see that the problems with the existing state consist of the message that the current way of organising and delivering nurse education might not be resource efficient – nor for the staff nor for the student. Not least if the goal is flourishing.

In order to understand how work-place change affect the staff, Mark distinguishes between change and transition (Marks, 2007). Change relates to continuous adjustments that you do in order to for example meet increased demands or adjust to technological solutions. These changes are often associated with *doing more of the same*. Elementary adjustments might however not be enough. At a certain point you have to *do something else*, a transition. For the individual this might imply thinking in new directions, abandon old routines and make up new ones. Adopting the philosophy behind person/student-centredness into a health care practice or an academic environment can be likened to a transition.

### 3.2 Facilitating transition

So how could you as an educational developer facilitate nurse teachers' transition from one way of conducting education to another? And can such a process be guided by a person-centred framework as well? The person-centred framework does not prescribe specific change paths in order to reach a person-centred identity or culture. However van Lieshout argues that some angles should be addressed as facilitator: First you have to be aware of a person's or a group's context. Second you have to be aware of and maintain your own authentic engagement. Third, you have to create a system of support in which the person or team can be open about their views and hence develop person-centred relationships. Fourth you have to be aware of and be able to balance processes that are not in line with the person-centred framework (van Lieshout, 2017).

When designing our participation in the nurse teachers journey towards a person-centred academic environment we were encouraged by the ideas behind Theory U (Scharmer, 2009) that has been proven to create understanding of the underlying grounds and methods of radical sustainable change. Theory U have successfully been used as an inspiration to implement person-centred approaches into both health care practices and academic environment settings (Brown & McCormack, 2016; McCormack & McCance, 2017).

One basic assumption in the theory is that yesterday's thinking lies behind today's problems. Therefore we must make up with old approaches and mind-sets in order to allow something new to occur. For example, applying a person/student-centred approach forces nurses/nurse teachers to make up with a traditional teacher role of being an expert transferring knowledge. Instead the teacher role should develop more towards the facilitator that in partnership with the student build knowledge. However the u-curve starts with identifying what approaches and mind-sets we have to start with. It is only when we see our seeing that we can decide what to strengthen or what we should let go of. Another basic assumption is that individual change preferably takes place in a psychological safe zone. In this zone (or culture) the individual can share deep thoughts and beliefs without being afraid of negative consequences for self-image, status or career. It is of importance for individuals and work groups to be in a psychological safety zone when facing new challenges, for example transitions, because it is surrounded by acceptance and respect. This in turn leads to possibilities for team learning and group dynamics (Edmondson, 1999). Facilitating change according to Theory U therefore lead us to designing action steps grounded in the following aspects:

1. Start from or create a psychological safe zone.

2. Identify and challenge traditional thoughts and beliefs that lies behind what the nurse teachers currently think and do.
3. Aiming at implementing a person-centred academic environment: what thought, beliefs and actions should we strengthen and what should we let go of?

#### **4 APPRECIATIVE INQUIRY AS PRINCIPLE**

##### **4.1 Workshop 1: Feedforward what is already working**

The introduction of the Bologna process put focus on different learning objectives and one learning objective that is central is that the student should reach certain skills and abilities. This, we conclude, has led to more student active educational methods at universities which in turn opens up for student-centred approaches. Therefore we assumed that teaching in accordance to person-centredness was already in progress among the nurse teachers. The emphasis of starting a change process from what is already working is known as appreciative inquiry (Cooperrider & Srivastva, 1987). Consequently the idea of starting with ongoing progresses already in line with person-centred framework was used as a safety zone.

To prepare for the first workshop the nurse teachers was instructed to prepare, in writing, a success story of when they as a teacher experienced that you felt at your best, full of life and in flow, and you were content even before the results of your actions became known. This method is developed by Kluger and Nir and is a method of revealing new knowledge in different settings (Kluger & Nir, 2010). The instruction was however not immediately accepted. Since the success stories were meant to later be shared between the teachers, questions like “Will everyone make an effort to publish their story?” and “Can I publish my story anonymously?” needed to be answered or met. These questions, as we see it, were justified since participation in teacher meetings in general is irregular. The questions could also indicate a lack of that support system that van Lieshout recommend (see above) in order for the teachers to feel psychologically safe.

A total of 15 success stories was shared by the teachers (at their digital learning platform) and at the workshop the teachers, in pairs, interviewed each other around the ingredients in the stories with the structure of the feedforward interview protocol (Kluger & Nir, 2010). The protocol structure facilitated for the teachers to identify feelings, own resources, contributions in the work environment, in other word, their success code. In order to tackle the challenge with low attendance, but also to reflect together with the teachers, the first workshop was followed up a few weeks later. At that moment we compiled the essence of the teacher’s success stories and compared it with the essence of student-centred learning approaches. All in all we could see how the ingredients in success-stories matched student/person-centred frameworks. The feedback we got from the teachers was positive.

##### **4.2 Workshop 2: what should we let go of?**

Having identified what was already working the second workshop aimed at identifying what was not in line with a person-centred approach. The feed-forward protocol initial question was used again as inspiration. However this time the nurse teachers was instructed to share their adversity story. The instruction was: Describe a teaching situation in which you as a teacher was not at your best, low in energy and motivation and felt dissatisfied with your teaching effort.

This time only 7 teachers shared their stories. Afterward, we learnt that the workshop collided with another event. Therefore we decided not to repeat the pair-interview at the workshop. Instead we went straight on to compiling the essence of the adversity stories in relation to person/student-centredness. Again we could see the match, but in reverse. The nurses then discussed, in groups, what part of their teaching practice that was problematic and resulted in a non-positive learning situation for the students but also regarding their own work-related well-being. The teachers that took part in workshop 2 all expressed the value of attending. However they also articulated frustration regarding the low engagement among their colleagues.

##### **4.3 Workshop 3: identify concrete evidence – or the need of it**

In preparing for workshop 3 we got the chance to evaluate the process and actions so far together with the nurse program steering group. The meeting ended up in a consensus about trying to focus on implementing the person-centred framework in a specific course instead of aiming at a general nurse

program level. Another aspect was to realize that the staff's theoretical knowledge about the person-centred framework might have been overlooked.

At workshop 3 the teachers were organized in their regular teams. Together they were instructed to relate to a number of claims of person-centredness in their own course setting. This way we could both inform the teachers about examples of person-centredness and encourage them to relate to it. For example: "In my course we take full advantage of the student's resources" or "At course X we relate to the student as an active partner in its learning process". During the workshop the teachers were instructed to either agree or disagree with the claim and give concrete examples. They were also asked to identify what hinders them along with suggesting concrete solutions for implementing the approach. During the workshop the teachers identified that in many ways they worked in accordance with the person-centred framework.

## 5 LEARNINGS AND IMPLICATIONS FOR FUTURE WORK

At the time of writing this paper nothing concrete is really achieved in the project towards formally implementing a person-centred framework. Even if a number of meetings and workshops has been arranged, ours included, there is not yet any official compelling decisions that calls for action, neither at a program level nor at a group or individual level. Without formal procedures and structures a transition will be difficult to reach.

Our workshops, although appreciated by those who participated, was visited by about 10-20 nurse teachers. We estimate that the total number of teachers involved in the program is at least 40. One important discussion that repeatedly has come up during the workshops is the importance of all the nurse teachers working with the person-centredness to the same extent along the whole nurse education program. Otherwise it will be puzzling both for the students and for the nurse teachers. This far we are satisfied with our facilitating part of the transition work. However what does it take for the rest of the nurse collegium to be involved?

We as educational developers are not in charge of the change project, we only facilitates part of it. Before and during our involvement in the project there has been leadership instability due to management replacement, both at program management level and personnel management level. We are aware of the importance of strong leadership during transition hence this must be fully established in order to support the change.

Attending workshops and other staff meetings regarding the nurse program development has so far been a voluntarily project for the nurse teachers resulting in that many of them have prioritized other responsibilities. Introducing them into the change project thus is a matter of both timing and leadership. Meanwhile, those who have been able to attend, and are positive to the change project, now eagerly waits for the next step. How long will they have to wait? The importance of timing as well as recognizing and rewarding employees that involves in improvements is crucial nonetheless a typical challenge for change leaders (Kotter, 1996).

The learnings for us as educational developers facilitating change is the importance of allowing yourself to have an emerging flexible change design. That is essential if you subscribe to a person-centred facilitating approach and thereby human flourishing.

## REFERENCES

- Baume, D., & Popovic, C. (Eds.). (2016). *Advancing practice in academic development*. London: Routledge.
- Brown, D., & McCormack, B. (2016). Exploring psychological safety as a component of facilitation within the Promoting Action on Research Implementation in Health Services framework. *Journal of Clinical Nursing*, 25(19-20), 2921-2932.
- Cooperrider, D. L., & Srivastva, S. (1987). Appreciative Inquiry in Organizational Life. I W. Pashmore & R. Woodman (Eds.), *Research in organization change and development*. Greenwich: JAI Press.
- Edmondson, A. (1999). Psychological Safety and Learning Behavior in Work Teams. *Administrative Science Quarterly*, 44(2), 350-383.
- Green, D. A., & Little, D. (2016). Family portrait: a profile of educational developers around the world. *International Journal for Academic Development*, 21(2), 135-150.
- Kluger, A. N., & Nir, D. (2010). The feedforward interview. *Human Resource Management Review*, 20(3), 235-246.

- Kotter, J. P. (1996). *Leading change*. Boston, Mass: Harvard Business School Press.
- Marks, M. L. (2007). A framework for facilitating adaptation to organizational transition. *Journal of Organizational Change Management*, 20(5), 721-739.
- McCalman, J., & Potter, D. (2015). *Leading Cultural Change: The Theory and Practice of Successful Organizational Transformation* (Vol. 1). GB: Kogan Page Ltd.
- McCormack, B., & McCance, T. (2010). *Person-centred Nursing - Theory and Practice* (1 ed.). US: Wiley-Blackwell.
- McCormack, B., & McCance, T. (2017). *Person-centred practice in nursing and health care: theory and practice* (2 ed.). Chichester: Wiley-Blackwell.
- McCormack, B., McGowan, B., McGonigle, M., Goode, D., Black, P., & Sinclair, M. (2014). Exploring 'self' as a person-centred academic through critical creativity: a case study of educators in a school of nursing. *International practice development journal*, 4(2).
- Rogers, C. R. (1961). *On becoming a person: A Therapist's View of Psychotherapy*. London: Constable.
- Rogers, C. R. (1969). *Freedom to learn: a view of what education might become* Columbus, Ohio: Merrill.
- Rogers, C. R., Lyon, H. C., & Tausch, R. (2013). *On Becoming an Effective Teacher: Person-centred Teaching, Psychology, Philosophy, and Dialogues with Carl R. Rogers*. London: Routledge.
- Scharmer, C. O. (2009). *Theory U. Leading from the future as it emerges*. San Fransisco: Berrett-Koehler Publishers.
- Seligman, M. E. P. (2011). *Flourish: A Visionary new understanding of Happiness and Well-being* New York: Free Press.
- van Lieshout, F. (2017). Navigating organisational change: being a person-centred facilitator. In B. McCormack & T. McCance (Eds.), *Person-Centred practice in nursing and health care. Theory and practice*. (2 ed.). Chichester: Wiley-Blackwell.
- Wright, W. A., & Miller, J. E. (2000). The educational developer's portfolio. *The international journal for academic development*, 5(1), 20-29.