

**Title:**

Human Flourishing: From Notion to Reality

**Lorna Peelo-Kiloe, MSc, BSc**

Quality Improvement Division and Office of Nursing & Midwifery Services Director, Health Service Executive (HSE) Ireland, Ennis, Ireland

**Session Title:**

Facilitation: The Cornerstone of Practice Development and Person-Centredness, a Journey From Aristotle to the Bedside

**Slot:**

F 07: Friday, 28 July 2017: 2:30 PM-3:45 PM

**Scheduled Time:**

2:30 PM

**Keywords:**

Aristotle, Human Flourishing and Transformational Practice Development

**References:**

McCormack, B., Titchen, A. (2014) No beginning, no end: an ecology of human flourishing.

International Practice Development Journal 4 (2) [2] 1-21 <http://www.fons.org/library/journal.aspx>

Titchen, A., McCormack, B., Wilson, V., Solman, A. (2011) Human flourishing through body, creative imagination and reflection. International Practice Development Journal, Article 1, 1, 1, 1-18

**Abstract Summary:**

Facilitation at its simplest and perhaps most effective is a helping relationship. Added to this is the possibility of enabling human flourishing so that individuals can reach their full potential.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will have an opportunity to hear how human flourishing is explicitly linked to Practice Development	Explore the contribution of Aristotle who wrote extensively on virtue ethics and its relevance in today's healthcare environments.
Create an understanding of how human flourishing can enhance the experience of facilitating and being facilitated.	Explore the concepts further and relate to facilitation.

**Abstract Text:**

Facilitation is complex and multifaceted depending on its intended purpose, whether that be education, health or counselling (Shaw et al 2008). At its simplest it can be described as a 'helping relationship' whereby individual(s) and consequently self are enabled to achieve growth, development and self-actualization through transition (Mayeroff, 1971). A key outcome of transformational practice development, where people are the principal focus and where transformative approaches are used, is an implicit and explicit focus on human flourishing as an outcome for all involved (Titchen, 2011). In helping

relationships we seek to create conditions for human flourishing to take place (McCormack and Titchen, 2014), therefore facilitation based on helping relationships and human flourishing are intertwined.

There are many interpretations of human flourishing including happiness, well-being, thriving, growth to name but a few. Although human flourishing is relatively new to health care it can be traced back to ancient philosophers such as Socrates, Plato and in particular Aristotle who wrote extensively on *eudaimonia*, and linked by Aristotle to virtue ethics. Aristotle and his followers described human flourishing as the highest point to all our endeavors and the aim to which all our actions are focused. As humans, Aristotle believed that we each have a natural obligation to achieve and pursue our true ends and goals in life (Younkins, 2003). Maintaining that happiness represents to us success as a human being, Aristotle alleged that “the happy person lives well and does well in action” and that every action, decision and investigation is aimed at some good.

If we accept the innate good of human beings; most people accepting that no baby is born wicked, then it could be said that our desire as humans is to do the right thing because it is the right thing to do. In health care today with its focus on economics, cost containment and targets, there is a very real challenge for health care professionals to consistently ensure that they are doing the right thing because it is the right thing to do. The need to critically reflect and transform practice can seem arduous and thankless in highly pressured environments where health care professionals feel burdened by the amount of change that is taking place. Coupled with that is a feeling of disempowerment in decisions about their practice and working environment. This environment is not conducive to human flourishing for staff and therefore not conducive to the flourishing for service users either. It is rare to experience organizational change that includes a focus on human flourishing (Titchen et al, 2011) however practice developers have been witnessing at firsthand the beneficial outcomes of human flourishing to individuals and teams through facilitation.