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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Staying on track in changing landscapes: mapping complex projects in health services

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Abstract
Background: Projects initiated to transform and develop health services have to account for a variety of complex factors. There is a need to develop methods to handle this complexity, and in this article we present a flexible and adaptable framework for mapping projects that focus on involvement of persons receiving care and other stakeholders, with an integrated support structure. The method also considers elements in the local context.
Aims: To present examples of project mapping, and to explore how the process can enhance quality in complex projects in healthcare services.
Methods: The project mappings have been co-designed in processes of deliberate dialogue between the authors of this article, with involvement from other researchers and stakeholders. A three-dimensional version of project mapping was developed, and further refined by introducing a two-dimensional version and testing the framework in various settings such as a project leader course and the 2018 Enhancing Practice Conference in Basel. Analysis continued through the whole process as preliminary ideas were discussed and documented. We reflected, wrote notes, talked to people, took part in workshops that included a variety of creative methods, and did a qualitative content analysis of key findings to develop themes.
Results: The examples of project mapping show that the process of mapping is as important as the map itself. The maps are flexible and can be combined. Project mapping can contribute to quality in projects by helping project facilitators and participants to stay on track. It can also enable co-creation and guide facilitation processes.
Conclusion: Engaging in mapping processes represents an approach that can contribute to a shift in thinking and help even out power imbalances between project participants, as well as influencing the working culture in a health service. Mapping can facilitate transformation of practice while simultaneously creating new knowledge about that transformation.
Implications for practice:

- Project mapping takes account of the complexity of changing practice in healthcare settings
- It offers project teams a novel way to engage in understanding project processes and outcomes
- It acts as a reminder that aims for quality improvement should be guided by health and wellbeing for persons receiving care, rather than being systems related

Keywords: Project management, project mapping, complexity in health services, person-centred, stakeholders, transforming practice cultures

Background

Effective healthcare services are dependent on paying attention to continuous quality improvement, and one indicator of quality is involving patients and service users (Norwegian Directorate for Health and Social Affairs, 2019). The Norwegian government wanted to strengthen the position of the patient in the healthcare system by ensuring that their voice is given greater consideration (Norwegian Ministry of Health and Care Services, 2015). Quality is also associated with services that are coordinated (Norwegian Directorate for Health and Social Affairs, 2019), which means transforming ways of collaboration between specialised health services and primary care, as well as expectations of cooperation between the professions.

Systematic efforts intended to raise the quality, safety and value of healthcare services (Ogrinc et al., 2015) are often handled through projects, or short-term endeavours (Aarseth, 2014) to create improvement. The healthcare domain is highly complex (Klein and Young, 2015) for many different reasons. In this article, we focus on the diversity of stakeholders whose views and activities are central to healthcare (Klein and Young, 2015) and in particular the need to involve patients and service users in project planning. Attention also needs to be paid to the context, understood as 'the key features of the environment in which the work is immersed and which are interpreted as meaningful to the success, failure, and unexpected consequences of the intervention' (Ogrinc et al., 2015, p 503).

In this article, we suggest that project descriptions need to be clear, tailored to their unique context and customised to the persons involved in order to ensure momentum and direction. We describe a flexible and adaptable project map that can help to handle complexity in 'soft projects' – those that aim to change or transform health services in which human beings and processes of working are crucial (Hussein, 2016, p 25). Each project is different, as it is dependent on and is 'marked by human interactions in a complex dynamic' (Hussein, 2016, p 70). Von Schomberg (2012, p 9) suggests a need for transparent and interactive processes, and that all participants should become mutually responsive to each other.

Project management is not 'a destination, but an ongoing journey that demands keeping people loyal to the vision, and constantly striving for its attainment even during periods of adversity' (Aarseth, 2014, p 23). In order to become involved, a person needs to be given a clear picture of the project's aim, and its plans need to be comprehensible (Hussein, 2016, pp 59, 85). Flexibility and non-formal processes provide opportunities for creativity (Hussein, 2016, p 85), and there is a need for sensitivity to the context and valuing of different forms of knowledge (Long et al., 2018).

Research produces important knowledge regarding healthcare, and projects may aim to use this knowledge in clinical practice. This implementation and adoption of new knowledge is not a linear path or a straightforward process. There is no proven recipe to follow; it is the very opposite of 'one-size-fits-all' model (Harvey and Kitson, 2015). There is a need to tailor interventions to the local contextual circumstances (McCormack et al., 2010; Øye et al., 2015) and consideration must be given to factors like organisational climate and the need for multifaceted support that will influence the use of new knowledge (Meijers et al., 2006). Flexibility is also needed to accommodate fluctuations in staff enthusiasm, service culture and patient response (Dahl et al., 2018).

A collaborative approach and ongoing communication seem to contribute to successful implementation of interventions (Diffin et al., 2018). This kind of approach is associated with 'real team membership', which has been found to be beneficial for individual outcomes and organisational performance (Lyubovnikova et al., 2015 p 929). The team needs awareness of shared objectives, and continuous improvement depends on engagement in team regulatory processes (Lyubovnikova et al., 2015).

There are several methods and frameworks that guide projects in health services. The framework for design, execution and evaluation of complex interventions to improve health – the UK Medical Research Council framework – aims to ensure quality in all phases of designing and evaluating a project

(Campbell et al., 2000; Blackwood, 2006). The Context and Implementation of Complex Intervention (CICI) framework addresses and graphically presents context, implementation and setting, and aims to simplify and structure complexity (Pfadenhauer et al., 2017). This article's authors have experience with practice development methodology (Dewing and McCormack, 2017; Manley, 2017), the i-PARIHS framework as well as the person-centred practice framework (McCance and McCormack, 2017). We suggest there is a need for supplements to these frameworks that can guide frontline practitioners in projects, with particular regard to the work of tailoring to local context, as well as ensuring real participation. The creation of project maps may help to handle the physical and sociocultural makeup of the local environment (Ogrinc et al., 2015; Sugiyama et al., 2017). This includes keeping track of issues such as aims, stakeholders and interactions in order to gain an overview and decide on the next steps in the project. Attention to the fluctuating human processes of co-creation of plans for ongoing developments is crucial for the quality of the project.

The aim of this article is to present examples of project mapping, and to explore how mapping can contribute to the enhancement of quality in complex projects in healthcare services.

The term 'facilitator' has been chosen for the person guiding the mapping process. We are aware that this may be a project manager, an external facilitator or an ad hoc facilitator, depending on the organisation of the project. The term 'co-design' refers to the method used and processes involved in 'designing' the mapping framework. The term 'co-creation' refers to the processes of using the mapping framework – that is applying the mapping framework to specific projects.

Methods

The project maps were co-designed through processes of deliberate dialogues between the authors of this article, with involvement from other researchers and stakeholders with an interest in the research area. This co-design methodology enhanced utility, transparency, and saliency of the research (Future Earth Transition Team, 2013).

The process of this co-design (described in Table 1) started at a creative workshop with the theme 'Evaluation and research in practice development projects'. In group work, participants spoke of projects as having a lot of 'loose ends' and conflicting views of interest, as well as of a need to gain an overview of their projects, decide what the next step could be and work with ideas for evaluation. To understand the issues better, a three-dimensional map (using objects including Lego, lengths of wool, feathers, a woodpecker and Evoke cards) was created (Figure 1). This was a representation (or a map) of one particular project at the time, as understood by the group. Even so, this map made sense and was recognisable to participants in the workshop who had not taken part in making it.

Figure 1: Three-dimensional map

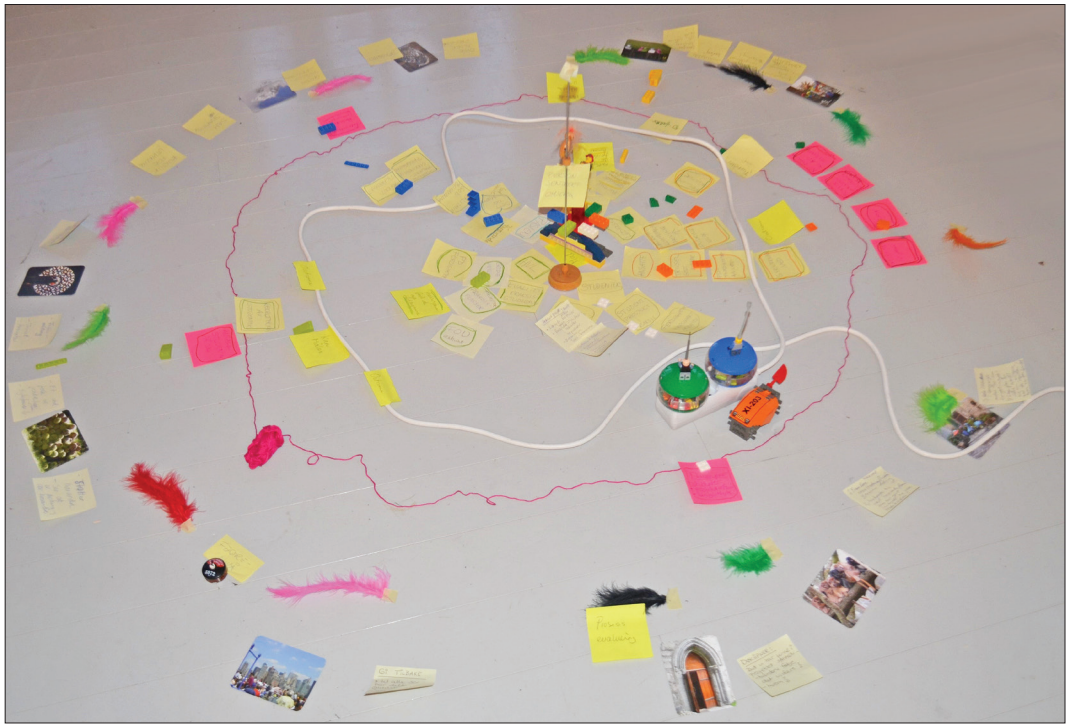
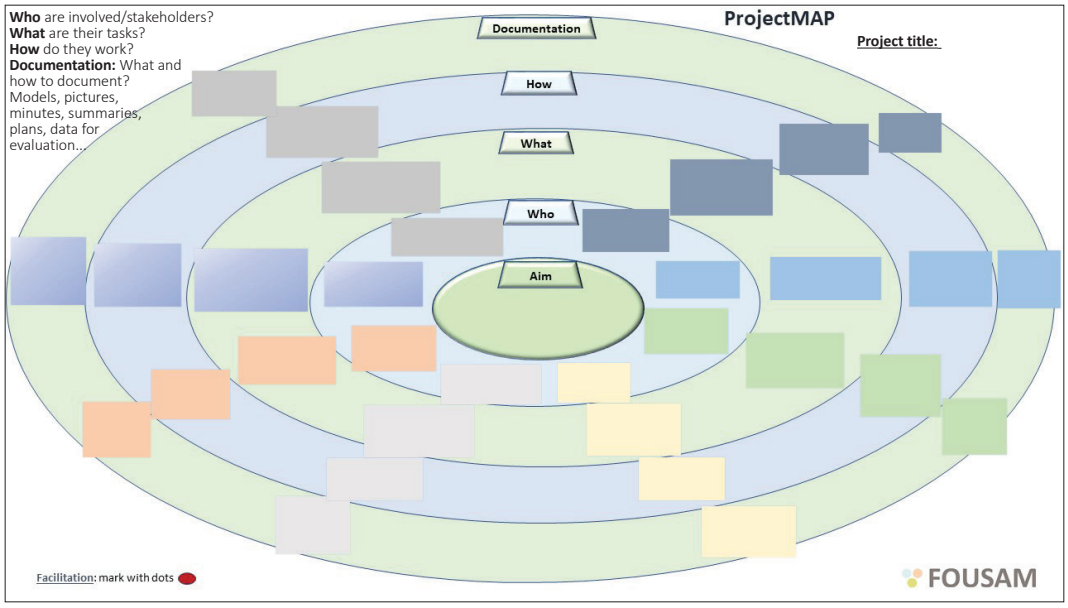


Figure 2: Two-dimensional illustration of the project map



This triggered an interest in further work with exploring how mapping processes could be useful beyond the particular project. After the seminar, the authors started the process of co-designing a two-dimensional illustration of the project map (Figure 2). This illustration provides an overview of main aim/objective and stakeholders in a project (who, what, how and documentation). Facilitators in local healthcare projects subsequently tested the model. Deliberative dialogues and preliminary reflections and analysis continued and led to further questions as we explored and gained understanding of the significance of the project map. We used a questionnaire to ask facilitators and others for feedback on how this type of project mapping could be useful, and we also asked for suggestions for development or change. The steps in the process of co-design, overview of the data material and details about the participants in the co-design processes are described in Table 1.

Table 1: Co-design process and overview of data material

Research questions, developed through co-design	How the deliberative dialogues were organised	Data
How to handle and get overview of a complex project?	• Creative workshop	• Three-dimensional map of one specific project • Framework with lego, woodpecker, wool, etc • Pictures
How can a two-dimensional project map be used to get overview of stakeholders?	• Local project	• Example of project (with stakeholders and aims) in the 2D map • PowerPoint example
Can the 2D model be useful in learning how to lead a project?	• Course for project leaders	• Examples from project leaders that used the map • Evaluation notes • Picture of example
Will experienced facilitators find the framework relevant?	• Presentation to colleagues	• Questionnaires • Evaluation notes
Will experienced facilitators find the framework relevant? Does it add to tools they already know? How can it be useful?	• Basel Enhancing Practice conference 2018 • 'Creative space': presentation of framework, and participants creating implementation of the framework to the project	• Questionnaires from participants in creative space • Audio recording of dialogue • Pictures of example • Picture of model created by participants • Notes and reflections after the conference
Will experienced facilitiators find the framework relevant? Does it add to tools they already know? How can it be useful?	• Basel Enhancing Practice conference 2018	• Pictures from 'show and tell' display • Questionares from participants • Notes and reflections after the conference
How can we contribute to knowledge about project development and execution?	• Ongoing processes, reflections, workshops, writing, using the framework, seeking advice, teaching others, etc	• Notes, pictures, paper drafts

Analysis

The analysis continued through the whole process, as preliminary ideas were discussed and written down. After the Basel conference, the authors developed themes through a qualitative content analysis according to Vaismoradi and colleagues (2016), shown in Box 1.

Box 1: Theme development through a qualitative content analysis (Vaismoradi et al., 2016)

Initialisation phase: Each of the authors gained an overall understanding of the data. We read the evaluation notes and reflection notes, looked at pictures and notes from workshops and listened to audio recordings. We looked for the main issues, highlighted meanings and made codes based on the material

Construction phase: In a workshop we sorted the codes from the four authors into preliminary categories and subcategories. Based on this, we reflected on possible definitions and descriptions. We met several times during this phase to write, go back to the material, rewrite, reflect, and use Evoke cards – asking, what are the main issues in our article?

Rectification phase: A literature search and reading were done to relate our findings to established knowledge, and the themes were decided

Finalisation phase: The storyline was developed bearing in mind that the two versions of the project map, the process of co-design, and the findings representing experiences with using the maps may be confusing for the reader

The themes developed were:

- Staying on track (getting an overview, knowing where and when to act, understanding influence of stakeholders)
- Processes of co-creation (involvement, giving room for all perspectives, language, culture)
- Facilitation

In the findings and discussion section, we present the project mappings. Thereafter, we explore how project mapping can contribute to enhancing quality in complex projects, using the themes. We present examples and relevant literature.

Ethical considerations

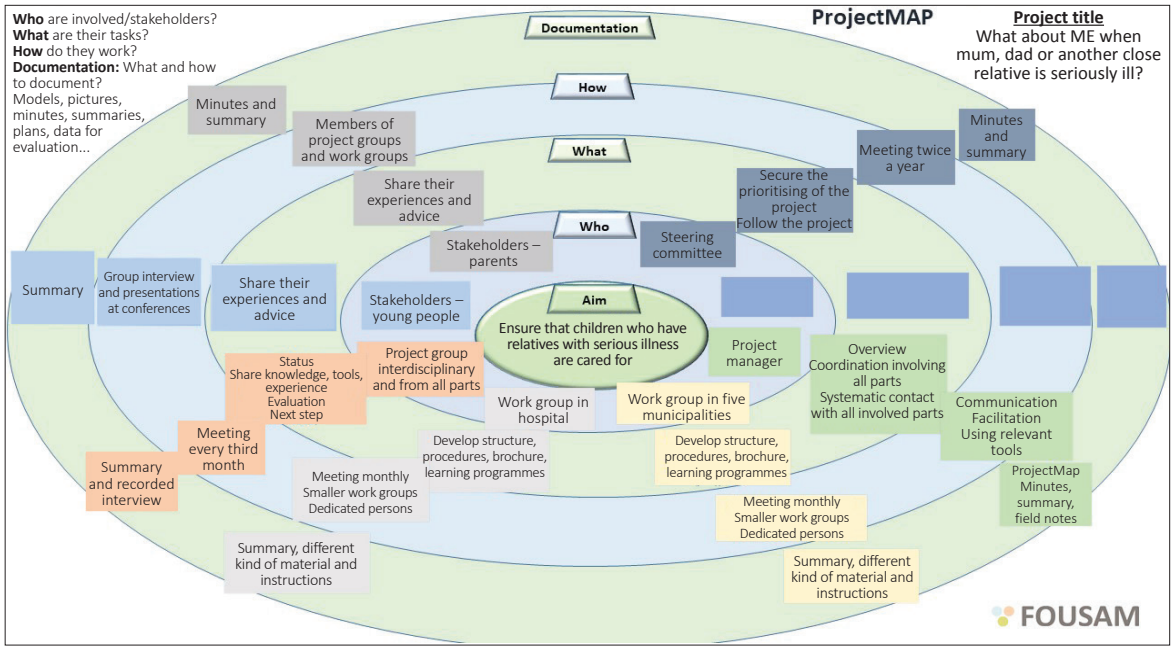
The participants in the workshop and the 'creative space' at the Enhancing Practice Conference were invited to participate in the co-design process. All participants signed an informed consent. They gave their permission to include the material in research activity – the notes and the answers to questions about the model, in addition to contributions to the group discussion. They were informed about the study and were able to withdraw at any time. The participants cannot be identified in the findings.

Findings and discussion

Presentation of two- and three-dimensional project mappings

The two-dimensional map (Figures 2 and 3) has the main aim at the centre, and also provides an overview of which stakeholders are involved in a project. For each stakeholder there are categories stating what their task is, how they work and how they document their work. Each stakeholder may have their own aim, but this is related to the main aim. There are no lines dividing the stakeholders, indicating that they are interrelated. It can also contribute to awareness of the position of each participant (or the stakeholder group he or she represents) and how stakeholders depend on and influence each other.

Figure 3: Two-dimensional map giving overview of stakeholders' defined aims and activities



The three-dimensional map (Figure 1, p 4) may, in principle, be any shape, depending on what the group decides. As the participants use different artefacts to co-create and agree on what the map should look like, they are involved and given an opportunity to influence priorities, aims, tasks and roles. This may support a sense of ownership and feeling of responsibility for what happens in the project. As the frames of cooperation are different from those of a formal meeting, different perspectives are given room.

These two approaches to mapping projects are flexible and can be used at different intervals during the project period, to update and change the course if need be. Those participants who tested both 2D and 3D versions suggested that the 3D version should be used first. Working with the 3D version was understood as more useful in gaining involvement from all stakeholders from the very beginning of a project. They described this version as being like a piece of art that may involve metaphors, illustrations, drawings and other materials, and argued that this would be meaningful to those involved in its creation. After the 3D version is made, a 2D model can be created. This will function as a working tool with defined aims and activities, and represent a linear understanding but also an overview of the complexity of the project. It illustrates, for all involved, the responsibilities and varying tasks. Participants also suggested that the project group could come back to the three-dimensional version after some time, and develop it further to explore certain elements, or to become aware of changes and developments in the project.

The participants in the co-design process thought it would be helpful to engage a project group in co-creation of an image or a map of the project. These experienced facilitators had previously lacked a tool that could reflect the complexity in a project. Possible advantages may be handling issues like interrelatedness between persons, roles and tasks, non-linearity, giving people ownership, and staying on track while handling changes. A sense of ownership can increase the prospects of the project being sustained even when key people are no longer there.

Staying on track

The findings indicate that mapping projects can contribute to a project staying on track, at the same time as addressing its complexity. It can help to gain an overview in an ongoing journey of changing landscapes. Mapping processes in groups encourages and opens up opportunities for involvement, and perspectives from all stakeholders can be included. The participants develop ownership and experience the project as being dependent on their contributions; they can see their own contribution as a part of a collective endeavour to achieve a common aim. The flexibility in the mapping process can support non-linear processes and reflect fluctuations in human interactions, and the use of creative methods and informal dialogues leads to opportunities to discover elements that are important in defining and describing the issues at stake in the particular context.

Many of the participants in the co-design process emphasised the importance of 2D mapping placing the person receiving care at the centre. They argued that project aims are often defined without their involvement, with the result that those aims might comply with the needs of the organisation rather than of patients.

To illustrate how the project map has been used, we present two cases. In one case, involving primary and specialised healthcare services, a project was established in line with new national guidelines (Norwegian Ministry of Health and Care Services, 2015) on how services should care for children who have a relative with a serious illnesses. The project had two facilitators, one external and one internal, who used the project map to gain an overview of the stakeholders that should be involved and what their roles and responsibilities in the project should be. The aim was noted in the middle of the two-dimensional map. It became apparent to the facilitators that the group at which the project was aimed – young people whose relatives have a serious illness – were not included in the project group. The local youth council, established by the specialised health services, was therefore asked for advice and members were invited to share their experiences of being siblings or children of persons with serious illness. In hindsight, the facilitators realised that the whole group would have benefited from an active use of the map throughout the project. The two-dimensional map could have been altered or given more details according to what was shared by the stakeholders, or a new map could have been made to give an overview of the status of a particular stage of the project.

Another project in the primary care setting used a different approach. The project manager decided to use a map throughout the project. The map being was developed in collaboration with the project group, which made use of it at every meeting. The project map was even hung on the office wall as a reminder of each participant's role and responsibility.

As other project facilitators gained access to the tool, their response was that it gave a valuable overview of projects, and helped their project groups to show the complexities. One group used it every time it met and experienced it as helpful to hold on to the aim and to stay on track.

Traditionally, project planning and work has focused on predestined outcomes and process fidelity (Long et al., 2018). Mapping projects represents an approach that values the contributions of the persons involved in a project, focusing on continuous learning and development of 'local knowledge'. These processes support a shift from thinking of project work as about fulfilling a mandate or set of standards, to the more dynamic approach of understanding a project as travelling through changing landscapes. The project and the persons involved need to handle changing circumstances as projects are not linear and the healthcare services they set out to change are multi-layered.

Processes of co-creation

The co-creation work can bring awareness about travelling together in the journey of project work. As participants co-create and agree on what the project map should look like, they are involved and have opportunities to influence priorities, aims, tasks and roles. This promotes a sense of shared ownership and responsibility for what happens in the project. As the frames of cooperation are different from those of formal meetings, different perspectives are privileged. This can encourage participation from persons who may not be used to giving their opinion in a group setting. Speaking together while 'playing' with blocks and pictures to create a common product makes it easier to build relationships. In some cases, it may contribute to levelling out power imbalances, as contributions to the mapping can be made by anyone, irrespective of status or level of education. As the mapping does not focus on definitions and a linear description of a project, it can be a way of involving persons who are not comfortable with reading and writing.

The mapping process can also help to reveal complexities in the context, such as tensions in relationships between stakeholders or tacit issues. Awareness of enabling and prohibiting factors in the context can emerge as the different participants reveal their thoughts and perspectives. For example, artefacts may be used in the mapping to generate metaphors that make sense to the group; they may represent factors that are hard to describe or define but are significant and worth exploring in handling the complexity of a project. In one workshop, the participants chose to name one stakeholder group 'the tigers'. This was part of the humour in the group as well as representing something recognisable for the participants – something to be afraid of, someone to respect or someone with a lot of power. Another group used a woodpecker toy to convey the idea of someone continuously 'pecking' as a reminder about the project's aims and tasks. Such metaphors may be a way of revealing culture, including local knowledge and understanding of 'how things are done around here'.

Creating metaphors, revealing attitudes and naming underlying, unspoken issues in the culture is a development of knowledge about the local context, contributing to collective sensemaking and understanding (Greenhalgh et al., 2016). People are different and some participants may experience discomfort regarding reading and writing. Titchen and Hammond (2017) contend that dialogues using the spoken work alone can be restricting and that the use of creative expression can help overcome this. They argue that embodied knowledge may not reach conscious thoughts. Co-production and co-creation may make it possible to become aware of some of this knowledge.

Speaking together about the work can bring surprises, as people realise others' thoughts are different to what was assumed. Narratives about what we do and how we do it contribute to enhanced

confidence in own work and pride on behalf of the team (Eriksen and Heimestøl, 2017). Kaplan et al. (2012) associate success in quality improvement with groups of people who have previously worked together in teams. Getting to know each other in ways that include humour and playfulness can help diffuse tension and eradicate barriers. Thriving in each other's company is linked to trust and may lead to individuals experiencing being 'free to learn, risk, make mistakes and grow' (Manley et al., 2011, p 8). Sustainable change depends on mutual trust, built over time (Greenhalgh et al., 2016).

According to national guidelines (Norwegian Ministry of Health and Care Services, 2015), development of health services that belong to the 'patient' requires changes in culture, attitudes, organisation and leadership. Patients and those close to them should be agents of change, and structures that privilege professionals' claims to knowledge should be removed. This points to a need for methods that challenge power hierarchies. In all landscapes of practice there are competing voices and competing claims to knowledge (Wenger-Trayner and Wenger-Trayner, 2015, p 16), so ensuring involvement in co-creation processes offers an approach to moving out of the ivory tower and closer to the real world (Greenhalgh et al., 2016, p 421).

Involving persons in this way in defining and deciding tasks in a project may influence the way professionals work together. They become more able to address implementation barriers and accustomed to ongoing communication and proactive problem solving. They get used to being 'part of a culture where there is legitimacy for changing practice'(Diffin et al., 2018, p 1). Microsystems that emphasise teamwork, communication, freedom to make decisions and commitment to improve have been associated with success in quality improvement (Kaplan et al., 2012).

Facilitation

For project mapping to achieve its potential benefits, there is a need for someone to initiate and plan the processes. The role of the facilitator did not surface as a key issue in the findings, and we contend that this 'invisibility' of the facilitator may be consistent with the underpinning philosophy of the mapping framework (co-ownership and co-creation). Thus the facilitator's role is not one of director of activity, but instead is that of a co-participant with the additional responsibility for paying attention to consistency of process.

Inviting participation in creative activities is not a straightforward process. The facilitator needs to be sensitive to resistance and to the readiness in the culture, and consider interventions or preparations before embarking on co-creation. This way of working can represent a disruption to a working culture, and the consequences can be positive or negative, leading to development and growth, or the process getting out of hand and becoming unmanageable. However, the presence of a 'trigger', explained as 'a specific event (positive or negative) that stimulates a new emphasis on improving quality' (Kaplan et al., 2012, p 18) has been found to be key to success in quality improvement. Having to reconsider what one does and thinks may evoke awareness and lead to new perspectives and understandings (Eriksen et al., 2014). There is potential for development and change through seeing different perspectives and being taken out of safe and established routines. Tensions may arise and can be obstacles, but they can also present new opportunities to spur creativity (Wenger-Trayner et al., 2015, p 101). This may nonetheless be a challenging position for the facilitator, requiring a clear vision of the purpose and mission of a person-centred healthcare service.

Thus, we contend that the role of the facilitator in project mapping is consistent with that of transformational facilitation (Titchen and McCormack, 2008). The key processes are associated with those of consciousness raising, problematisation, self-reflection and critique in a group (Titchen and Hammond, 2017). When facilitated, mapping processes can contribute to conscious awareness of taken-for-granted assumptions; they can influence culture and language, and be a way of co-creating and contesting new knowledge and understanding (Titchen and Hammond, 2017, p 165). Thus, the 'being' of the transformational facilitator as evidenced in the mapping processes enables the surfacing of participants' knowing, doing and becoming, which brings together critical and creative engagement

as we seek to understand and facilitate the transformation of practice and, simultaneously, create new knowledge about that transformation.

Critical reflections

We believe that the mapping process can be a way of involving persons receiving care and their significant others. We further emphasise that professionals' voices sometimes compete with voices of persons receiving care. At the same time, the co-design processes seem to have contributed to this imbalance by only involving professional healthcare workers, facilitators and researchers. We feel this is because co-design was about developing a tool for facilitators and professionals, as it is their responsibility to initiate projects for quality improvement. Our hope is that facilitators choosing to use project mapping will be helped to keep the interests of the person receiving care in focus, and to involve them and those close to them at all stages of the project.

Conclusion

We recommend that our methods for mapping projects be tested in other contexts and projects. We believe the two- and three-dimensional versions can be used together and separately, depending on the participants and processes in the particular project. Mapping projects in these ways can contribute to insight and consistency of process. The process may be hindered by a lack of courage to initiate transformative processes and avoidance of tensions and issues that are hard to manage. Engaging project groups in mapping activities represents a different approach that can contribute to a shift in thinking, even out power imbalances and influence the working culture in a healthcare service. Further, this way of working provides a helpful tool to assist project management and improve quality in complex projects in healthcare. Facilitating mapping processes involves the ability to judge when and how to implement the framework, awareness of interpersonal processes and cultures, and readiness to adapt to changes in the context of the project.

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A commentary by Professor Angie Titchen follows on the next page

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COMMENTARY

Staying on track in changing landscapes

Angie Titchen

Hellen, Kristin, Marianne and Sølvi, first, I want to congratulate you for 'staying on track' as you step into new flow, energy and ways of being as inquirers/project leaders/facilitators of quality improvement! Your project maps have great potential to make a contribution to quality improvement and practice development facilitation. This commentary is an explanation of why I think this. You might remember that I met you in Norway when I facilitated a three-day workshop on critical creativity – a new paradigmatic synthesis or 'landscape' for research, practice development and education in which critical social science is synthesised with creative and ancient wisdom worldviews (McCormack and Titchen, 2006). Just to remind you, the ultimate purpose of working in this paradigm is human flourishing for all involved in the inquiry, development and education, in addition to bringing about social justice (McCormack and Titchen, 2014).

As you may know, the creation of this paradigm has taken Brendan and me, within international communities, well over two decades and we continue to develop and test it through our support of projects such as yours. Although it is not stated explicitly in your paper, I get a strong impression from the nature of your co-creation approach, descriptions of the co-creators' experiences and the literature you have cited, that some of the principles of critical creativity have shaped your inquiry and development. I feel a bit like a water diviner here in that I sense there is an underground river of practice wisdom that is implicit in your work, but not made explicit. I am also wondering whether Brendan helped you to stay on track by showing you how to create the conditions for all involved to flourish as you developed a holistic, rather than linear, approach to quality improvement, at the same time as helping create a person-centred culture in the project team. But just now, I want to widen my commentary to include those who have read your paper, so I won't be directly addressing you, the team, from here on – although obviously I hope some of my comments are helpful to you as well as others!

I will start from where the Haugesund team 'is at' by commenting on what they discovered and noticed during their inquiry. Then I will move to what I noticed about their noticing – the most significant aspects being the invisibility of the role of facilitation and experiential learning in the project, followed by realisations that (1) culture change is not easy; and (2) the process of mapping is as important as the map itself in bringing about culture change. I will take it from there to show something (more than is made explicit in the paper) about the nature of transformational facilitation enabling co-inquirers and project teams to learn from their experience in the project. This noticing came primarily through my reading between the lines of the paper, as well as my experience and imagination. Thus, I will name the often unarticulated or hidden conditions that transformational facilitators create to enable the human flourishing of the givers and receivers of healthcare. Finally, I will suggest some steps that those continuing to develop and use the process maps, within quality improvement and beyond, might like to explore as they dive deeper into their own discoveries and learning to become transformational facilitators bringing about person-centred practices and cultures.

Challenging the 'way we do things around here' is not easy

The team recognises that quality improvement in health services takes place in complex and changing landscapes. They acknowledge that holistic approaches to change in such contexts are more likely to be successful than adopting the more traditional linear approaches used in quality improvement, research and research utilisation. They have therefore courageously and intentionally set out on a holistic path that brings together person-centredness, creativity, transformational research and facilitation, and othered forms of knowledge in facilitating change and inquiring into the nature of that change in complex cultures and contexts.

The team has embodied the notion that knowledge takes many forms. They are aware that this embodiment required them to move consciously away from the power traditions that have shaped them within their education, previous roles and organisations. Therefore, they learned how to privilege embodied and artistic knowing and experiential knowledge of persons who use their healthcare services and other professional stakeholders in the co-creation of the maps. First, though, they had to help them articulate it. They did this through creative art forms and artistic expression, which helps us to surface things that are difficult to put into words. The result became the prototype of the three-dimensional process map. Then they show me, in their writing of this paper, that they have begun to meld these knowings with propositional knowing (research and book knowledge), presumably for the purpose of facilitating their transformational action, as well as writing a paper for publication!

As the team members co-created the process maps with stakeholders, they probably grappled, perhaps without knowing, with Brian Fay's (1987) critical theories. These theories inform taking transformative action to address false-consciousness, crisis, power imbalance, tradition, roles and the way we carry our culture in our bodies. Moreover, they show that in creating their maps they have blended and melded theories that are known with the mind, with pre-reflective knowing, such as the aforementioned embodied and artistic knowing (see McCormack and Titchen, 2006). However, it does not look as if the team used artistic approaches, such as their metaphors, drawings and illustrations, as well as cognitive, mind knowledge, in the development of the two-dimensional map. Neither is it clear whether the learnings from the three-dimensional mapping were taken forward in terms of developing the aim, who, what, how and documentation, but I suspect that they were. Nevertheless, the team has learned that using both cognitive and non-cognitive approaches is probably best throughout the mapping process.

The team has not underestimated the attendant challenges of confronting the status quo and stepping into this new flow and melding, and they show me that they are taking it a step at a time. Very often, it is hard to leave behind, all at once, our socialisation into traditional ways of doing inquiry and development and it lingers, often unconsciously, in our actions, language and writing. Perhaps this is the case with the team's writing style, which seems to me to be a bit at odds with the nature of their person-centred co-creation. I say this in relation to their minimal use of the first person, personal writing style. Most of the paper is in the 'objective' third person. Somehow, I could not hear the actual voices of service users even in the example where they were eventually included. However, the team's genuinely person-centred approach to their co-creation shows me that they have learned the fundamental practice development principles of Collaboration, Inclusion and Participation (CIP) (Manley et al, 2013). Being guided by such principles is essential for enculturating person-centred practice in healthcare services and I consider that co-creation of these project maps will help future teams' inclusion of, and sharing power with, service users, patients and relatives.

'The process of mapping is as important as the map itself'

First, I wholeheartedly agree with the team's assertion that the process they have undertaken is important, not only for themselves and stakeholders, but also for those who will use their 'template' two-dimensional map in the future. They have recognised the importance of facilitating the process of mapping in order to rebalance traditional power hierarchies in healthcare services. Therefore, they designed integrated transformational facilitation support into the process. Second, the process of mapping has helped to create the conditions for human flourishing (of which more later). The beauty for me, as someone who has researched my own and others' transformational facilitation practices, is that the team envisage transformational facilitators as project and project group leads. This, I hope, will help stakeholders experience inquiry, development and learning as person-centred practices, and vice versa. Thus, the process mapping could become the medium that begins to transform their healthcare culture to one of person-centredness, inquiry and learning.

I love the way a mandala was created in both mapping forms. A mandala is an ancient symbol, often connected with spirituality or ancient wisdom. It is usually a circle or square, in which the parts connect with the whole, often at the centre. The way the parts inter-relate with each other and with the whole is shown unambiguously. Were the maps consciously conceptualised as mandalas in their making or was it, I wonder, an intuition?

Flourishing through transformational facilitation in a critical creativity landscape

> *'For project mapping to achieve its potential benefits, there is a need for someone to initiate and plan the processes. The role of the facilitator did not surface as a key issue in the findings, and we contend that this 'invisibility' of the facilitator may be consistent with the underpinning philosophy of the mapping framework (co-ownership and co-creation). Thus the facilitator's role is not one of director of activity, but instead is that of a co-participant with the additional responsibility for paying attention to consistency of process'* (page 9).

Obviously, it is great for me to see the team explicitly locating their facilitation as transformational in nature as they are drawing on my work, but I have some questions about the seeming invisibility of it in the data. While I agree with the team's contention above, I wonder if the reason goes a bit further. Could it be because the facilitators did not articulate their own facilitation processes to stakeholders so that stakeholders could also have an opportunity to become facilitators within their own particular roles, and if not, why not? On the other hand, it is clear that the project leads achieved, within hierarchical organisations, conditions for effective, person-centred, working together of the teams and stakeholders in non-hierarchical ways. So how did they do this? Were they concerned with creating conditions and using processes that would enable stakeholders to flourish, as well as learn and have an active role in the co-creation?

Figure 1: My mandala: An artistic response to what this paper evoked in me – that is, what I saw, felt and imagined in relation to transformational facilitation (rather than a comment on what is explicit in this paper)

Red centre – person-centred culture in the project team suffuses/permeates stakeholders' ways of being, knowing, doing and becoming, and creating the conditions for human flourishing for all

Red/yellow Centrifugal action disperses traditional power and creates flowing/dynamic energy and creativity as conditions for human flourishing grow

Dark blue dynamic emergence of invisible underground rivers of tacit, embodied knowing through three-dimensional map

Green – bounding, framing, holding the parts and the whole of transformational facilitation

There are eight conditions for persons to flourish (McCormack and Titchen, 2014):
(1) Bounding and framing; (2) Co-existence; (3) Embracing the known and yet to be known; (4) Being still; (5) Living with conflicting energies; (6) Embodying contrasts; (7) Harmony; and (8) Loving kindness.

It is not appropriate to expand on these in this commentary, but I would like to point out an excellent practice development study that shows the conditions in action (McCormack et al, 2018). What I want to say is that I sense an implicit, embodied presence of some of them within this team's work too. In particular, I see bounding and framing. The team has shown how trying to bring about culture change for sustainable person-centred care through quality improvement projects is complex and challenging. This can be experienced as overwhelming and people can feel as though they are drowning. However, if facilitators provide some kind of framing that holds key issues, gems and messages in the context of the landscape/culture, stakeholders can see what they need to attend to and to stay on track. This framing removes for the moment, the extraneous background features or noise that distract or overwhelm people. For me, this is exactly what both the three- and two-dimensional project maps do, in both the process of their creation and their substance. In this regard, their potential in the field is substantial.

So how are these conditions created in the critical creativity paradigm?

Creating the conditions for human flourishing (Titchen and McCormack, 2010)
Brendan and I use three metaphors for creating the eight conditions for human flourishing:

- *Stillness in the landscape.* The team talks about the importance of deliberative dialogue in the inquiry. The three-dimensional map involved the team enabling the surfacing of stakeholders' unconscious knowing, through imagination and artistic expression, to make it available for deliberative dialogue. The team might have used stillness and silence as part of the process to enable creative expression. Is this what happened? Moreover, a transformational facilitator creates space intentionally for such dialogue, deep introspective reflection and reflexivity, for example, through using the body to create a sense of calm, time and genuine active listening. Did project facilitators intentionally use their bodies and other means to create a stillness in the changing landscape?
- *Becoming the rock.* The facilitator (project lead/project group lead) works to become an embodiment of transformative action and person-centredness, and thus becomes the change desired by project participants. Could 'Becoming the rock' in this project have meant being authentic and acting intentionally as a role model of a person-centred leader, facilitator and bearer of a person-centred team culture?

- *Nurturing, flowing, connecting.* We know that this project team nurtured those involved by building in an integrated support system. Was the intention to enable personal and professional growth? As work progressed, did flow and connection begin to emerge between the process, the maps and cultural change in the organisations when the mapping was occurring?

New paths and flows for project mapping facilitation

To close, I re-emphasise my view that the team's process mapping offers great potential to bring about person-centred cultures and practices within changing healthcare service landscapes. This process and the maps themselves offer an accessible means for beginning facilitators to help stakeholders bound and frame complexity in their cultures and contexts, thereby potentially creating conditions for persons to flourish. I strongly support the team's recognition of the need for transformational facilitators to provide experiential learning support for stakeholders involved in mapping. In addition, I would love to see this team and others in the future deepening their understanding of the range of transformational facilitation using the foundations of critical creativity:

- Melding and blending of critical theories (around power, tradition, the body, roles and transformative action) with embodied and artistic knowing and creative and ancient traditions
- Using methodological principles like creative effectiveness, working with energy, spiralling through turbulence, movement in stillness and embracing the known and yet to be known
- Working intentionally with the whole self to create the conditions for human flourishing

Becoming a transformational facilitator is perhaps best thought of as a journey of personal inquiry, learning and growth, accompanied by someone who has developed practice wisdom and professional artistry to work with these foundations of critical creativity. Most of us have experienced a colleague or team leader who has effectively helped us to learn from our own experience. Perhaps that person might be willing to share with you how they help others to learn in and from work itself. It is likely, however, that such people may need help with putting their embodied practical knowhow into words as it is often tacit and hidden in that underground river! There are also many practice development publications setting out facilitation skills and use of creative art materials, as well as the references and suggested reading below.

Go well on your journeys, wherever they take you!

Incremental reading suggestions (from beginning to more experienced facilitation in quality improvement and practice development)

Titchen, A., Dewing, J. and Manley, K. (2013) Getting going with facilitation skills in practice development. Chp 6 *in* McCormack, B., Manley, K. and Titchen, A. (Eds.) (2013) *Practice Development in Nursing and Healthcar*e. Oxford: Wiley-Blackwell. pp 109-129.

This chapter is written as a short novel so you can get inside the heads of experienced facilitators as well as beginning facilitators as they get going on their learning journeys!

Dewing, J., McCormack, B. and Titchen, A. (2014) *Practice Development Workbook for Health and Social Care Teams*. Oxford: Wiley-Blackwell.

Chapter 3 offers guidance for creative workshop approaches for new and more experienced facilitators. The focus is on creating a shared vision for a project. All the practical details are set out and real-life examples are given. Chapter 8, on learning in the workplace, has a range of learning activities around enabling questions, reflective spaces and active learning.

Coats, E., Dewing, J. and Titchen, A. (2006) *Opening Doors On Creativity: Resources To Awaken Creative Working*. A learning resource. Royal College of Nursing, London. Retrieved from: tinyurl.com/Coats-doors. (Last accessed 7th October 2019.

This resource offers help with developing your own creativity and facilitating others'.

Titchen, A. (2019) Practice wisdom and professional artistry. Chp 5 *in* Higgs, J. (Ed.) (2019) *Practice Wisdom: Values and Interpretations.* Leiden: Brill Sense. pp 47-56.

If you want to access the tacit, embodied knowing of people with expertise as a transformational facilitator, this chapter can help you to help them make it visible.

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RESPONSE TO COMMENTARY

Staying on track in changing landscapes

Hellen Dahl, Kristin Ådnøy Eriksen, Sølvi Heimestøl and Marianne Wennersberg

First, we would like to thank you, Professor Angie Titchen, for the colourful and stimulating commentary. We were very proud to read that you consider that our frameworks may be of help to bound, frame complexity, and potentially contribute to conditions for persons to flourish. We were also honoured to see your artistic response to what the paper evoked in you – the mandala.

Our journey in the practice development landscape has been fascinating. Previously, we had experience of mentoring and leading groups in academia and in clinical settings. We were used to giving attention to collaboration by involving and engaging all participants, and to giving voices to those who may not have been heard (like service users, patients and sometimes students). However, participating in practice development school, seminars (such as your three-day workshop) and conferences has opened our eyes to several new issues. The most important one was the discovery of the concept of facilitation. 'Facilitation' in Norwegian means to do something (practical) to make something easier, but it is associated with issues like ensuring there is appropriate lighting in a room, or that people have what they need to fulfil a task. Because of this, identifying our mentoring and leadership as 'facilitation' has helped us to see more clearly how we can make collaboration happen. Defining this role to facilitate, has unwrapped opportunities for us to take more active roles. The second big discovery has been the concept of 'human flourishing' and attention to critical creativity. This approach has added much joy to our academic and clinical work. We now allow ourselves to play, take time for stillness and silence, and work intentionally with the whole self to create the conditions for human flourishing.

Reading your commentary makes us realise that we are still quite pragmatic in the way we work and think. The shape of the mapping was not made intuitively, but built on our knowledge of the Person-centred Practice Framework (McCormack and McCance, 2017, p 36) being shaped as a circle with the patient/person at the centre, and, even if we acknowledge the insights from transformational facilitation based on critical creativity, it does not dominate the way we practice as facilitators. Our approach has been to address issues at stake in the particular situation. We ask questions like: 'How can we contribute to development in this particular group?' and 'How can the service users' perspectives be acknowledged and valued in this group (with health professionals and policymakers)?' We have seen that creative activities are sometimes experienced as strange and even limiting. The participants' willingness to contribute, and even their experience of being included in the group, may be threatened.

We probably also have a slightly different view on the role of the facilitator. We agree with the point of 'bounding and framing' as central to keeping participants on track and reducing the chance of being overwhelmed by complexities. In addition to this, we aim to support participants' sense of ownership, and want to make sure that they retain the power of choice concerning direction and priorities. We do this by being 'laid back', or choosing to 'stand still and reflect' rather than 'march in the wrong direction' (Hollnagel et al., 2015, p 237). We are inspired by Carl Rogers (1971, p 275) who wrote about his facilitation style: 'I have no specific goal for a particular group and I sincerely want it to

develop its own directions… I believe the group process is much more important than my statements or my behaviour and will take place if I do not get in the way of it.' This is a collaborative facilitation style (Solem and Hermunsdsgård, 2015); the facilitator shares the power to decide and allow the participants to set the agenda. In this way we see that the stakeholders take pride in their engagement and manage to stay on track. Our journeys in the practice development landscape are ongoing and we look forward to continue to develop our roles as facilitators.

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