‘I have a dream’: A process for visioning in practice development

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ABSTRACT

The literature on practice development (PD) stresses the importance of having a ‘vision’, but provides little assistance on methodologies to develop one. This article describes in detail the process used to develop a shared vision in the context of a PD programme for clinical leaders in two Health and Social Services and Public Safety Trusts in Northern Ireland. Having a shared vision is seen as an essential foundation stone in the development of practice and in transformational cultures. The process used took the form of four distinct stages: preparation of participants for the visioning workshop; the first visioning workshop; visioning led by/facilitated by the programme participants; and the second visioning workshop. This work provided the foundation for development work in the subsequent cycles of the PD programme. Copyright © 2008 John Wiley & Sons, Ltd

Key words: facilitation, leadership, vision

Introduction

There is a wealth of evidence, both in the general management and nursing literature, on the importance of having a ‘vision’. Despite the importance placed on this, there is little in the literature on the process of how to complete the visioning process. This article will explain, in detail, the method used within one practice development (PD) programme with nursing clinical leaders. It is hoped that the reader will be able to use the process described to undertake a visioning exercise in their own workplace.
PD is a systematic process with the intended outcome of improving patients’ experience, by helping nurses/teams to develop knowledge and skills, enabling them to transform the culture and context of care (Garbett and McCormack, 2004). PD is complex and requires a wide range of knowledge and skills in areas such as clinical practice, research, change management, interpersonal behaviour, problem solving, decision making, facilitation and visioning techniques (Kitson et al. 1996, McCormack et al., 1999).

**Context**

This particular PD programme was a three-year collaborative project for the wards and clinics in two acute Health and Social Services and Public Safety Trusts in Belfast, Northern Ireland. This involved nine wards within the surgical directorate in one Trust (including vascular; urology; gynaecology; ear, nose and throat; breast and general); and six wards and one clinic in the second Trust (including neurology, neurosurgery and fractures). The focus of the PD programme was the development of the leadership potential of the clinical leaders (ward leaders and lead nurses) through work-based and action learning using a series of development activities initiated, implemented and sustained by the leaders. Initial discussions with staff in the areas involved indicated a desire for a change in the culture of practice in the two organizations, and, as Manley (2000a) and Allen and Kraft (1987) assert, leadership has an irrefutable role in achieving cultural change, with sustainable cultural change being an indicator of successful leadership.

The programme was designed around three action cycles and operationalized through four phases of development and research (phase 0 was a ‘pre’ study phase). While presented in a linear model, these action cycles operated concurrently. The foci of the action cycles are outlined in Figure 1.

Developing a shared vision was the first action cycle of the PD programme, and it focused on working with the clinical leaders and the lead nurses to establish a shared vision for the project as a whole, the individual units (wards/clinics) and both participating centres. A staged series of activities was undertaken to enable the achievement of these. Each of these activity stages will now be discussed in detail and examples used, where appropriate, to illustrate the range of activities used.

**Visioning**

The Collins English Mini Dictionary (1992) defines vision as ‘the ability to see or a mental image of something’. Visioning emerged in concepts of management by objectives and strategic planning (Bowles, 1997), both of which are top-down approaches. Writers such as Kouzes and Posner (1995) consider a vision to be one of the central elements of transformational leadership, where leadership is inspirational, motivational and develops employees. Visioning is intended to capture the imagination and the commitment of the workforce, being shared and owned by the workers. It is also an opportunity to
compare ‘where are we now’ with ‘where do we want to be’. These views relate to those of Manley (2000 a,b), who identified having a shared vision as an essential foundation stone in the development of practice, since it is recognized as one of the essential benchmarks in transformational organizational cultures.

Vaughan (1996) says that being clear about purpose and values is the foundation on which all work is built. Values can be described as what people think ought to be done – moral principles. Beliefs are what people think is either true or not true – principles or opinions. Values and beliefs are interrelated and are difficult to separate. Engaging people (in this case, staff), in developing a vision is a means to tap into their own values and beliefs and so create a shared future purpose. In her work in a nursing development unit, Manley (1997) used a values clarification approach with staff as a method for ensuring that development activities were in line with the shared values and beliefs.

In order to develop a shared vision for nursing and the service as a whole, it is essential to develop a shared vision among practitioners. For the purposes of this particular programme, the shared vision included a vision for the project as a whole, the individual units (wards/clinics) and for both of the participating centres in the two Trusts.

**Visioning process**

The process used for the visioning cycle in this programme was a four-stage process: preparation of the participants for the visioning workshop; the first visioning workshop; visioning led/facilitated by the programme participants; and the second visioning workshop.
Activity stage 1: Preparation of participants for the visioning workshop

This stage took place in-house simultaneously at both of the participating sites. The rationale for preparing participants was that visioning was a new concept to most of them. Therefore, it was considered best to prepare them for the day, rather than plunging them into the experience. It was also important from the research component of the project that it was established how participants felt about visioning prior to them experiencing the process.

The site facilitators met each participant in the programme to reinforce the project plan, objectives, the process being used and the place of visioning in all of this. Despite visioning being the first action cycle of the programme, it was explained that developing a vision was a dynamic process that would be ongoing through the life of the programme and beyond. The importance of having a clear sense of direction (or shared vision) that was owned by clinical leaders and their team was stressed. The purpose of the visioning workshop was explained to develop clinical leaders’ knowledge and skills, to enable and support them to create their own vision alongside that of their staff.

In order to ascertain what participants thought and how they felt about visioning, the following questions were asked of each of the clinical leaders by the site facilitators:

1. What does visioning mean to you?
2. What do you see as its purpose?
3. Have you experienced visioning before?
4. How do you feel about taking part in the visioning workshop?

The responses to the questions were analysed by the site facilitators. A number of typical responses emerged, which gave a picture of how the leaders felt about visioning; as a result of this, the workshop was planned to suit their needs (Figure 2).

Activity stage 2: The first visioning workshop

The title of the workshop was ‘Visioning the future of caring’, so that the focus was grounded in practice. Considering the number of units and participants involved in the project, the workshop took place off-site, and activity days were held separately for the two participating Trusts. The site facilitators for the programme co-ran the workshop with the support of an external facilitator. Use of an external facilitator provided an opportunity for the internal facilitators to develop their knowledge and expertise, using coaching, to help with the organization of similar activities in future PD work.

The purpose of the workshop was to continue the visioning process and to achieve a number of key outcomes. It provided each programme participant with the opportunity to engage in developing their own vision for nursing in their clinical setting, and then to arrive at a collective vision for their centre. Following this, it was
Question 1: What does visioning mean to you?
This question captured the thoughts and feelings of what the participants thought that visioning really meant; examples of responses included: ‘setting objectives and goals’; ‘outlook, seeing everyone’s perspective’.

Question 2: What do you see as its purpose?
Feedback from this showed a varied level of understanding from the participants about visioning. Examples included: ‘to give direction’; ‘all going in the same direction’; ‘assists in planning change’; ‘to accomplish seeing everyone’s perspective’.

Question 3: Have you experienced visioning before?
The majority of the participants had not experienced visioning before but some had been involved in similar exercises previously.

Question 4: How do you feel about taking part in the visioning workshop?
Responses ranged along a continuum from ‘delighted’ to ‘fine’ to ‘apprehensive’ to ‘don’t know’. This question also stimulated participants to share their experiences and concerns. Some responses indicated that they may be having a problem grasping the different concepts and processes being used in the project.

Figure 2. Questions and typical responses in the preparation of participants for visioning.

expected that the participants, as a whole, would derive tentative ‘vision themes’ that would give direction to developmental activities for the whole programme. The final outcome of the day was the development of individual action plans with each participant, concerning how they would replicate the exercise and facilitate their staff with the support of the site facilitators to achieve a shared vision for their clinical area.

Taking into account feedback from the preparation phase (the feelings on taking part in visioning), and in order for the outcomes of the day to be achieved, a number of structures and processes were agreed with the participants.
Following a warm-up exercise, the programme timeframe and action cycles were re-visited and the participants were introduced to how the workshop would fit in with the purpose of the overall project. Initially, participants shared their experiences and their vision for the future verbally with whoever was sitting beside them (to generate ideas). After discussing their vision, the participants were invited to make use of images and paints to create a picture of their personal vision. A sample of one of the images can be seen in Figure 3. McCormack et al (2002) state that ‘... engagement with creativity is essential for visioning, making sense of the past, exploring alternative futures and identifying possibilities for action that may have previously been lying dormant in our subconscious’. Engaging with the creative arts enables individuals to rediscover their creative imaginations and explore contradictions in the world. Following on from this, the participants joined up with one or two other pairs from their own unit to share their personal visions, in order to identify and record themes. This enabled the creation of a collective vision that represented the direction that the participants wanted to go in, including the barriers that would need to be addressed. Each of the groups then took turns at feeding back to the whole group, having identified and prioritized their core themes. Finally, each of the groups was asked to plan how they would capture the vision within their ward/department from their staff, and this was then shared with the whole group.

Activity stage 3: Visioning led by/facilitated by programme participants

The clinical leaders led this stage, with the support of the facilitators in their respective sites. A mixture of approaches was adopted, including:

- Short presentations were carried out at handover times to discuss with staff the purpose of the project and how staff could become more involved;

![Figure 3. Visioning image created by one of the participating units.](image-url)
A presentation was delivered on a rolling programme, and questionnaires were
distributed to staff asking them what they would like to change to improve
patient care;
Visioning was introduced at ward meetings and questionnaires distributed to
staff; team leaders had discussions with their teams and gained feedback about
the staff vision;
Away days were arranged, where visioning was part of the day’s agenda.
The various methods adopted by the leaders had varying degrees of success, and all of
this added to their learning and development as transformational leaders.
With support from the site facilitators, the clinical leaders themed the views
from their staff and merged these with the ward leaders’ own vision to create the unit
vision. From this activity, many of the leaders learned another new skill – that of data
analysis.

**Activity stage 4: Second visioning workshop**

Unlike the first visioning workshop, this one was attended by all of the programme
participants and full facilitation team from both Trusts. The purpose of the workshop
was to achieve the following outcomes:

1. To enable participants to share the vision they had developed for their
   ward/clinic;
2. To develop unit collective visions;
3. To develop and agree a common shared vision for the project;
4. To introduce the participants to cycle two of the project (the context of care
delivery).

The facilitators agreed the structure and processes for the day to achieve these
outcomes.

As with the earlier workshop, the purpose of the day, and how it fitted in with
the overall project, was outlined. The participants were guided through the stages of
the journey to date and what would be happening in the next cycle, linking all the
activities together.

The participants spent time in their own ward/clinic teams to refine their
visions, which represented the vision both of the clinical leaders and of their staff.
Participants shared their visions, using flipcharts and artefacts that symbolized their
ward/clinic vision, by circulating around the groups. The rationale behind using arte-
facts was to try to enable the participants to capture the essence of their visions. One
unit (a fracture clinic) used a pelvic X-ray of a young woman. The woman had a frac-
tured pelvis and was pregnant. The unit felt that this represented the fractured state
of where they were, and the baby represented the hope and the vision for the future.
Following this activity, unit visions for the two participating Trusts were developed using facilitated group discussion. This activity was assisted by the site facilitators for each participating unit. To complete this, all of the individual ward/clinic visions were discussed and analysed, and key themes developed, and from this the unit visions emerged.

When the project had first been launched, there had been initial workshops, and one of the outcomes of these was an overall project vision. The purpose of the final activity was to re-visit this vision, to ensure that, after working on their individual, unit and directorate/sub-divisional units, the vision was still a true reflection of what they collectively wanted. To do this, the participants were asked to choose a key theme from their vision and identify in a word what would enable that to happen. These words were then developed into a concept map for the project vision. Using this map, the vision statement for the project was reviewed by the facilitation team and shared with the participants via the action learning sets. The vision established at the start was still what they wanted following this activity.

Conclusion

Having a vision provides the foundation stone to move practice forward and is essential to achieving goals. A clear vision can inspire and motivate staff, but in order for a vision to achieve this, it must be clear and make sense to the staff. Gaining team commitment and the involvement of staff in developing a vision is essential (Vaughan 1996; Manley, 1997). Vaughan (1996) states that ‘... there is little point in one person developing a vision for nursing which is not shared by colleagues, since practice can only be taken forward through a shared effort’. Therefore, having a vision gives direction, focus and purpose to practice when it has shared ownership and is team focused.

The focus of this first action cycle was to agree a shared vision for the project, the services and nursing practice, and took the form of four distinctive stages: preparation of participants for the visioning workshop; the first visioning workshop; visioning led by/facilitated by the programme participants; and the second visioning workshop. The length of time dedicated to this cycle (11 months) reflects the fact that this cycle formed the foundation both for the project as a whole and for the development work that the participants would subsequently undertake in the future action cycles of the PD programme.

Acknowledgements

The authors would like to thank Liz Henderson and David Robinson for their critical feedback during the preparation of this paper, and participants from one of the units for allowing us to use their visioning image to illustrate activity stage 2.
References


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