`If we can't do more, let's do it differently!': using appreciative inquiry to promote innovative ideas for better health care work environments

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`If we can't do more, let's do it differently!': using appreciative inquiry to promote innovative ideas for better health care work environments

Aim To examine the use of appreciative inquiry to promote the emergence of innovative ideas regarding the reorganization of health care services.
Background With persistent employee dissatisfaction with work environments, experts are calling for radical changes in health care organizations. Appreciative inquiry is a transformational change process based on the premise that nurses and health care workers are accumulators and producers of knowledge who are agents of change.
Methods A multiple embedded case study was conducted in two interdisciplinary groups in outpatient cancer care to better understand the emergence and implementation of innovative ideas.
Results The appreciative inquiry process and the diversity of the group promoted the emergence and adoption of innovative ideas. Nurses mostly proposed new ideas about work reorganization. Both groups adopted ideas related to interdisciplinary networks and collaboration. A forum was created to examine health care quality and efficiency issues in the delivery of cancer care.
Conclusion This study makes a contribution to the literature that examines micro systems change processes and how ideas evolve in an interdisciplinary context.
Implications for nursing management The appreciative inquiry process created an opportunity for team members to meet and share their successes while proposing innovative ideas about care delivery. Managers need to support the implementation of the proposed ideas to sustain the momentum engendered by the appreciative inquiry process.

Keywords: appreciative inquiry, cancer care, innovation, teamwork, work environment

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Introduction

Factors such as the shortage of health care personnel, hospital closures and mergers, the ageing population and the steady increase in the number of people living with chronic disease have all added pressure to the health care system. Inevitably, these pressures have had a negative impact on current work environments and

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have resulted in a worldwide shortage of health care personnel (International Council of Nurses 2006). Despite calls to change health care organizations and implement innovative measures to improve work environments and the retention of health care personnel (Gould 2006, Wagner 2006), few interventions have been tested. Experts in the field of health care management are thus calling for radical changes in the way in which health care services are delivered (Aiken *et al.* 2001, Shannon & French 2005).

Health care workers need opportunities to explore the possibilities for change beyond the boundaries of the problems they are experiencing. We propose appreciative inquiry (AI) as an approach to break through old boundaries and promote the emergence of innovative ideas (Marchionni & Richer 2007). This paper reports one part of a study on the development of innovative ideas relating to the organization of health services in a large university-affiliated health care institution.

Literature review

Knowledge as a source of innovation and change

In knowledge-based environments, such as health care, workers are not just participants in the labour force, but also accumulators and producers of knowledge who can be viewed as agents of change (Banora & Revang 1993, Rycroft-Malone *et al.* 2002, Aita *et al.* 2007). It has been several years since Leonard-Barton (1992) first explored the strategic importance of utilizing the organization's distinctive 'forces', or human capabilities, in the development of innovation. Van de Ven *et al.* (1999) define the innovation journey as 'new ideas that are developed and implemented to achieve [a] desired outcome by people who engage in relationships with others' (p. 7). This definition implies that knowledge is a source of innovation and change that requires synergy between individuals within a group.

Ackerman (1997) introduced the notion that people are the promoters of transformational change in organizations. He explained that changes can be **developmental**, when individuals enhance or correct aspects of an organization; **transitional**, when planned changes seek to achieve a known desired state that is different from the existing one; and **transformational**, when changes favour the emergence of a new state and imply a shift in the assumptions that drive the organization and its members in the process of change. Notably, transformational changes parallel Senge's (1990) generative learning, which results in a shift in assumptions, and imply that new knowledge emerges from social interaction between the people within the system. These notions are also supported by the works of Nonaka (Nonaka 1994, Nonaka *et al.* 2000) and Brown and Duguid (1991) who situate the notion of knowledge creation in dynamic and iterative social processes within organizations. This underscores the importance of examining the interplay of the social context and the creation of new knowledge as key components of organizational change.

Theoretical framework

Based on this literature, a framework that draws on organizational change and innovation theories was developed. It situates AI as a transformational change process and is based on two premises. The first premise is that initiating organizational change in professional settings requires the understanding that organizations are socially constructed and generate the contexts in which people act and interact to create new realities through learning and innovation (Argyris & Schön 1978, Cooperrider & Srivastva 1987, Van de Ven *et al.* 1999, Van de Ven & Poole 2000, Johannessen & Olsen 2003). The second premise is that, in order to initiate change, particular attention should be paid to the process through which change takes place. The change process, described as complex and non-linear (Pettigrew *et al.* 1992, Van de Ven & Poole 2000), often focuses on specific problems to be solved. This is particularly true in the health care sector because of the influence of the medical model, which focuses on interventions for specific medical problems.

In its pragmatic form, AI builds on learning and on what works well in an organization at its best to effect changes for the future (Whitney & Schau 1998). According to its founders Cooperrider and Srivastva (1987), AI is a complement to the more conventional form of action research and is distinguished by its ability to incite generative learning (Barrett 1995). Because of AI's positive stance, Cooperrider and Srivastva (1987) argue that this collaborative process has a greater capacity to generate innovative change than the traditional linear approach to problem solving. AI considers the organization as a product of human interaction and social constructions (Cooperrider *et al.* 1995). These are important tenets, because individuals' and groups' behaviour is influenced by their often-unquestioned beliefs and assumptions. Barrett (1995) draws a parallel between the learning organization and AI. With reference to Senge's (1990) generative learning

concept, Barrett (1995) described AI as a systemic process that promotes learning and thinking outside the accepted limitations of a problem. This 'appreciative approach' to learning in organizations is considered as a way to promote innovation (Barrett 1995) and foster transformational change.

AI: a process to tap into the potential of innovative ideas

Recognized as an approach that fosters innovative ideas (Bushe 1998, Bushe & Kassam 2005), AI is a process in which members of a team can exchange both tacit and explicit knowledge to build a future for their team or organization. AI involves the art and practice of asking questions that strengthen a system's ability to anticipate and build on its success and positive potential (Cooperrider & Whitney 1998). Through its four-phase process of Discovery, Dream, Design and Destiny, AI helps individuals and groups to envision their future and initiate change in the organization by concretely doing more of what they do best (Cooperrider & Srivastva 1987). See Table 1 for a description of the four phases of AI.

Most AI applications have been reported by businesses, non-profit organizations and government or community groups (Ludema *et al.* 2003). Despite numerous calls for its use (Vitello-Cicciu 2003, Stange 2004, Gardner 2005, Marchionni & Richer 2007) there have only been a limited number of published studies evaluating AI as an organizational change method in health care (e.g. Baker & Wright 2006, Richer 2007). In this study, AI is used as a way to elicit innovative ideas from the health care professional's perspective regarding the organization of care and services. This paper addresses the following question: How does an AI change process lead to the development of innovative ideas regarding the organization of health care services?

Method

Research strategy

A multiple embedded case study was conducted to enhance the understanding of the multiple organizational, social and personal dimensions that influence the emergence and implementation of innovative ideas in a complex organization such as health care. Given these multifaceted elements, the case study methodology constituted an appropriate mode of inquiry that permitted the use of multiple sources of evidence (Stake 1995, Yin 2003). Given the multifaceted elements involved, case study methodology also permitted the use of multiple sources of evidence (Stake 1995, Yin 2003). Two cases were selected from the adult cancer care division of a multi-site university-affiliated health care centre in a metropolitan area in Quebec, Canada. In this study, two cancer care clinics on separate sites constituted the cases and the embedded units, subunits of the larger cases, were the health care teams (within each clinic) and the management team that oversaw both clinics.

Participants

Health care teams

All cancer care clinic personnel on each site, excluding personnel on leave of absence, were eligible to participate in the study. The researcher met with a total of 65 health care personnel and volunteers; 47 agreed to participate in the study, representing a 72.3% response rate. Of the 47 participants, 28 were nurses and 19 were volunteers, pharmacists, physicians, clerical staff and attendants and are presented in Table 2.

Management team

Five middle and upper managers from medicine, nursing and pharmacy, who had direct responsibilities in the

Table 1
Description of the appreciative inquiry (AI) process

	Discovery	*Dream*	*Design*	*Destiny*
Description	Recognize and evoke the potential of a group through positive inquiry	Connect images from the past to possibilities for the future of the group	Create a vision that represents the ideal for the group	Create and implement actions around the group's core strengths
Objective	Sharing of positive past experiences, focus on what gives life and energy to people	Envision the possibilities for change based on common values	Articulate Provocative Propositions representing what is best in the organization	Create and implement actions around the Provocative Propositions
Activity	Participants interview each other using a set of predetermined questions	The group identifies common themes and the central values from the positive stories	Provocative propositions are formulated based on the group's central values	An action plan is created Individuals or small groups commit to its application

Compiled from Barrett (1995), Ludema *et al.* (2003) and Cooperrider and Srivastva (1987).

Table 2
Study participants

	Nurses	*Volunteers*	*Pharmacists*	*Physicians*	*Clerical staff*	*Patient attendants*	*Total*
Case 1	14	3	2	1	3	0	23
Case 2	14	4	2	2	1	1	24

organization and management of both cancer care clinics, participated in the study.

Procedure

Appreciative Inquiry
The AI change process consisted of 11 sessions of 1 hour conducted with each health care team simultaneously over 9 months in 2004–5. The AI process led to the development of an action plan for change that was produced by each health care team and was presented to the management team. In order to evaluate the 'innovativeness' of the ideas proposed by the teams, all ideas were listed and discussed by each team following the 'innovative idea grid' developed by the researcher and validated by experts in the field of innovation research for the purpose of this study. Based on Van de Ven *et al.*'s (1999) definition of innovation, the participants were each asked a series of questions to rate whether the emerging ideas were perceived to be innovative. The majority needed to concur before an idea was classified as innovative. See tool in Appendix 1.

Sources of evidence
Yin (2003) suggests that the use of multiple sources of evidence allows the researcher to address a broader range of issues and helps to develop a converging line of inquiry. The sources of evidence used in this study were diverse and targeted specific concepts. They consisted of participant observation, interviews, direct observation and documentation.

Participant observation. As a source of evidence, participant observation is described as a mode of observation in which the researcher assumes a participating role regarding the event that is being studied (Yin 2003). In this study, the investigator conducted the AI process. To avoid potential bias, all 22 1-hour sessions (11 in each case) were tape-recorded and, after a field note guide, notes were taken by an external observer who documented any information related to the conduct and general content of the sessions. Furthermore, the researcher started each AI session with a summary of the previous session's content ensuring further content validation.

Interviews. In addition to the AI process, targeted interviews were conducted with the management team to trace the organizational context throughout the study and the organizational response for the implementation of the action plan produced at the end of AI process.

Direct observation. Direct observation of management meetings was also done to observe the organizational responsiveness to the AI process and to determine the extent to which the organization took actions based on the proposed action plan. The researcher attended five management meetings within nursing and pharmacy and one leadership meeting that included physicians.

Documentation. For this study, sources of documentation included internal and external cancer care reports. These reports were useful to situate the internal and external context in which the study took place.

Analysis

Data consisted of verbatim transcripts of the AI sessions, field notes, notes from interviews and meeting observations and summaries of documentation. A content analysis was done according to the method proposed by Miles and Huberman (1994) consisting of three concurrent flows of activity: data reduction, data display and conclusion drawing and verification. The analysis of the two cases was done sequentially using a temporal bracketing strategy (Langley 1999, Van de Ven & Poole 2000). This strategy involves breaking the data into chronological sequences that could then be compared in the analysis between cases. Data within each case were analysed separately and then a cross-case analysis was undertaken to identify convergent and divergent trends between the cases (Van de Ven 1986, Van de Ven & Poole 2000).

Ethical considerations

Ethical approval was obtained from the Research Ethics Board of the institution. Careful consideration was taken to ensure the confidentiality of the individual participants' responses.

Results

Understanding the importance of the context

In the course of the AI process (see Table 1), members of the health care team in both cases noted that the political and social environment of cancer care greatly influenced their work performance. At the beginning of this project, the health centre in which the study was done received confirmation that they would lead one of four new provincial integrated health care networks, covering over 60% of the geographical region. Interviews with the leadership team confirmed that this political context exerted pressure on the organization and was at the heart of their current concerns. They noted that the shortage of family physicians in the community was also an important factor that increased ambulatory care visits and contributed to this increased workload.

The emergence of innovative ideas

The process of going through the four phases of AI and the diversity in the group composition promoted the emergence and adoption of innovative ideas. As ideas started to be formulated, the contributions of different members of the health care team promoted their refinement.

The emergence of ideas during the AI process

In general, the ideas evolved throughout the four phases of AI in a succession of discussions that refined the initial idea. For example in Team 1, the group first raised the importance of collaboration and teamwork in relationship to staffing, time efficiency and patient care. The idea evolved and the group proposed that the organization, that is, upper management, should create a vision for cancer care. During the design phase, the group took ownership of this idea and decided to propose a vision to all members of the interdisciplinary team. By the destiny phase, a member of the team had contacted members of other disciplines and a meeting was organized to present the vision/goals that were developed during the AI process.

Types of ideas

There were similarities in the types of ideas that the two teams adopted and considered innovative. Out of the eight ideas proposed by Team 1 and the seven proposed by Team 2 in their final action plans, only one within each case was considered non-innovative by the health care team. The innovative ideas were more incremental in nature (Van de Ven 1986, Gopalakrishnan & Damanpour 1997) with the majority related to processes for interdisciplinary collaboration and new service delivery approaches.

Table 3
Main ideas adopted by each health care team

Team 1	*Team 2*
1-Develop common goals/vision with the interdisciplinary team	1-Organize a cancer care retreat with the interdisciplinary team to develop a common vision and discuss issues related to clinic and patient services
2-Form an interdisciplinary forum with representation from each professional group	2-Create a interdisciplinary core group
3-Regular meetings to discuss issues to bring to interdisciplinary forum	3-Common room for staff to have lunch. Psycho-social support for staff
4-Integrated and seamless services with new model of care	4-Offer appropriate care 24/7 by having: -Evidence-based telephone triage -Better collaboration with the palliative care unit -Day hospital for medical emergency and cancer care emergency room
5-Separate clinic to deal with complications and treatment toxicity	5-Multidisciplinary teaching session for new patients
6-Separate clinic for non-malignant hematology population	6-Increase clinic efficiency by reducing wait time
7-In order to provide cutting edge evidence-based quality care, develop evidence-based standards for safe patient: health care professional ratio	

As shown in Table 3, both teams adopted ideas related to interdisciplinary networks and collaboration. The idea to develop a unified vision and a structure for interdisciplinary collaboration and decision-making was proposed by both groups as a way to formalize their vision for collaborative practice. This took the form of an interdisciplinary forum/group in which selected members from each discipline came together and worked on health care quality and efficiency issues, particularly on service co-ordination and delivery in cancer care.

Initiators, refiners and adopters

In both cases, idea initiators were mostly nurses but the ideas were developed with the participation of members

from all disciplines. Furthermore, the participation of diverse members of the team was beneficial for the refinement of the idea. Members of the diverse disciplines shared their knowledge and perspective and this shared learning gave form to the ideas that the group considered innovative. For example, in Team 1, the idea of an interdisciplinary forum started with a pharmacist trying to find a way of improving communication within the team. The idea of making interprofessional collaboration more concrete was then brought up by a physician and a volunteer proposed a format that could promote the coming together of different team members. The idea of initiating an interdisciplinary forum was then formulated and refined by specifying the process of functioning. These idea components evolved primarily because they were related to the central values that the group deemed important.

Idea evolution

The evolution of ideas followed different paths in each case. Some of the ideas were first rejected before being reconsidered and adopted. For example in Team 2, the idea to propose an emergency room for cancer care patients was rejected when it was first presented. The group adopted the idea when it was reintroduced again at a later time, and they also decided to think of short-term alternatives. For example, a nurse proposed a phone triage system to answer emergency needs, and a physician suggested closer links with the palliative care unit. Both of these ideas were adopted.

Organizational responsiveness and idea implementation

The process of implementing the adopted ideas presented in the action plan mainly involved the mobilized actions of individuals who participated in the AI process. The organizational response to the ideas and their implementation was elicited through formal meetings between management and the health care team, meetings within various disciplines and the direct involvement of a nurse manager. The management team, however, did not respond to the health care teams' expectation to support the implementation of most ideas. During management meetings, external context issues, and new emerging internal pressures, took precedence over discussions of ideas proposed in the action plan.

The analysis of the idea implementation shows that the implementation of innovative ideas was facilitated when the idea addressed the team's values about patient care and when members from diverse disciplines participated in the idea elaboration and implementation process. The most critical elements for the implementation of innovative ideas was that one person or a group of individuals took leadership with a member from the management team showing direct support during the implementation process.

Discussion

The emergence and implementation of innovative ideas

At a time when health care managers and researchers are increasingly insistent on the need to engage personnel in change efforts (Barney 2002, Lavoie-Tremblay *et al.* 2005, Shannon & French 2005), the results of this study suggest that AI not only provides a way to involve health care professionals in change processes but also creates the opportunity and some of the conditions that promote the emergence and implementation of innovative ideas. The results of this study suggest that the process of going through the four phases of AI helped in the development of innovative ideas. Throughout the AI process, discussions between different members of the team permitted the refinement and the evolution of the generated ideas. This process of knowledge exchange and development is in line with Nonaka's (1991) proposition that the emergence of innovative ideas or new knowledge always begins with individuals, is embedded in values and beliefs and is created when tacit knowledge is made explicit and transformed into something new. The different phases of AI permitted this exchange and transformation of knowledge into innovative ideas, supporting the premises of the theoretical framework.

The importance of social networks and interdisciplinary collaboration

This study contributes to the body of knowledge on the emergence and adoption of innovative ideas in health care and, in particular, the importance of social networks and interdisciplinary collaboration as necessary conditions. The results of this study support the view of Drazin and Schoonhoven (1996) and others (Hislop *et al.* 2000) that equal attention should be given to micro-level social structures for networking in the production of innovation as well as to the larger system's perspective. The fact that, in both cases, innovative ideas got developed and refined through the unique contribution of individuals from diverse backgrounds is an important point to consider.

As a process, AI is a means to encourage dialogue, develop trust and create links not only between professionals but also with other health care workers, creating a 'space' where knowledge can be developed and shared. This shared space, called 'ba' (Nonaka & Konno 1998, Nonaka *et al.* 2000), encompasses any virtual or physical area designed for the creation of collective knowledge and the development of relationships. Thus, the common context in which knowledge was shared, created and utilized during the AI process united physical and mental spaces, 'ba', that promoted the sharing of common goals and provided a platform for innovation.

Organizational support: a key ingredient for idea implementation

Once ideas were generated, a key ingredient for idea implementation was organizational support. The results show that members of the health care team perceived that organizational support was an imperative precursor to the implementation of innovative ideas. As such, one of the determinants of idea implementation is the direct support from a member of the management team. This confirms that the organization needs to be receptive and support the implementation of these new ideas. These ideas are the trigger for organizational improvement and, in the views of Van de Ven (1986), an organization can only survive when it pursues new initiatives. In knowledge creation processes such as AI, middle nursing managers are placed at the centre of the knowledge management process because they are at the core of the vertical and horizontal flow of information within an organization, placing them in a 'middle up down' management position (Nonaka & Takeutchi 1995).

Implications for nursing management

Nurse managers have an important role to play in creating a 'space' where members of the interdisciplinary team can meet and share their successes and values about care. However, the results of this study also show that creating a 'space' is not enough. Ideas cannot by themselves improve the organization without the accompanying change, otherwise only the potential for improvement exists. The major implication for managers is the importance of following through on the proposed ideas. For example, discussions, with members of the health care team, about developing short-term ideas or 'quick successes', would sustain the momentum engendered by the AI process. The study implications also reiterated other reports that concluded that organizational support is a key factor in changing work environments and that multilevel interventions are needed (Golden-Biddle *et al.* 2006).

Limitations and future research

A limitation of this study is that the observation period following the end of the AI process was too short to observe the full potential implementation of the innovative ideas. In future studies, multilevel interventions involving middle and upper nursing management should be undertaken to better understand the factors that influence the implementation of ideas and the key role of management in this process.

Conclusion

Initiating a process that builds on positives such as AI in an environment that is often depicted as complex and fraught with problems may well be the first step towards promoting the emergence of innovation in health care. By bringing individuals and teams together to uncover their strengths and successes, the AI process inspired hope. The organization must then respond and take action to support change. In the context of health care, AI is a way to create organizational change by building on its most important asset, its people.

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Appendix 1

Evaluation of innovative ideas grid

An **innovation** is defined as new ideas that are developed to achieve a desired outcome by people who engage in relationships with others in changing institutional and organizational contexts. An **innovative idea** might be a combination of old ideas, a scheme that challenge the present order or a unique approach that is perceived as new by the people involved (Van de Ven *et al*. 1999).

This grid is to evaluate the innovativeness of the ideas that were developed during the AI intervention as well as their perceived value for implementation. Please indicate the proposition number under which the idea was developed. Complete a separate evaluation of innovative ideas grid for each idea.

Proposition # _____ Idea:_____

Idea Innovativeness

1- The idea can be considered as innovative because:
It is made of a combination of old ideas Yes ☐ No ☐
2- The idea can be considered as innovative because:
It is new and represents a unique approach Yes ☐ No ☐
3- This idea has been previously tried in the cancer care clinics or implemented in this hospital Yes ☐ No ☐

Perceived Implementation Value

Is this idea perceived as useful? Yes ☐ No ☐
Does it answer the needs of the organization? Yes ☐ No ☐
Is this idea readily applicable? Yes ☐ No ☐
Do you believe the idea will be implemented? Yes ☐ No ☐

Comments: _____

A YES answer at item # 1 **or** 2 and a NO answer at item 3 classify the idea as innovative.

