



ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Journey to a shared vision for nursing in a university hospital

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Abstract

Background: Demographic and epidemiological shifts, as well as increasing quality control and greater emphasis on cost effectiveness are the challenges for today's healthcare organisations. Against this background, institutions are undertaking reforming processes in order to adapt to this complex and unstable market. These transformations require innovative practice and highly effective leadership – leaders who are capable of conveying the need for change and creating a vision for the future. Despite its growing importance, the development process of such a vision is barely addressed in the literature.
Aim: The aim of this article is to describe the process of a university hospital towards developing a shared vision for nursing practice.

Methods: By means of the four phases of the evidence-based appreciative inquiry process (Discovery – Dream – Design – Destiny), a shared vision was developed. The main methods used were individual interviews, focus group interviews and SWOT analyses. The different datasets produced were synthesised and abstracted to form a vision and corresponding strategic objectives.

Conclusions: Although the developmental process was rather time consuming and complex, it provided a systematic approach to change and enabled the leaders involved to commit to the strategic orientation.

Implications for practice:

- A vision provides direction and meaning for leaders and their teams in complex transformation processes within healthcare organisations
- The approach of appreciative inquiry is well suited to facilitate the creative and innovative process of developing a vision
- Before initiating the process of developing a vision, it is important to consider the time factor and to plan accordingly so that the necessary creative thinking and reflection can take place

Keywords: Change management, practice development, nursing leadership, vision development, appreciative inquiry

Introduction

Healthcare organisations are continually undergoing change and transformation. They face challenges on many levels, not only from demographic and epidemiological shifts but also increasing demand for cost effectiveness and quality control (Sofarelli and Brown, 1998; Shaw, 2007; Nesse et al., 2010). The

ability of organisations and individuals continuously to adapt their processes is a crucial determinant of success and of demands for new models of leadership (Bruhn, 2004; Goonan and Stoltz, 2004; Scott and Caress, 2005; Caldwell et al., 2008; Freshwater et al., 2009).

Transformational leadership is an approach that anticipates change and, through the use of adaptive processes, successfully creates it (Royal College of Nursing, 2004; Hinterhuber and Krauthammer, 2005). Transformational leadership also contributes to the development of an organisational culture that is more receptive to change (Shaw, 2005). This leadership style calls for leaders who are able to communicate the need for change, question current practice, create a vision of the future and develop new models of care (Dixon, 1999; Porter-O'Grady, 2003; Williamson, 2005).

A key element of effective leadership in change processes is the development of a shared vision to provide direction and meaning during a period of instability (Kotter, 1996; Hinterhuber and Krauthammer, 2005). This enables the entire organisational system to engage together to optimise the healthcare it delivers (Lukas et al., 2007; McCormack et al., 2007). This collective striving for best practice will ultimately produce more effective care and, consequently, improved patient outcomes (Nelson, 2014). Typically, transformational leaders and practice developers use visioning work to increase the commitment of staff members towards person-centred practice (Solman and FitzGerald, 2008). At the organisational level, a vision and strategic goals help leaders to set the right priorities and to balance the quality and financial agendas (Freshwater et al., 2009).

Although there is a general understanding in the literature of how important and critical a vision is for outstanding leadership and effective transformation within organisations (Viens et al., 2005; Felgen, 2007), little is known about how leaders and their teams should go about developing a vision for clinical practice. A few studies in the field of psychology describe the factors that impact on the cognitive processes necessary for the development of the mental models that form the foundation of a vision (Strange and Mumford, 2005; Shipman et al., 2010). These offer some indication of the necessary reflection processes but provide no insight from clinical practice regarding potential courses of action for leaders. In 2012, nurse leaders at a university hospital in the German-speaking part of Switzerland embarked on a vision-development journey, including associated objectives and measures. In the preceding years, nursing staff had repeatedly expressed a desire for a shared strategic direction for the hospital's department of nursing. This paper describes the methods and development process for achieving this goal and may act as a guide for other interested nurse leaders.

Definition of 'vision'

A vision in this sense has been defined as the depiction of a future that is desirable, offers guidance and gives meaning to actions and behaviours within an organisation (Hinterhuber and Krauthammer, 2005). It is a cognitive construct – a mental model describing the future values, beliefs, attitudes, orientation and goals of a system (Strange and Mumford, 2005). A vision helps the employees of an organisation to develop an image of a realistic, believable and attractive future (Nanus, 1992), thereby becoming an important source of motivation and inspiration (Hoyle, 2007).

Aims

The main goal was the systematic development of a vision that would foster a shared and transparent orientation for clinical practice development over the next five to 10 years. Other related goals were to align the department's vision with the overarching strategic direction of the organisation, and to clarify its constituent elements: tangible strategic objectives, actions and associated indicators.

Method

Appreciative inquiry

Appreciative inquiry lends itself to the building of a collective vision. It is a creative and energising process, inviting people to participate at all levels of an organisation in order to create new realities

through generative learning (Carter et al., 2007; Richer et al., 2009). It was introduced in the mid-1980s by Cooperrider and Srivastva of Case Western Reserve University in Ohio (Cooperrider and Srivastva, 1987; Srivastva and Cooperrider, 1999). Appreciative inquiry is understood as an attitude and a philosophy but also as a method derived from the field of team and organisational development. A core element is the respectful and potential-oriented investigation, a common search for the good in people and their organisations (Keefe and Pesut, 2004; Moore, 2008). The approach is based on the idea that questions and a dialogue about strengths, success, values, hopes and aspirations have a transformative effect even while the process is ongoing (Moore, 2008). Most conventional approaches to organisational development focus on problems or deficiencies, with the intent of repairing the system. An unintended consequence of this deficit-oriented viewpoint is that possible resources and human potential are not recognised and used (Cooperrider and Sekerka, 2006). The primary goal of appreciative inquiry is to reveal the positive aspects of an organisation, using them to build a better future, create a vision, define goals and plan actions.

The appreciate inquiry process moves through four phases – the 4-D cycle: Discovery, Dream, Design, Destiny. This cycle enables leaders to identify the individual hopes and dreams of the people who make up an organisation, thereby initiating a process of change (Keefe and Pesut, 2004). The four phases merge seamlessly into one another and have been described in the literature as follows (Cooperrider and Srivastva, 1987; Keefe and Pesut, 2004; Cooperrider and Sekerka, 2006):

- *Discovery phase*: Discover and recognise the strengths and potentials that lend energy and vitality to the organisation
- *Dream phase*: Envision what the future could be. This phase is both past and future oriented and takes place through a dialogue
- *Design phase*: Conceptualise what is to be. Synthesise the results from the first two phases into images of the future and construct a shared vision based on the data collected
- *Destiny phase*: Enact what is to be. Realistic and explicit goals are set and actions are planned and implemented. It is through the shared learning associated with the entire process and the implementation of actions that transformation takes place

Data collection and analysis

Data collection took place in the first two phases of the 4-D Cycle (Discovery and Dream) and integrated various methods and groups of people. The first step was a SWOT analysis (Houben et al., 1999) using the four perspectives from the organisation's balanced scorecard: satisfied patients, excellent healthcare, professional staff and stable finances. The SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) is an important analytical tool for strategic development planning in organisations, developed at Harvard University in the 1960s (Kotler et al., 2010). It involves determining the position of a service or business in a given market environment. Although this analysis can also reveal deficits, it is primarily about how strengths can be used to exploit perceived opportunities and potential growth. The SWOT analysis was carried out by the core group, comprising five individuals from the higher level of nursing management and the director of nursing.

In the second step, the director of nursing conducted individual interviews with these same nurse managers, which were recorded and later analysed using cognitive mapping (Northcott, 1996; Pelz et al., 2004). Guiding questions were based on recommendations of the appreciative inquiry literature (Carter et al., 2007). The main topics identified from the individual interviews were validated in the Design phase with all interview partners. Thus, a visual representation of the map was shown to each leader to provide transparency, then in a discursive discussion the results were moderately revised.

In the third step, the main goal was to expand the group of participants and to get relevant feedback from clinical practice. Therefore, the director of nursing initiated discussions about values, perceptions and perspective of nursing care with 19 of the total of 27 nursing teams. At least one month before each team meeting, unit managers were given the questions (Table 1), so that the nursing teams could prepare for the group discussions. The groups varied widely, both numerically and in terms of their professional profiles. A reduced set of the guiding questions was used (Carter et al., 2007) and

handwritten notes were taken from the discussions. In addition, notes from preliminary discussions with the teams were made available by several unit managers. To analyse these data, we decided to use thematic analysis in a pragmatic way. Two members of the core group read all the notes, identified similar topics and clustered them to key themes. Statements from discussions underlying the themes were added for explanation. A further data source was material from a World Café event (Brown and Isaacs, 2005) on the occasion of a forum in which the nursing leadership teams were involved (60-80 unit managers and clinical nurse specialists). At this forum in 2010, perspectives of the future were discussed and documented in writing and with photographs. The World Café is especially suited to engaging the spirit of collective discovery, inquiry and learning in large groups, with significant questions that combine and recombine new patterns of meaning and value for the future. The café scenario is thereby transformed from being a place of small talk to a place of dialogue and shared listening (Brown and Isaacs, 2005).

Table 1: Questions for individual interviews and group discussions	
Format	Questions
Individual interviews	<ul style="list-style-type: none"> • Describe a professional achievement – a particularly positive experience that you are very proud of. What happened, exactly? What made this experience so special for you? • What do you value most about your work? • What do you value most about the healthcare provided at the university hospital? • In your opinion, what distinguishes nursing at the university hospital from that at other hospitals? • Which development opportunities do you see for nursing in this organisation that you would be particularly happy about and that would make you want to be involved? • What would we as an organisation have to achieve so that you could say 'my work here is valuable and life enriching for me'?
Group discussions	<ul style="list-style-type: none"> • What do you value most about your work? • In your opinion, what distinguishes nursing at the university hospital from that at other hospitals? • What development opportunities do you see for nursing in this organisation that you would be particularly happy about and would make you want to be involved?

In the Design phase, the core group synthesised all data into a vision. In preparation, the different datasets were processed by three pairs of nurse managers by identifying affiliative patterns and values, identifying individuals' hopes and dreams, and extracting the strengths of the organisation. Thereafter, the results generated were introduced to the core group for discussion. At the same time, the conditions necessary to facilitate developments were described, and a fine-tuning was carried out to ensure compliance with the hospital's overall mission/vision. Comparisons with earlier versions of strategic documents were also made to ensure that no crucial issues from the past were lost.

In the Destiny phase, the vision statement was translated into three strategic domains, with related objectives and actions that had to be realistic, achievable and, if possible, measurable. At this stage, we elaborated the concrete steps needed to realise the vision of our clinical practice within the next five years. Starting with brainstorming initial ideas, we then looked for commonalities and finally included contextual information in order to respond to surrounding conditions. Thus, actions were defined on the basis of priorities, participants' interest and existing resources.

Ethical considerations

In our cultural context, ethical approval for an organisational development project is not required and no personal data were collected. At the beginning of this journey, the goals of the group discussions

were communicated, and participation was not compulsory. However, we do not know what the unit managers communicated with their teams and we appreciate that staff members might have felt obliged to participate given that nursing management would be present at the meetings. For organisational and leadership reasons the consent of the CEO was obtained in advance.

Process

The first challenge in the appreciative inquiry process was to get as many nurses as possible to take part in the development of the vision, in order to promote broad representation and identification with the results, while maintaining work effectiveness. For this reason, the work was undertaken by a core team, with information being systematically gathered from various groups and then discussed. The main topics from the individual interviews and group discussions are shown in Tables 2 and 3. The discussions with nursing teams were highly informative for this process. Besides that, it was essential for the director of nursing, who was newly in post, to make contact and to enter a constructive dialogue with a large number of nursing staff. Therefore, the team discussions continued as planned even though it became apparent after several discussions that similar topics were arising. At university hospitals, as at any hospital, it is important for the higher management to stay in touch with clinical practice – a challenge in this case given that there are some 2,500 nursing staff. This made the meetings doubly important; they made possible a targeted exchange on values and beliefs, hopes and dreams, while initiating a discussion among nurses across hierarchy levels. All the teams took the issues seriously and prepared themselves for the discussion. Many participating nurses expressed their appreciation for this approach. For some, the issue was of such importance that if they were unable to attend for any reason, they gave notes of their thoughts to a colleague to bring to the meeting.

Table2: Results from the individual interviews	
Main topics from the individual interviews (n=5)	Preconditions
Positioning nursing as an autonomous professional group <i>(making nursing services visible)</i>	<ul style="list-style-type: none"> • High level of engagement, professionally and politically • Recognise own circle of influence • Greater empowerment and professional knowledge • Be aware of nursing contribution to care • Develop skills (academic) • Assume responsibility • System thinking, organisational perspective • Develop entrepreneurial thinking
Patient-centred care, patient-oriented processes <i>(new models of care, evidence-based work, ensure continuity)</i>	<ul style="list-style-type: none"> • Overcome silos • Be aware of and integrate patient preferences • Develop and use evidence-based programmes • Ensure good collaboration in the multidisciplinary team • Acknowledge individuality
Striving for excellence/innovation <i>(focus on quality, academic-practice partnership, targeted capacity building, learning organisation, systematic practice development, evidence-based practice)</i>	<ul style="list-style-type: none"> • Recognise and address challenges and opportunities • Challenge traditions • Undertake evaluation research • Define and assess outcomes • Use benchmarks
Together, not alone: networking <i>(targeted development of networks, take advantage of synergies, proactive instead of reactive behaviour, promote expert groups)</i>	<ul style="list-style-type: none"> • Promote mutual respect and esteem • Recognise and create opportunities • Have shared aims and objectives

Table 3: Main topics of the group discussions regarding development opportunities (n= 19)	
Topic	Elements
Cultivating networks	<ul style="list-style-type: none"> • Support integrated care programmes • Foster nurse expert groups • Expand political activities • Support interprofessional projects
Supporting continuity	<ul style="list-style-type: none"> • Build patient-oriented care pathways • Develop evidence-based guidelines • Optimise processes beyond care settings and the hospital • Promote interdisciplinary collaboration • Break down silos • Allow more time for patients • Improve administrative processes • Use electronic patient documentation
Personal, attractive employer	<ul style="list-style-type: none"> • Targeted capacity building • Offer mentorship for novice nurses • Enact systematic career planning • Appreciate good performance • Implement flexible work schedules • Advance health-promoting programmes • Consider workplace ergonomics • Improve the image of nursing as a profession • Expand childcare availability • Ensure adequate nurse:patient ratio • Monitor skill mix and grade mix: assignments appropriate to skill level • Ensure values are embedded • Offer support in complex situations
Practice development, professionalisation	<ul style="list-style-type: none"> • Integrate management of chronic illness • Strengthen patient education and self-management • Encourage shared decision making and improve patients' understanding of outcomes • Improve work with family members • Promote the authority and autonomy of nursing, strengthen the positioning of nursing, develop expert knowledge, expand APN fields and advocate involvement in nursing research • Improve case management and discharge management • Develop palliative care • Improve multicultural care • Establish nurse-led ambulatory clinics • Facilitate patient safety hospital wide • Foster a shared identity

The second challenge, which came up in the Design phase, involved synthesising the large amount of data collected, as well as defining the vision to provide an overarching picture as recommended in the literature. However, since we did not want the vision to be too abstract but instead focused and precisely formulated, we worked through several iterations and reflected, discussed and refined the drafted versions until the image emerged as whole and clearly defined. In many aspects the core group members were in accordance with the set statements, but there were divergent opinions on certain aspects, which needed an in-depth discussion to achieve consent.

The third major challenge of the overall process was the issue of time. The development of a vision has to take place via a process in which the vision forms and grows over a lengthy period. In our case, this

development lasted more than a year. This caused a few setbacks in the core group since the iterative process was tedious, but the various phases and discussions were vital in helping to sharpen and refine what had initially been a rather blurry picture. It was important to take the time needed purposively to plan each phase because appreciative inquiry cannot be conducted in hourly meetings alongside the daily routine. In addition to the problem-solving and decision-making skills of day-to-day leadership, the development of the vision required the ability to discriminate and synthesise, as well as calling for intuition and creativity.

By means of the inductive approach using all data sources as described above, the outcome of our journey was one key statement – ‘Success through nursing excellence’ – with three strategic domains:

1. We promote person-centred care
2. We support effective models of care and initiate innovation
3. We strengthen nursing authority and autonomy, and participate in networks

Strategic objectives were formulated for each of these three domains, alongside actions and performance indicators: the translation of these objectives into actions is needed in order to realise the vision. The vision and strategic objectives were then communicated throughout the department of nursing to various committees and put on the hospital’s website (Table 4). Every newly employed nurse is introduced to the vision on the first day and receives a flyer that sets out the vision statement and the objectives. Within their first three months of employment, they attend tutorial sessions in order to discuss the domains and objectives, and to reflect on the experience of everyday practice. With help of these approaches we are convinced that the vision is well recognised and discussed, and thus kept vital. Additionally, each year the strategic objectives guide the nursing management to evaluate and plan practice development activities, including the definition of core issues in nursing education. The defined actions and indicators are used to monitor the implementation and to ensure sustainability in clinical practice. A review of the vision statement and the strategic objectives is planned after a five-year period with the higher nursing management.

Table 4: Vision, strategic domains and objectives	
The vision: ‘Success through nursing excellence’	
Strategic domains	Objectives
<p>We promote person-centred care*</p> <p><i>*‘person’ refers to patients and team members</i></p>	<ul style="list-style-type: none"> • Purposeful integration of patient preferences into care processes • Ensuring continuity and effectiveness in all aspects of care delivery • Creating/supporting a healthy work environment • Promoting staff members’ potential • Assigning staff according to their skill level: ‘the best at the bedside’ • Ensuring person-centredness while considering values and cultural norms
<p>We support effective models of care and initiate innovations</p>	<ul style="list-style-type: none"> • Promoting advanced nursing practice • Building a climate/culture that ensures patient safety • Ensuring best practice through hospital-wide practice development • Building a nursing culture that refers to the best evidence available • Supporting and conducting nursing research
<p>We strengthen nursing authority and autonomy and participate in networking</p>	<ul style="list-style-type: none"> • Expanding expert knowledge • Taking an active role in creating care processes • Targeted use of internal and external networks • Expanding shared governance • Building cooperation for knowledge management • Strengthening international practice development networks

Discussion and reflection

This paper describes one approach to developing a vision for nursing at a university hospital in German-speaking Switzerland using the appreciative inquiry method. Two comparable examples of vision development using this method were found in the nursing literature, both in the US; the first at the college of nursing at the University of Utah (Keefe and Pesut, 2004) and the second in the department of nursing at Brigham and Women's Hospital in Boston (Hickey, 2011). In both cases the change process was set in motion by a new leader – the dean and the director of nursing respectively – which also was the case at the onset of our journey. This sort of transitional period allows for a targeted assessment of the current state of affairs and a new direction for the organisation. The process of developing the vision using appreciative inquiry was described as inclusive, motivating and effective, and generated a sense of progress towards a promising future, even while the process was ongoing. Hickey (2011) used the metaphor of a journey to describe the change process; this enabled the department of nursing to adapt to change along the way while remaining focused and engaged in the development process. Ultimately, it was the targeted setting of priorities that made it possible to continue to operate effectively in spite of the various demands and challenges (Hickey, 2011).

The strengthened identification with the strategic orientation of the vision, and with its commitment to its implementation, were clearly apparent in our case. Through appreciative inquiry, the nursing department's leaders were able to create a vision and to take responsibility for transformational change and thus for sustainability of practice development work. The iterative process enabled the integration of the vision into each individual's thoughts and actions. The vision could be internalised by each member of the group through repeated reflection and critical examination of values and attitudes, opportunities and future challenges.

The development of a vision is a time-consuming, non-linear process (Martin et al., 2014a), which frequently originates in a diffuse and abstract form, becoming concrete only through repeated reflection and critical discussion within the organisation (Kotter, 1995; Iszatt-White, 2010). But it is this very element of time that has been described as crucial for success. The core group was especially challenged to stay committed in the Design and Destiny phases, when discussing and aligning details – simply because of the amount of time that had to be invested by all. Development of a vision requires time for strategic thinking (Martin et al., 2014a) as well as a supportive organisational culture (Donley, 2005). When the vision and its strategic objectives are able to be implemented sustainably into clinical practice then the time invested is well worthwhile, because a vision allows all employees to direct their energy and efforts towards common goals (Martin et al., 2014b).

Along with the amount of time required, the degree of abstraction involved in the formulation of the vision was a true challenge. The core group synthesised a large dataset from diverse sources and used it to form the vision and strategic domains, as well as corresponding objectives; the final version was achieved only after several cycles of critical reflection and revisions. The vision is in alignment with an overarching organisational goal that intentionally includes nursing and is not overly abstract in its formulation. This necessitated a judicious combination of idealism and realism as well as a serious commitment from all of those involved. According to the literature, since a vision acts as a bridge from the present to the future (Nanus, 1992), an effort must be made to ensure that it offers a credible and vivid depiction of a future that is better than the present, while coming across as realistic and attainable (Bennis, 1990; Kotter, 1996). Thus it should be clearly articulated, easily understood, accessible, desirable and inspirational (Nanus, 1992). As a rule of thumb, Kotter (1996) adds that a vision should be communicable in a few precise sentences, in five minutes or less.

The literature on developing a vision describes a choice of top-down and bottom-up approaches, depending on the size of the organisation, the preferences of the responsible leader and the number of people involved (Hoyle, 2007). Each has advantages and disadvantages. With a top-down approach, the initial version of the vision is usually developed by a single leader or a small group, as it was in

our case. The challenge that follows is to inspire the entire team in such a way that it adopts the vision as its own (Hoyle, 2007). Generally, a vision is only effective if it is shared by all individuals in the organisation, who identify with it and work as one to achieve it (Cadmus, 2006; Senge, 2006). The process often begins with a leader with a vision and dreams, who then sets about inspiring other team members using targeted strategic communications to integrate them into the process (Kouzes and Posner, 2007). According to Kotter (1990), this aspect of communicating a vision in words and deeds is essential for leaders wishing to bring about change. Although the core group frequently integrated nurses from the organisation's leadership and clinical practice into the process of developing the vision (using various methods and in diverse settings), the primary work was carried out within the core group, which corresponds more to a top-down approach. However, such an approach means that the leaders have to communicate the vision regularly, along with its core elements, to the teams so the target objective can be internalised by all and the vision can remain vital.

The greatest challenge with the alternative, a bottom-up approach, is integrating all individuals into the process from beginning to end. This is only possible if the number involved is not too high and the investment of time and methodology can be made. Moreover, the cognitive processes needed for visionary thinking are different from those used in day-to-day problem solving, which predominantly require analytical thinking (Donley, 2005). Creative thought processes call for the associative approaches that enable holistic thinking and a connection with emotional experience. Based on their studies involving leaders, Kouzes and Posner (2007) describe the process of developing a vision as an intuitive and an emotional one; a process of self-exploration and reflection on the past, present and future.

Not every leader is in a position to develop a vision. According to a study carried out in several large companies (Bruch and Goshal, 2002) only a tenth of leaders are the type of goal-oriented managers who distinguish themselves both by their high levels of energy and their strong focus. In this context, goal-oriented behaviour entails the ability to concentrate on essentials as well as a long-term outlook, founded on reflection, analysis and planning (Bruch, 2006). Goal-oriented leaders are productive and successful because they carefully orchestrate their schedule and budget to allow for thinking time (Bruch and Goshal, 2002). Bruhn (2004) also differentiates between those leaders who are visionary – those who initiate change processes, thereby making it possible to grow and learn – and those who see change primarily as a threat to be defeated. However, visionary leaders are pivotal to the success of an organisation because they overcome limitations and bring about change proactively (Bruhn, 2004). The capacity for change, with its components of vision and communication, is a critical aspect of competent leadership and forms the basis on which challenging processes can be successfully managed (Krummacker, 2006). A vision reveals new horizons and makes it possible to find direction during complex and unstable change processes (Martin et al., 2014b). This lends a greater sense of security and encourages greater openness to change. The more clearly the vision delineates the scope of the future, the more transparent the organisational processes will be and the more effectively staff will be able to make use of and shape their scope of practice (Hinterhuber and Krauthammer, 2005). In this way, the vision connects the stability of a long-range perspective with the flexibility of adapting to change in the organisational environment (Hinterhuber and Krauthammer, 2005).

A limitation in our journey is that, as opposed to what the literature recommends, we did not include other key stakeholders, such as members of the multidisciplinary team or patients and their families (Solman and Wilson, 2016). In order to evaluate the relevance of our vision and the strategic objectives, we would need to consult them in addition to our workforce.

Conclusion

Although, the appreciative inquiry approach is well suited to revealing the resources and potential of an organisation, thereby fostering the creativity and innovation needed to develop a vision, the effort involved in the entire process should not be underestimated. The process is demanding and time consuming, and will be different for each organisation. It needs people who ultimately commit themselves to it and become engaged with it. Moreover, it needs someone who can stay fully abreast

of the work, coordinate the phases in the 4-D Cycle, facilitate participants to generate energy, and stimulate reflexivity and creativity. Although complex, the process of developing a vision enables access to systematic development and change and leads to a high level of identification with the strategic objectives. Thus, the suitability of appreciative inquiry lies in its status as a method 'for values-based transformational cultural change generated over time in complex organisational settings' (Moody et al., 2007, p 323).

Implications for practice

In a time of great challenges and constant change for healthcare organisations, there is a need for visionary leaders who are capable of developing an attractive and coherent vision for the future – one that fosters the shared perspective and orientation on best practice and patient-centred care that is needed to achieve high-quality nursing care in the face of dwindling resources. Practice development research is increasingly calling on practitioners to take a systematic approach to the task of improving patient-centred care (Barrett et al., 2005; Bucknall et al., 2008, Wilson et al., 2008). Systematic approaches are flexible to changing conditions of healthcare while remaining focused on the collective vision for practice (McCormack et al., 2004). A shared vision helps to focus practice development activities, to evaluate them systematically as well as to coordinate them with organisational development initiatives. Importantly, before initiating the process of developing a vision, it is important to consider the time factor and to plan accordingly so that the necessary creative thinking and reflection can take place.

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