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# Using appreciative inquiry to transform health care

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**Abstract:** *Amid tremendous changes in contemporary health care stimulated by shifts in social, economic and political environments, health care managers are challenged to provide new structures and processes to continually improve health service delivery. The general public and the media are becoming less tolerant of poor levels of health care, and health care professionals need to be involved and supported to bring about positive change in health care. Appreciative inquiry (AI) is a philosophy and method for promoting transformational change, shifting from a traditional problem-based orientation to a more strength-based approach to change, that focuses on affirmation, appreciation and positive dialog. This paper discusses how an innovative participatory approach such as AI may be used to promote workforce engagement and organizational learning, and facilitate positive organizational change in a health care context.*

Organizational change in the health care sector is a complex non linear process often stimulated by shifts in social, economic and political environments (Richer, Ritchie, & Marchionni, 2010). Health care professionals are constantly required to adapt to the rapid pace of change in contemporary health environments while continuing to deliver high quality and ethical health care (Eagar, Cowin, Gregory, & Firtko, 2010). The general public and the media have become less tolerant of poor levels of health care resulting in rising consumer demand for involvement with health policy development. New reforms such as Australia's National Health and Hospital Reform Commission (NHHRC) 'A healthier future for all Australian's' (2009), North America's Department of Health and Human Services (HHS) Affordable Care Act (2010) and the United Kingdom's Department of Health and National Health Services Corporate Plan (2012) show greater emphasis on developing partnerships and collaborations across sectors and community groups with greater responsibilities, accountability to and involvement of consumers.

It is becoming increasingly evident that traditional methods of managing contemporary health care are limited in meeting the needs of patients, health care workers and organizations. This paper discusses how an innovative participatory approach such as appreciative inquiry (AI) may be used to facilitate workforce engagement, and promote organizational learning and positive organizational change in the health care context.

## Background

Upward pressures on costs from factors such as technology and increasing consumer demands along with downward economic pressures such as fiscal constraints often result in health organizations seeking new and more efficient ways of delivering health care (Eagar et al., 2010). Developing new cost-cutting measures and health service reorganization are strategies that are often used to respond to these pressures. With increased fiscal constraints, traditional nursing roles and responsibilities are being challenged (Eagar et al., 2010). The expectations of the nursing workforce are transforming with nurses seeking positive rewards and effective professional relationships within their work environment. A meta analysis conducted by Zangaro and Soeken (2007) reported nurses are dissatisfied in many areas, and highlighted nurse job satisfaction as strongly correlated with job stress levels, collaboration with health care professionals and level of nurse autonomy.

Aiken, Clarke, Sloane, Lake, and Cheney (2008) reported improved staffing numbers,

higher levels of nurse education and improved care environments as factors that are associated with lower patient mortality. Similarly, Havens, Wood, and Leeman (2006) identified improved communication and collaborations across disciplines and sectors and increased nurse involvement in decision making processes as key to successful recruitment and retention of nurses and the delivery of high quality care. Factors affecting work performance and negative organizational culture or sub cultures are also reported to effect workplace efficiency, effectiveness, and safety of both health care professionals and patients (Aiken et al., 2008; Kennerly et al., 2012).

To promote significant and sustainable changes, health care leaders need to search for ways to fully engage their workforce and open up new opportunities to improve the quality of work life and organizational performance. Kennerly et al. (2012) suggests working within a positively toned cultural environment is important to achieve high quality health care outcomes. Additionally, nurses are not only participants in the labor force, but also accumulators and producers of knowledge who are well positioned to be leaders in driving organizational change and building healthy, humanly sustainable organizations (Richer, Ritchie, & Marchionni, 2009). Moving away from a traditional problem solving approach to one of appreciation and openness to future possibilities offers a new approach for health care professionals to bring about positive change in health care.

### APPRECIATIVE INQUIRY

AI is a relatively new and innovative approach to organizational learning, organizational change and research. First coined in 1986 by Cooperrider, AI adopts a social constructionist view based on affirmation, appreciation and positive dialog (Cooperrider, 1986). AI is reported to have significant transformational potential that shifts the focus from problems to be solved to discovering and building on what works well within an organization and using that as the beginning point for change (Koster & Lemelin, 2009; Reed, 2007). As an ethos, AI implies a shift in the assumptions that drive the organization and its members in the process of change (Richer et al., 2009). It searches for what gives 'life' to living systems, and acknowledges the best in people, the organization and the world around them (Carter, 2006; van der Haar & Hosking, 2004).

Adopting a participatory approach, AI offers a flexible framework to facilitate change from the grass roots up. It lends itself to building effective partnerships and collaborations that can be used to meet particular needs of an organization (Koster & Lemelin, 2009; Reed, 2007). AI supports an egalitarian post-bureaucratic form of organization (Cooperrider & Srivastva, 1987). Based within the socio-rational realm of human affairs, AI acknowledges that different social realities co-exist within groups and considers peoples' voice and contributions as equally valid and important (regardless of social status) resulting in a stance of freedom, liberation, solidarity and social construction (Cooperrider & Srivastva, 1987). Encouraging less hierarchical structures and more equalized power and input into decision making processes, individuals and groups are empowered to improve their situation and move toward visions for a more egalitarian future. Organizations engaging in AI are reported to have increased system-wide collaborative competence (Barrett, 1995).

AI has been used in various settings including businesses, education, military services, not-for-profit organizations, prison, communities, religious institutions and more recently in health care settings (Carter, 2006; Havens et al., 2006; Liebling, Eliot, & Arnold, 2001). It has been reported to be effective in engaging groups and promoting a unified approach to change (Lavender & Chapple, 2004). AI is also being used as a research approach and can reframe research, moving away from a problem orientation to a positive theory of inquiry (Koster & Lemelin, 2009; Reed, 2007). As a research methodology, AI roots lie in action research and social constructionism (Carter, 2006).

Five underpinning principles of AI as developed by Cooperrider and Whitney (1999) are the constructionist, simultaneity, poetic, anticipatory and positive principles. The

constructionist principle suggests human knowledge and organizational destiny are interlinked (Cooperrider & Whitney, 1999). Dynamic human constructs need to be understood and analyzed by managers and leaders to be effective (Cooperrider & Whitney, 1999). Therefore, before change can be initiated leaders and managers need to begin with an understanding of individuals within the organization. The principle of simultaneity recognizes that inquiry and change occurs simultaneously and emphasizes the implicit nature of questions asked and dialog used (Cooperrider & Whitney, 1999). It is suggested that change begins from when the very first question is asked. The poetic principle suggests organizations are open to endless interpretation and reinterpretation where stories evolve or new stories are inspired (Cooperrider & Whitney, 1999). The anticipatory principle suggests reframing people's vision of the future may result in moving toward the envisioned future. The positive principle suggests the more positive the question the greater the change effort (Cooperrider & Whitney, 1999).

The power of positive dialog is emphasized in AI suggesting that such dialog has the ability to positively influence organizational growth (Gergen, Gergen, & Barrett, 2004). Generating collective visions and actions are considered an essential component in bringing about change when using the AI process. Underpinning assumptions of AI are that in '*every group, society or organisation something works; things we focus on become our reality; language and dialogue influences the group and our reality; multiple realities exist and are created in the moment; valuing differences is required and lastly, when people have more confidence moving to the future, they will carry forward positive aspects of the past*' (Hammond, 1998, p. 13–21).

**The 4D cycle**
AI consists of four iterative phases (discovery, dream, design and destiny) known as the 4D
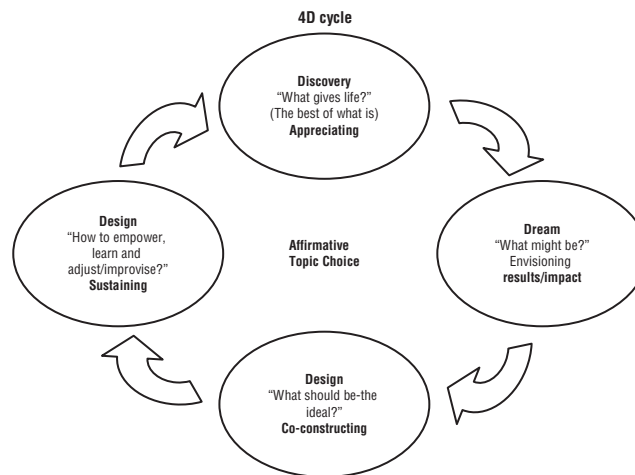


FIGURE 1: APPRECIATIVE INQUIRY: 4D CYCLE (ADAPTED FROM COOPERRIDER ET AL., 2008, p. 5)

cycle (see Figure 1) (Cooperrider & Whitney, 1999; Cooperrider, Whitney, & Stavros, 2008, p. 5). At the core of the 4D cycle is an affirmative topic choice which is considered a significant component of the AI process highlighting change is implicit in the very first question asked (Cooperrider & Whitney, 1999).

The discovery phase seeks to explore 'what gives life' to individuals, their work and the organization, through appreciation and valuing what is best of what is or has been (Cooperrider & Whitney, 1999; Cooperrider et al., 2008, p. 5). The dream phase seeks to elicit insights into individuals and practice through the generation of affirmative stories usually focusing on recalling peak experiences or high points. The dream phase focuses on envisioning 'what might be' through affirmative exploration (Cooperrider & Whitney, 1999; Cooperrider et al., 2008, p. 5). When using an AI approach, often miracle or magic wand questions are used to encourage participants to visualize how things might look like if a miracle occurred, or if they had a magic wand. Provocative propositions are also developed which are confident and assertive statements of what the organization hopes to achieve. The design phase focuses on working together to construct the ideal of 'what should be' (Cooperrider & Whitney, 1999; Cooperrider

et al., 2008, p. 5). Finally, the destiny phase focuses on sustaining the envisioned future (Cooperrider & Whitney, 1999; Cooperrider et al., 2008, p. 5).

Participants or team members are considered experts or co-researchers. The AI process allows team members to exchange tacit and explicit knowledge to transform their organization. The flexible AI framework allows the specific aims and needs of an organization to be addressed in the context of the organization being reviewed (Cooperrider & Whitney, 1999; Cooperrider et al., 2008, p. 5).

Studies are reporting AI as a catalyst for positive organizational change and development (Lavender & Chapple, 2004) and a new way of reframing research practice (Carter, 2006). Most applications of AI have been reported in business, not-for-profit organizations, government and community groups. A review of the limited numbers of papers of AI in health care conducted by Richer et al. (2010) reports AI has been used to evaluate and change organizational or clinical processes, explore professional development initiatives, define public healthcare services, create team visions and improve health care work environments. A key strength of AI is the inclusive and collaborative nature of this form of inquiry (Carter, 2006; Richer et al., 2009). AI is reported to be effective in facilitating change through collaborations and developing partnerships (Lavender & Chapple, 2004). Collaborations and partnerships varied from use in single units (Lazic, Radenovic, Arnfield, & Janic, 2008) to 'whole system' events engaging multiple stakeholders across disciplines and large geographical areas (Lavender & Chapple, 2004).

AI shares philosophical values with nursing as they both seek to explore the uniqueness, wholeness and the essence of human life (Cowling, 2001). Originally designed as a research method and then a method of practice, AI is a good fit with the discipline and profession of nursing blending research and practice toward a potential praxis (Cowling, 2001). An AI approach fosters innovative ideas and allows nurses the opportunity to exchange knowledge to build a more positive future for the team, unit or organization (Richer et al., 2009). Nurses' are presented with opportunities to develop effective social networks, high levels of engagement and interdisciplinary collaborations. Additionally, AI acknowledges that attention must be given to both micro-level social structures for networking in the production of innovation along with a larger systems perspective (Richer et al., 2009).

Literature reports the need for improved communication and increased nursing involvement in decision making; however minimal guidance exists in how to achieve this (Havens et al., 2006). Havens et al. (2006) suggest AI offers nurses a framework to implement and sustain these features in practice. The inclusive and collaborative nature of AI promotes ownership of the change process and draws on the collective experience, wisdom and resources within the group. Honoring diversity, AI allows all members to have a voice in the change process leading to richer solutions and greater willingness to strive toward mutually beneficial goals.

AI is quality oriented and can be used to set new benchmarks and best practices in nursing and health care (Havens et al., 2006). A key feature is that quality may be explored as it occurs within settings and organizations. The AI process may guide nurses in critical reflection on existing quality practices. Furthermore, Marchionni and Richer (2007) report that AI can serve as a transformational change process to promote evidence-based practice in health care, where nurses can serve as advocates, supporters and agents of change. AI offers nurses the opportunity to identify areas to promote change in the organizations strategic values through reflexivity and action.

As a research method, AI has been reported to complement traditional forms of action research through its ability to inspire generative learning (Barrett, 1995; Carter, 2006; Richer et al., 2009). Carter (2006) reports participants tend to 'come on side' more easily than with traditional research methods and approaches (Carter, 2006). Reed, Pearson, Douglas, Swinburne, and Wilding (2002) noted that focusing on positives

appeared to reduce participant defensiveness and encouraged open discussion in complex environments (Reed et al., 2002).

As with all approaches, there are also risks identified in using AI. For example, some individuals may find it difficult starting from and maintaining a positive stance (Richer et al., 2010) while others may feel that problems identified are being dismissed (Reed et al., 2002). The flexible nature and lack of methodological consistency and rigor may also be viewed as a limitation of AI. While Jones (2010) implies AI has many attributes of a management 'fad' and consists of 'grey data' it was also suggested that strong anecdotal evidence exists highlighting the benefits of using an AI approach across disciplines and settings (p. 116).

## CONCLUSION

While further rigorous studies are needed to explore AI processes in various healthcare contexts, AI is an innovative strategy worth considering in contemporary nursing. It provides managers and researchers a constructive new way forward, shifting from a negative and problem-based approach, to a positive form of inquiry that can be tailored to the specific needs of the individual, a ward or unit or an organization. The inclusive nature of AI lends itself to building effective partnerships and collaborations. AI provides a way forward to initiate change in the fast paced contemporary health environment and allow management, health professionals and consumers the opportunity to positively influence the work, design and management of health care organizations.

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## ANNOUNCING

### LONGEVITY: SOCIOLOGICAL PERSPECTIVES ON HEALTH, ILLNESS AND SERVICE PROVISION

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Guest Editors: **Pauline Savy** (La Trobe University, Australia), **Anne-Maree Sawyer** (La Trobe University, Australia) and **Jeni Warburton** (La Trobe University, Australia)

This special issue of *Health Sociology Review* examines the possibility and actuality of living to very old age. In our times, cultural discourses to do with maintaining health and independence for as long as possible pervade social policy and the personal narratives of ageing. Sociologically, these raise interesting, and often contentious, questions about the role of structural support systems, the delivery of appropriate health care, and the phenomenological experience of ageing and dealing with frailty and decline.

Theoretical and empirical submissions contribute to sociological discussion and analysis from across relevant disciplines within Australia and overseas – providing insight and critical discussion of a broad range of topics relevant to the health of aged persons – for example, immediate health matters as experienced by individuals and particular groups through accounts of the lived experiences of ageing, managing health problems and negotiating health care. Articles focus on or incorporate critical analysis of policy, the work of health care professionals and wider social factors such as access and equity in service provision - as well as showcase and advance methodologies used in researching the health and illness experiences of old individuals whose lives are significantly compromised by illness. Topics include:

- Ageing and health of particular groups eg Indigenous, migrant, gendered groups, rural and remote populations
- Evaluation of specific care provision and levels eg acute hospital care, community care, long-term care and health promotion programs
- The ageing body, decline, dying and death
- Health and illness in the oldest generation
- Ageing and medicalisation
- Dementia
- Living with common and chronic conditions including psychiatric conditions
- Family relationships in old age and ill health
- Professionalisation and specialisation, for example, changing role boundaries in aged care, workforce situations and impacts
- Social, structural factors that promote or oppose longevity and wellness

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