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IDEAS AND INFLUENCES

Relational inquiry as a path to person-centred practice

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As a PhD candidate studying at the Centre for Person-centred Practice Research at Queen Margaret University, Edinburgh, I find myself reflecting on my journey to becoming a person-centred practitioner. For many people, practice development has been their path towards creating person-centred cultures; practice development is described as a methodology to make this happen (McCormack et al., 2013). I don't disagree with this position but I believe there are other paths we can travel to arrive at a person-centred culture. The language and theory of practice development and person-centred practice may have been new to me when I was introduced to them a few years ago but some of the ideas from which they emerge are universal, so it makes sense that there should be multiple paths to developing person-centred cultures. The path I have travelled myself in becoming a person-centred practitioner is one I have not yet seen discussed in the person-centred literature.

Long, long ago, when taking a family nursing course, I was introduced to relational inquiry. This approach to practice had a profound impact on me. It has not only shaped my professional practice, but has influenced who I am as a person. Hartrick Doane and Varcoe (2005; 2015) explain relational inquiry as an approach to practice that acknowledges the dynamic complexity of human health experiences. Using this approach, I recognise that I am always relating to someone or something, whether or not I am aware of it. To understand and engage with this, I am invited to inquire into what is going on around people, inside people and between people, both for those receiving care and those providing care, and to consider the interrelationship and interplay between these three domains. Recognising the intersection of the three as the site where meaning and action emerge enables me to:

> *'Consider the meaning of any health experience for each individual in his/her unique context, address the complexities of that experience and enlist multiple forms of knowledge simultaneously to enhance the effectiveness of any intervention'* (Robinson and Hartrick Doane, 2017).

It is easy to forget that I am always relating to someone or something, and using relational inquiry, I am reminded to consciously reflect on the who, what, where, when, and why of my relating. I am encouraged to move out of my *relational oblivion* (Hartrick Doane, 2014) and contextualise the

care experience. I am invited to consider what I am prioritising and privileging, what dominates my attention, and why this is happening. By engaging in empirical, ethical, aesthetic and sociopolitical modes of inquiry, I can explore current taken-for-granted values, beliefs, assumptions and habits of practice with the ultimate goal of developing health and wellbeing within myself, service users and the healthcare system.

Inspired by Dall'Alba and Barnacle's (2007) call for an ontological turn, a relational inquiry approach invites me to have an ontological orientation – that is, to embody this approach as a way of being. Through engaging in relational inquiry as a way of being, without the constrictions of a model, my 'heart is awakened' (Hartrick Doane, 2002, p 42). I am committed to opening relational spaces and embracing uncertainty as I unlearn the patterns and habits of my practice and, in their absence, develop my relational skilfulness so that I may authentically, intentionally and responsively engage with others. This ontological orientation requires me to shift away from the pattern of prioritising knowing and instead privilege my way of being. I am prompted to optimise five ontological capacities, namely being compassionate, curious, committed, competent and corresponding as I engage with others. By orienting to myself and others using these five capacities, I am positioned to respond more authentically and intentionally to the needs of service users, and to navigate successfully the complexities of today's healthcare system.

I am travelling new roads as I come to know and understand the practice development and person-centred practice knowledge base. Still, there is a familiarity to it. Because my knowing, being and becoming have been constituted by relational inquiry, I see the signposts and hear the echoes of relational inquiry along my journey with practice development and person-centred practice. I may not have had practice development as my first path to person-centred practice but, nonetheless, it feels like home.

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