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Perspectives on internal vs. external facilitation for implementing guidelines for recovery-oriented practice: a qualitative study

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Abstract

Background Seven organizations supporting adults with mental health challenges collaborated with researchers to implement Chapter Six of Canada's Guidelines for Recovery-Oriented Practice. An implementation strategy was developed that combined external facilitation, mixed Implementation Teams, a 12-meeting planning process, and ongoing coaching. This paper focuses on the facilitation component, specifically exploring participants' perspectives on internal versus external facilitation within Implementation Teams.

Methods Forty semi-structured individual online interviews were conducted with 32 members of Implementation Teams, including service users, providers, family members, managers, and knowledge users, along with eight researchers who acted as external facilitators. Participants discussed their experiences of implementing the guidelines supported by an external facilitator and were asked to consider how their experience may differ if it had been led by an internal facilitator.

Results Thematic analysis identified seven themes relating to what was perceived as important about internal versus external facilitation: (1) Effect of facilitator position (external versus internal); (2) Flattening power hierarchies; (3) Enacting cultural shifts; (4) Understanding context; (5) Encouraging candour; (6) Building relationships, and (7) Internal facilitator identity and influence. These highlight how participants valued different skills, knowledge, and attributes in each scenario, with responses varying depending on the participant's identity. No clear preference emerged for either approach. Instead, participants debated the benefits and drawbacks of both, where insider knowledge vied with outsider neutrality for primacy.

Conclusions Whether facilitation is internal or external, its effectiveness relies on the facilitator's ability to establish rapport, develop allies, and foster unity between Implementation Team members and the implementation setting itself. A blended approach, which integrates the strengths of both internal and external facilitators, may offer the most effective model for supporting the implementation of recovery-oriented practice.

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Background

In implementation science, facilitation is a key factor in the translation of evidence into practice. It is defined as the active component that drives implementation, mediated by assessment and response to both the innovation and the recipients within their specific context [1]. It is embedded within implementation science theories, models, and frameworks, for instance, the integrated Promoting Action on Research Implementation in Health Services Framework (i-PARiHS) and the “individual facilitators” construct of the Consolidated Framework for Implementation Research (CFIR) [1, 2]. It is both a process and a role, enabling more successful implementation outcomes [3].

As an implementation strategy, facilitation can mitigate a multitude of barriers and is a “process that draws on a broad range of additional strategies” (p. 11, [4]). These include implementation teams, the participation of partners from different organizations and communities, the identification of barriers and enablers, and local consensus discussions [5]. Implementation facilitators can be external to the implementation setting, guiding teams tasked with adopting innovations, or internal, i.e., staff members, who are appointed to lead implementation work [6]. Research comparing these two models in terms of their immediate and long-term impact on implementation success or explores the required skills and knowledge of internal and external facilitators is sparse. Recent studies exploring the two approaches within healthcare have revealed that internal facilitation plays an important role in engaging staff [7], alongside overcoming attitudes and beliefs that can hamper implementation [8]. In comparison, external facilitators are perceived as mentors providing leadership support [6, 8]. Examples from mental health are scarce, but include an investigation of external facilitators’ perceptions of internal facilitator skills [6], and an evaluation of internal versus external facilitation in primary mental health care [9]. To our knowledge, there is a gap in the research specific to internal versus external facilitation in the context of implementing recovery-oriented guidelines and innovations, despite the investment in developing guidelines such as those published by the Mental Health Commission of Canada in 2015 [10].

These are the first set of guidelines around implementing recovery and they have yet to be successfully implemented nationally. This highlights gaps in the knowledge translation process, where evidence synthesis and guideline development represent a well-established pathway, yet implementation remains problematic [11]. We used an external approach as researchers working to implement these guidelines, and by doing so hoped to bridge this gap and expedite uptake into practice. We think whether

facilitation is internal or external might make a difference as to whether these guidelines are successfully implemented. We do not yet know whether this could be an important aspect of implementing these guidelines in a mental health setting, and we have found little published evidence related to answering this question. In the context of mental health, closing this gap between evidence and practice has implications, ultimately, for reducing mortality rates [12].

This article reports findings nested within a broader post-implementation qualitative investigation [29] designed to unpack the ‘black box’ of facilitation [13]. In this article we delve into a specific aspect of our larger study to explore external and internal facilitation from the perspective of participants in a five-year pan-Canadian project [5] to implement Canada’s Guidelines for Recovery-Oriented Practice [10].

We employed a thought experiment approach [14] driven by a question within our interview schedule to explore how participants’ perceived differences between these two approaches. Using a scenario in which participants hypothesized how the experience may have differed if they had been led by an internal, rather than an external facilitator, as was the case in this study, allowed us to explore and compare aspects of facilitation from a novel, theoretical, perspective.

Setting

This investigation builds on a five-year study Canadian Institutes of Health Research Partnerships for Health Services Improvement (CIHR PHSI) project [5]. In that study, which ran between 2017 until 2021, we collaborated with seven organizations (sites) in five provinces (Qu ebec, Ontario, New Brunswick, Manitoba, and British Columbia) to implement the Guidelines for Recovery-Oriented Practice [10]. Participating organizations included a university-affiliated mental health hospital, community mental health centre, and five non-profit organizations providing supported housing and other services to adults living with mental health challenges.

In the original PHSI study, members of the research team assumed the role of external facilitators in an implementation strategy combining external facilitation, implementation teams, planning, and coaching. This strategy included three stages now available as an online bilingual French-English facilitation toolkit (walkthetalktoolkit.ca): (1) Establishing multi-stakeholder¹ Implementation

¹ We acknowledge that although we use the term Stakeholders to refer to the multiple groups of people who sit on an implementation team, this is a contentious term in Canada because of its colonial roots (stakeholders were settlers given “stakes” to demarcate land stolen from Indigenous peoples). Our current research, which is on adapting the Walk the Talk toolkit for

Teams composed of recipients and providers of services, managers, family members, and knowledge users (leaders in external organizations holding a shared interest in mental health recovery). We use the CIHR definition of knowledge users as individuals who are well positioned to apply research findings in making informed decisions about health policies, programs, or practices; (2) External facilitators (researchers) facilitating a 12-meeting planning process that guided Implementation Teams to select a recovery innovation and plan for its implementation; (3) Coaching Implementation Teams during the implementation phase. This resulted in each site implementing a recovery-oriented innovation tailored to their context, including peer support, wellness recovery action planning (WRAP), recovery training, and family support groups. Separate research has explored the topic of sustainability of these innovations (for example, [15]).

Methods

Our paper adheres to the Consolidated Criteria for Reporting Qualitative Research (COREQ) reporting standards. The methods described here relate to the larger facilitation investigation within which this sub study is nested [29]. To enhance methodological transparency all stages were conducted as reported, with an additional deep dive into the data relating to participants' perceptions of external versus internal facilitation, recalling that all participants were witness only to external facilitation. This provided an opportunity to conduct a targeted thought experiment where participants considered the possibilities and provided their views and opinions on the alternative scenario [14].

Recruitment

Study participants were members of the Implementation Team and facilitators who participated in at least one stage of the implementation strategy (establishing an Implementation Team, a 12-meeting planning process, and/or ongoing implementation coaching). Those who had minimal exposure to the process and who declined to be contacted for future research were not invited to participate. Recruitment was by email and telephone. Informed consent was obtained from all study participants who signed a consent form and retained

equity-deserving groups, is investigating possible alternatives for this term through co-production

Table 1 Number of participants (Implementation Team members) according to each stakeholder group

| Stakeholder group | N |
|---|----|
| Mental health service user-Implementation Team member | 3 |
| Service provider-Implementation Team member | 6 |
| Manager-Implementation Team member | 13 |
| Family member/other-Implementation Team member | 3 |
| Knowledge User-Implementation Team member | 7 |
| Facilitator | 8 |

a copy. Participants also completed a demographic questionnaire.

Thirty two of the 82 eligible Implementation Team members were interviewed, along with the eight facilitators. Participants included 13 managers, six service providers, seven knowledge users, three service users, three family members/others, and eight facilitators (Table 1). Only ten eligible Implementation Team members formally declined the invitation to participate, the remainder were unreachable or expressed an initial interest but then were unreachable when scheduling the interview (Table 2). The names of both participants and organizations were anonymized to protect confidentiality.

Recruitment challenges included time since completing the original PHSI study and a lack of up-to-date contact details for staff or tenants who had moved on. 55% of the participants identified as female, 37.5% as male, and 7.5% did not respond. Ages ranged from 29 to 78 years. Most of the participants identified as Canadian, with English as their preferred language. Their professional background was in social sciences at the university level, and participation varied across sites ranging from two to eight.

Data collection

Forty semi-structured interviews lasting between 40 and 120 min were conducted as part of a broader study [29] into facilitation between June 2022 and May 2023 using Zoom in the language of the participant's choice (English or French). During these interviews a question was posed, asking, "what, if anything, do you think would have been different if the facilitators had come from within the organization, rather than from outside the organization?" LMR conducted 32 of the 40 interviews in English. LMR was not a facilitator nor a researcher in the original study. MW and MPR each conducted four interviews in French. MW was not a researcher nor facilitator. To reduce bias and social desirability MW interviewed Implementation Team members from the one site where

Table 2 Implementation Team members recruited and interviewed per site

| | British Columbia | Manitoba Site 1 | Manitoba Site 2 | New Brunswick Site 1 | New Brunswick Site 2 | Ontario | Quebec |
|---|------------------|-----------------|-----------------|----------------------|----------------------|---------|--------|
| Implementation Team Members Recruited/Interviewed | 3/15 | 2/8 | 5/11 | 3/11 | 7/9 | 8/14 | 4/14 |

MPR had acted as a facilitator. MPR interviewed 2 sites where she was not a facilitator. The interview guide can be found in Additional File 1.

Data analysis

Step 1 – Data reduction

Transcripts were created using NVivo transcription and verified by MP and KS. French interviews were translated into English (see Additional file 1 for more details). We created an interview summary template with eight categories, one for each of the main topics covered in the interview guide, in which a question relating to internal versus external facilitation was captured in the domain ‘facilitator actions’. Summaries of the data pertaining to each category were written by listening to the interviews and reading the transcripts, and included key quotes transcribed verbatim by LMR and JR. Due to data analysis occurring concurrently with data collection, the final two interviews were not reduced to summaries, but rather transcribed and immediately coded to a well-developed coding framework (Step 2).

Step 2 – Coding

The summaries were coded to each of the eight categories in NVivo 12 and underwent inductive sub-coding for emergent themes. We were guided by the Braun and Clarke (2006) approach to thematic analysis [16]. Two independent researchers not involved with the original PHSI study and appointed specifically to undertake this work (LM and JR), coded individually verifying with each other and checking in with another and research assistant (KS), as the coding framework developed. Summaries were also coded to cases, including site, participant, and stakeholder group, to enable exploration of the data in different ways. For this article, we are reporting on an analysis of data coded to the ‘external vs. internal facilitation’ code within the category ‘facilitator actions’.

Step 3 - Theming

Analysis focused on elucidating patterns, similarities, and differences between participants, paying attention to the presence and prevalence of subcodes and varying perspectives relating to internal versus external facilitation based on stakeholder group. Themes in this and our larger study [29] represent recurrent ideas or topics that unify codes, elevating analysis from indexing (coding) to interpreting the data. Immersion within the data enabled reflection across the dataset, allowing themes to develop and meanings to be considered. The findings were displayed according to these themes, highlighting new understandings and meanings. Throughout each stage, memos were used to document the work process, methods, and emerging insights. Coding ceased when data saturation was reached, and no new concepts emerged

[17]. This approach was adopted consistently throughout the broader study [29] in which this smaller study was nested.

Methodological rigor was ensured using the following: undertaking independent coding and check-ins between research team members, along with an adherence to the COREQ reporting guidelines for methodological transparency. An acknowledgement of the historical links between some members of the research team allowed additional safeguards to be put in place, preserving validity and reducing bias, social desirability, or other conflicts of interest.

Results

Analysis revealed 7 overall themes related to internal versus external facilitation: (1) Effect of facilitator position (external versus internal); (2) Flattening power hierarchies; (3) Enacting cultural shifts; (4) Understanding context; (5) Encouraging candour; (6) Building relationships; and (7) Internal facilitator identity and influence. Each theme is explored and reported on using qualitative quotes to illustrate.

Effect of facilitator position (internal versus external)

The effect of a facilitator’s position (internal/external) prompted debate among all participants about whether a facilitator was perceived as allied to the organizational status quo or whether they were free to disrupt cultural norms. Those who endorsed external facilitation valued outsider neutrality, free of preconceptions or alternate agendas. Consequently, external facilitators were perceived to possess the freedom to question organizational structure:

You kind of have to be like a change maker and willing to shake things up a bit. And that comes naturally, if you’re an outsider, there’s maybe less pressure to conform. (Facilitator 5)

External facilitators were perceived as outside experts who, due to their neutral and professional position, gave the project a sense of urgency and prestige:

When you’re coming from the outside, especially from the researchers, you feel like you have some importance. The team members really felt like they were doing something important. I don’t think it would have had the same level of importance to them if the facilitator came from the inside. (Manager 1, New Brunswick site 2)

When considering the prospect of working with an internal facilitator, questions related to loss of neutrality arose. Some participants voiced concerns that an internal

facilitator would be compromised by bias or driven by an agenda defined by organizational, rather than service user or provider, needs:

It's a bit tricky - it's beneficial to have an outsider to show everybody I'm not trying to manage you or tell you what you should be doing, I'm not your manager...so coming from outside has a benefit they're not tied to performance per se. (Manager 4, Ontario)

Flattening power hierarchies

At one site, participants felt strongly that external facilitators were instrumental in flattening power hierarchies, in a manner that internal facilitators were thought to be less able:

External is better, I think external provided a level of, or a sense of there being some neutrality... there's always sort of it's power dynamics where we run a housing program and the staff hold the keys, they have the power they make decisions about whether people keep their housing or not ...there's just there's no way to not feel that power imbalance. (Manager 4, British Columbia)

Being vigilant and intentional around how facilitators observed and subsequently managed these dynamics was found to be vital:

So, I really tried to pay attention to some of the interpersonal dynamics, the interplay between having staff and residents there. So, some of those, like the opportunities that I had as a facilitator to try to create more equal footing and reduce power differentials...making sure everyone had equal voice...I just kind of tried to come into it appreciating that people were there in whatever capacity they were coming to us from. (Facilitator 5)

Constructive dismantling of established hierarchies generated a sense of equity among Implementation Team members consisting of participants from diverse backgrounds.

Enacting cultural shifts

Reflecting on the advantages of outsider objectivity, there was consensus among the participants from three sites that only an external facilitator could enact the level of change witnessed. An example is the way in which facilitators influenced a cascade effect that resulted in a cultural shift and transformation of services (see Piat et al. [29] for more on this). Support for the external facilitator as change agent was shared, emphasizing that their 'otherness' allowed discussion of service improvement

without presumption or prejudice. This drove innovative thinking and prompted creativity, helping Implementation Teams embrace possibilities that might otherwise have remained obscured and beyond reach:

You might be a bit like hampered by the fact that you know, you're trying to push something new and something forward in your organization. But you maybe are concerned about what's realistic...have an idea of what's done before and you kind of limit yourself based on that, maybe. Whereas as external researchers, we could kind of, hold that vision in our heads, and, you know, the fact that we were new and naive, in a sense, we could sort of paint this future picture and sort of help guide people there and follow that protocol. (Facilitator 3)

External facilitators were valued for their fresh perspective, able to pinpoint issues or areas for improvement that may be invisible to an insider:

Sometimes it takes somebody from the outside to see something that those of us inside don't see...sometimes you need an outsider to point something out. (Service Provider 2, New Brunswick site 2)

Understanding context

All participants identified outsider objectivity versus insider insight as the central dichotomy, where neutrality competed with local knowledge. Despite extensive exploration, participants did not report a clear preference for either approach. Instead, there was a consensus that there were intrinsic benefits and limitations to both positions.

Although consensus existed among external facilitators that possessing an internal facilitator's knowledge of context would be helpful, they also agreed on how this position could limit the vision for change:

Insider knowledge...That would be the plus, I think, knowing the inner workings... But at the same time, it kind of puts you in a box too... Maybe we provided like an outlook that they weren't used to having. (Facilitator 7)

This perpetuated the idea that internal facilitators have a nuanced understanding of the context, dynamics, and culture influencing daily organizational operations. Participants speculated that internal facilitators can better identify what type of strategies would be effective within a specific implementation setting. One knowledge user explained this: "they have a better understanding of their [those accessing and providing services] reality". (Knowledge User 2, Ontario). A service user in Manitoba

also supported taking an internal facilitation approach, explaining:

A member of staff, they might understand being homeless better... they know what they go through... it's like the old saying you can't know the person 'til you walk a mile in their shoes. (Service User 1, Manitoba site 2)

Throughout the analysis, there was recognition that facilitator knowledge of organizational context and culture could help or hinder implementation. One suggestion to harness the benefits and dispel some of the disadvantages associated with either approach was to appoint an external facilitator to mentor an internal facilitator:

So, I would say in that if it's an insider, it would be pretty interesting to be able to have like an outsider resource person to talk to. To have other people who are doing the same role as them. (Facilitator 1)

Encouraging candour

Participants reflected on how external facilitators encouraged candour among Implementation Team members: "I don't think people would have been as honest in the process as they were. People would have been guarded" (Manager 1, Ontario). A service provider from the same site mused:

I don't feel that [an internal facilitator] would be or can be as effective as a professor from a university... I think people will take this site more seriously and they feel open. When you are talking about with somebody from your own organization, you always have something or...maybe another person don't like it, they feel, is that gossip? They feel, oh, I'm talking against management's decision, for instance. But when it's the open space like this project, you feel, you know what? It's time for talk. (Service Provider 1, Ontario)

As participants explored the possibilities of internal facilitation, they also asked if it could compromise the candour and neutrality that characterized relationships with external facilitators. Rather than being allowed to voice criticism of the organization, a shared concern was that an internal facilitator could be allied to senior staff. Having an external facilitator mitigated against this:

Coming from the outside, you take away that bias... knowing that the research was done from a neutral base (Family Member 1, New Brunswick site 2).

Building relationships

Participants noted that effective external facilitators possessed an aptitude for relationship building, demonstrating reciprocity, respect, and empathy:

What I did enjoy from them is they're being just so cooperative, communicative and adaptable and friendly and I'm all about building those relationships and building that trust. (Manager 2, New Brunswick site 2)

Relationship building, that's key, you know, as a facilitator, you're building an important relationship with those people and make it clear that their time is valuable. (Facilitator 8)

This enabled facilitators to mediate between their external identity and remit, and the need to foster meaningful relationships on which successful facilitation was founded:

Look, I think their personalities were really good, its approachable, it was... it was research, but it wasn't... you know, plus they're professors. But you know, there was a very human side. (Knowledge User, New Brunswick site 1)

However, external facilitators must work harder to build alliances from scratch, rather than relying on established networks of relationships. They had to be proactive, investing time to learn about culture and context, establish rapport, and nurture relationships, to promote harmony between implementation goals, organizational concerns, and individual needs. Relationships then set the conditions for collaboration needed for implementation, enabling facilitators to establish and sustain facilitation activities.

Internal facilitator identity and influence

Participants suggested that for an internal facilitator to be influential, they would need to hold sufficient sway, be popular, trustworthy, and able to leverage key partners, such as senior staff. A concern related to internal facilitator identity emerged: who the internal facilitator could be, and how this could influence their approach to facilitation. The influence, both positive and negative, of internal facilitators was thought to be determined by the quality of their established relationships, and their subsequent ability to inspire colleagues. As one knowledge user explained:

It depends on who is facilitating it if they're well respected and already in the workplace. (Knowledge User 2, New Brunswick site 2)

This could potentially exert a catalytic or inhibitory influence on the facilitator's ability to recruit and engage members of the Implementation Team. A participant in Ontario reflected:

Depending on who ran it internally, we may have got more buy-in if it was from a staff [member] that could sell it to people. (Manager 2, Ontario)

Some service users and providers, together with family members and knowledge users, expressed a clear preference for external facilitation:

I wouldn't be happy if the program came with the housing company. I was happy that an outside team came in... Difference is... [researcher name] brought in a global perspective. (Service User 2, Ontario)

External facilitators possessed an ability to see beyond the organizational context in terms of far-reaching impacts. This, matched by their neutral position enabled external facilitators to instigate changes that would challenge the status quo and disrupt the established organizational culture.

Discussion

Several authors have debated internal versus external facilitation [18–20]. Despite facilitation representing a well-established approach, the role of facilitators can be ambiguous and at times challenging [21, 22]. Our sub study seeks to explore participants' beliefs, opinions, and attitudes surrounding these two modes of facilitation using a thought experiment [14]. This enabled participants to reflect on the 'what if' questions to delve deeper into whether participants considered if facilitation could have differed should it have been performed by an internal, rather than an external, facilitator. While we recognise the subjectivity of this approach, we believe that it sits alongside work by others such as Connolly et al. (2020) [6], who employed a similar method to study perceptions of internal facilitation from an external facilitator's viewpoint. In this way we contribute to an enhanced understanding of the benefits and drawbacks of either approach when considering how to implement recovery-oriented practices and build organizational capacity around recovery principles.

Rather than revealing a firm preference, we found uncertainty, as participants debated the promises and possibilities of either approach, supporting the case for blended facilitation which harnesses the strengths of each approach - for example Pimentel et al. (2019) [23] and McCullough et al. (2017) [19]. Blended facilitation represents an opportunity for external facilitators to mentor internal facilitators thereby fostering competence

and confidence, along with the ability to adapt to the inherent complexities of facilitation [21, 24]. Similarly, in our study, participants considered external facilitators as experts equipped with the tools, knowledge, and skills to lead implementation, a finding consistent with those of Girard et al. (2024) [25]. Likewise, internal facilitators were viewed as having insider knowledge and an overview of organizational operations, highlighting the importance of knowledge of context as a factor influencing implementation processes and outcomes [26].

Our findings emphasize that the ability to establish and sustain relationships is crucial when engaging participants in implementation work, the strength of which can influence the success of such efforts. Whether operating from an internal or external position, all effective facilitators must be able to establish new relationships or leverage existent networks. Our findings underline how demonstrating trustworthiness, warmth, and compassion are crucial during the formation of new relationships, and the sustainment of established connections. This echoes the literature where the requisite characteristics for effective implementation work have been defined as assertiveness, credibility, mediation, openness, resilience, and empathy [26–29]. To these we add a new insight, identifying how the neutrality of external facilitators can evoke a candour among Implementation Team members who might otherwise be hesitant to share their thoughts about where change is needed. This, we believe, is a critical aspect of external facilitation that draws attention to the embedded social rules and expectations that influence the way in which staff and others behave during implementation work. We add further support to the assertion that the ability to dismantle power hierarchies is imperative when approaching facilitation from either stance. We argue that external facilitators have the upper hand in disrupting the status quo due to their outsider status, which frees them from the bonds of pre-existent allegiances and expectations. Our findings add weight to the call to adopt a value-driven approach to facilitation and emphasise the need for equity in all aspects of implementation research and practice [30–32].

Limitations and strengths

The key limitation of this study is that it investigated facilitation from a single perspective, from the viewpoint of those who received and provided only external facilitation delivered by researchers. As we explored perceptions of internal versus external facilitation from different stakeholder perspectives using a thought experiment, we can offer only suggestions. This is an anticipated shortcoming as participants speculated on what the experience of internal facilitation would be like, rather than experienced it firsthand. We also acknowledge that, despite our best intentions, the views of people who use

and access services are under-represented due to recruitment challenges, along with a limited representation of other equity-deserving groups. However, the study draws strength from the way in which data was collected from a relatively large sample $n=40$ (in terms of qualitative research) of participants from multiple implementation sites, lending increased transferability to our findings.

Conclusions

Facilitation was the active ingredient of the implementation strategy we developed for implementing guidelines on mental health recovery. It is a complex and dynamic process that involves meaningful engagement with all members of an Implementation Team. Whether facilitation is external or internal has different implications; however, the effectiveness of facilitation is based on facilitators' ability to establish rapport, build relationships, develop allies, and promote unity between Implementation Team members and within the implementation setting itself. Skilled external facilitators in this study were those who could mediate between their outsider identity and embed themselves as valued members of the Implementation Team. They possessed empathy and the ability to nurture reciprocal relationships, injecting warmth, compassion, and candour into implementation work. The ability to see and share a vision of recovery-driven change that transcended the boundaries of day-to-day organizational expectations created hope and optimism among Implementation Team members, and in some cases triggered a cascade effect of change that led to the recovery-driven transformation of organizations.

Implications for future research

Our findings confirm that whether a facilitator is internal or external, these qualities are instrumental when facilitating multi-stakeholder implementation teams to implement recovery-oriented, evidence-driven guidelines and practice in health and social care settings. Future research should focus on the experience of internal versus external facilitation in a real-life context, exploring the distinction between these two modes, for example via a longitudinal cohort study examining impact over time.

Abbreviations

| | |
|----------|---|
| PHSI | Partnerships for Health Services Improvement |
| CIHR | Canadian Institutes for Health Research |
| COREQ | Consolidated Criteria for Reporting Qualitative Research |
| CFIR | Consolidated Framework for Implementation Research |
| i-PARIHS | Integrated-Promoting Action on Research Implementation in Health Services |

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12913-025-13931-y>.

Supplementary Material 1

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Author contributions

MP, MW, ES, IG designed the study methodology and data collection tools. LMR, MW, MPR conducted the interviews. LMR and JR conducted coding and summaries. LMR, MW and ES, worked on the analysis. LMR drafted the manuscript with MP, MW and ES. All authors read and commented on and approved the final manuscript.

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Data availability

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

The Research Ethics Boards of the following organizations approved this study: 1 Douglas Mental Health University Institute (Québec) REB # 21 – 19; 2 Vitalité Health Network (New Brunswick) and 3 Université de Moncton (New Brunswick). Informed consent was obtained from all study participants who signed a consent form and retained a copy. Service users were offered a small monetary compensation for their time and other expenses.

Consent for publication

Yes.

The Canadian tri-council policy

Ethical Conduct for Research Involving Humans (2022) guidelines were used to conduct this study. There were no experiments on people and no human tissues. Our study was an observational study not an experimental one.

Competing interests

The authors declare no competing interests.

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