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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Using appreciative inquiry to research practice development

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Abstract

Background: Appreciative inquiry is a theory and method of research in organisational development, characterised by a positive approach. There is a growing interest in using appreciative inquiry to support practice development in healthcare.

Aims: This article is a critical reflection on my experience of using appreciative inquiry in my doctoral research into practice development in dementia care. I explain the value of adopting a positive orientation in conducting my research in a practice development project within a medical unit, considering insights and lessons learned.

Conclusions: Appreciative inquiry offers a useful approach whereby novice researchers can engage practitioners in practice development projects. The appreciative stance of the researcher lays a foundation for the development of a safe environment in which participants can discuss different ideas and try out innovative actions.

Implications for practice:
- Instituting regular team reflection enables practitioners to collaborate in practice development
- A sense of being able to influence or make a difference motivates practitioners to contribute and take actions
- Practitioners should be empowered with resources to address issues that impact directly on their everyday work

Keywords: Critical reflection, appreciative inquiry, practice development, dementia, person-centred care, engagement

Introduction

At a recent hospital conference, a senior leader suggested that simply working more and harder might not be enough for us to keep up with growing demand and rapid changes in healthcare systems. She invited the staff members in the audience to help find innovative solutions for new models of care, saying she believed there was a web of strengths, potential, and talents within the organisation. I felt this faith and trust in the staff was encouraging. At the same conference, I led a workshop called ‘Embracing change’, in which I used examples from my doctoral research, involving a team of staff in the hospital taking actions to innovate and improve dementia care. While the goal of the workshop was to inspire the audience to make practice changes, I found myself deeply inspired by their comments. One person said: ‘I think there are lots of great opportunities to make a difference in patient care if we are willing to find creative ways to do things differently.’ The comments largely emphasised the great

potential of paying attention to the human side of our work, engaging others to make change together towards compassionate care – the 'How?'. Comments from the audience included:

'Small actions can make a big difference in patients' experiences.'
'Change can start with any one of us in the hospital.'
'There is no need to wait for large-scale structural change.'

This article is a critical reflection on my doctoral research, inspired by the comments from the conference audience. I asked myself two key critical reflective questions:

- What assumptions did I hold about practice development?
- Why is involving practitioners to co-create change important?

Based on my reflection on these questions, I describe the value of using appreciative inquiry to research practice development in this article. The insights and lessons learned from involving a team of practitioners in research are discussed.

What assumptions did I hold about practice development?

My biggest assumption about practice development was that investigating practice problems might affect morale and generate resistance to change. From my clinical experience, people often feel judged or blamed for practice problems and this affects their attitude to change. However, I was surprised and impressed by the positive response to change among the large conference audience; the optimism generated by the first few comments uplifted the energy in the room. It began with a nurse saying, 'I think there are lots of great opportunities to make a difference in patients' care if we are willing to find creative ways to do things differently.' Then, another nurse added, 'Small actions can make a big difference in patients' experiences'. After that, there were discussions about hopes and desires, which ignited more positive emotions about making change together. The images of what people wanted more of in their practices were compelling and highly motivating. The openness in the air of the conference room bolstered a sense of commitment and social cohesion, and convinced me that people will not resist change if they have invested themselves in its co-creation. The audiences' comments led me to reflect further on how the core principles of appreciative inquiry may offer useful support for people to make change.

Scholars (for example, Grieten et al., 2017) suggest that, as a strengths-based change, appreciative inquiry holds the potential to offer positive effects for practice development. Philosophically, drawing from social constructionism, appreciative inquiry likens organisations to meaning-making systems, in which social reality is continuously created and recreated through social interaction (Gergen, 2014). As a researcher, I have choices to make about what questions I ask, and how I ask them. If I ask 'what works?', I can get people to participate in the construction of a potential reality. Indeed, the inquiry process can be considered as a form of action, a way of engaging with others in creating practice development (Reed, 2008). Appreciative inquiry views practitioners as active agents who can influence their future reality through the ways they talk and think about it (Bushe, 2011). Reed (2010) suggests the core principles of appreciative inquiry include positive inquiry and collaboration. In the following section, I illustrate how positive inquiry and collaboration provided useful guidance for my research.

My doctoral research was an action research project in dementia care, aimed at finding practical solutions to innovate and improve the physical and social environment in a medical unit. Practice development was an important goal of the study. As noted by Dewing, McCormack, and Titchen (2014, p 9), practice development involves 'the engagement brought about by teams developing their knowledge and skills and changing the culture and organisation of care'. As appreciative inquiry emphasises bringing people together to innovate, improve and develop practice through shared learning in the practice setting, I invited an interdisciplinary team of practitioners to attend bi-weekly group sessions to reflect on practices and co-develop changes towards person-centred care. As Schön (1987) notes, much of the meaning of routine practice is hidden in practitioners' everyday experience.

Reflecting back, it was the regular team reflection in those group sessions that inspired interest (or 'willingness' as mentioned by the conference audience) and opened up opportunities for new ways of practice. As McCormack (2011) points out, practice development is an 'engaged scholarship' involving collaboration between the researcher and practitioners to co-develop ideas and put them into action together.

Why involving practitioners to co-create change is important?

An important value for me is authenticity, meaning my espoused values (my being) and my ways of working with others (my acting) in research must be congruent. I constantly challenged myself to reflect on my assumptions and to look at situations from many angles. Regular reflection enabled me to take reflexive actions, being more aware of how I might influence the knowledge and actions created. For example, in the beginning, I was concerned that people might come into a group session and turn it into a complaint session. Appreciative inquiry provided useful guidance and helped me to shift my negative mindset to appreciate the positive potential of the group. I reframed my thinking and carefully asked questions in a positive fashion. For example, instead of getting stuck with problems, I asked what we could do to create positive change. We sat in groups together to imagine possibilities for future realities. The team reflection in group sessions offered opportunities for individuals to share stories of what they would like to see more of, what worked and why. The team was always excited to hear of small actions undertaken by their colleagues, such as how it made a difference to take a minute to acknowledge emotion or use a Google image (such as a kitten) in a phone to connect with a patient. The positive stories made the team feel good and quickly injected energy and power into the process of creating transformation.

Staff commented that the new ways of practice had meaningful impact because the ideas came from a team of practitioners who knew what would be feasible and applicable to practice. People were excited to support what they helped to create. This grassroots approach attracted the talents of a great number of practitioners; for example, a few staff in different disciplines (including nurses, pharmacist, occupational therapist and physiotherapist) co-produced a series of peer-teaching videos, which generated a lot of buzz in dementia and person-centred care. Good storylines quickly spread to other units of the hospital. The enthusiastic responses from the participants not only built rapport, leading to shared positive team memories, but also increased my confidence to proceed with the research. As a group, we developed a habit and a disciplined way of thinking positively, which supported the group's growth and my own. The team insisted on making the work enjoyable; in the summer, we organised a 'funfair', using concepts of gamification to engage staff in fun learning. Even though the team had a code blue (a patient had a cardiac arrest) an hour before the funfair, team members were able to shake off the stress and came to the event, as Figures 1 and 2 show.

The research had ups and downs, a bit like a rollercoaster ride. Together, we experienced a transformation towards taking an appreciative approach to working with a range of challenges along the research journey. There was uncertainty about funding for carrying out proposed physical renovations – after we had funding approved, a principal sponsor in the senior leadership team left the organisation. To sustain and re-energise our positive spirit, we learned to embody a positive stance and interact in an appreciative way. For example, spending time in each workshop to celebrate small successes and share positive stories with the group gave us energy and power to continue with the work and experiment with creative ways to develop person-centred care in the hospital unit. The project taught me that it is necessary to have faith, confidence and trust when developing collaborative work. A lack of faith would have made it impossible for me to see the courage, skills, and growth among the people in the project. A key strength of appreciative inquiry is that it helps bring to the surface the deeply desired values of the group and enable transformational change and growth. As Bushe and Marshak (2015) emphasise, transformational change requires new ideas, new conversations and new ways of looking at things. They further stress that transformation shifts not only what people do but also how people think and define who they are within organisations. In other words, transformational change emerges when there is a shift in the collective thinking and acting of the group.

Figures 1 and 2: Staff learning 'funfair'

Insights and lessons learned

I gained useful insights and learned important lessons through using appreciative inquiry to research practice development. The experience has transformed my thinking and acting in practice development in two important ways:

- From individual competence to collective intelligence
- From fixing the problem to unlocking talents and potentials

From individual competence to collective intelligence

In my 20 years' experience in healthcare, I had been socialised in an environment of focusing on competency in individual staff members. An important aspect that had been overlooked was the value of building collective intelligence in the team. Through a year of teamwork in bi-weekly group sessions, I learned that social and emotional bonds could have an impact on supporting team resilience and building a safe learning environment. It was the trust and social connectedness and inquiring together that grew the collective intelligence. Collaborative and positive experience in research gave us a sense of team cohesion and made us feel 'Together we can make a difference!' As the conference audience said, there is no need to wait for large-scale structural change to start to take actions. I have also learned that meaningful change starts with co-visioning what people want for their future. It was evident that staff in all disciplines and physicians wanted to be part of the conversations that were taking place in practice development. People needed to feel they shared each other's aspiration and concerns. Fortunately, our leaders in the organisation acknowledge that change does not need to be rolled out from the top; with good support, practitioners can initiate it themselves. I agree with the comment made by the conference audience that 'change can start with any one of us in the hospital'. The research group actively took steps themselves, rather than passively waiting for this to be done. For example, we asked ourselves what could be done to support patients with dementia who were pulling out intravenous lines. Nurses joined together and used social media to recruit volunteers to make comfort mitts to cover the intravenous lines for the patients. Through the research, I come to realise that at the heart of the appreciative inquiry is a call for engaging the collective intelligence.

From fixing the problem to unlocking the talents and potentials

The traditional approach to a deficit problem focuses on a diagnostic approach: what is wrong? (Bushe and Marshak, 2015). But reducing the problems of a team or organisation to a simple reality of people as parts that need to be fixed can be disheartening and energy zapping. In the research, physicians and staff stressed that people matter. As Bushe (2011) describes, organisations are webs of human relationships, conversations and interaction. Imagine working with a team that consists of people who know themselves well and are empowered to bring to work their strengths and talents, full potential and authentic self. Through the research, I learned to move from 'let me tell you how to fix this' – a monological position – to 'let us explore' – a dialogical position (Bakhtin, 1981). The success of change does not simply depend on the researcher's expert knowledge, but on the degree to which the participants gain better understanding of their practice and take actions together for transformation.

Through critical reflection in open dialogue, the team was enabled to discover alternative possibilities, and take reflexive actions. Reflexivity entails the ability of team members to acknowledge and take account of the many ways they themselves can influence practice (Lee, 2009). By having faith and supporting practitioners to take actions, people can gain confidence and begin to realise they have the potential and capacity to have an impact in their practice. As the audience in the conference workshop highlighted, every member in the team can be a change agent and can make a difference. A small action can make a big difference in patient care. For example, I used patient stories to inspire the team to think what could be done differently (Figure 3). When a compelling patient story was told, such as a patient's perspective of being restrained, many staff came up with small actions that they could do to improve patient care. After a staff member took the restraint off and walked with the patient, the story was spread and others followed suit. Another example involved a patient wanting to leave the unit. A staff member was punched in an attempt to stop the patient leaving. After that, security guards were called each time the patient approached the door. In the group session, another member of staff said: 'Why don't we just gently follow her out to another unit and walk her back?' It worked. The story was shared and the rest of the team adopted the approach.

Figure 3: Patients' perspectives were used to inspire the team

Conclusion and implications for practice

This article describes my experience of using appreciative inquiry to co-create changes with practitioners for practice development. I found the core principles of appreciative inquiry – positive inquiry and collaborative approach – offered useful guidance in engaging practitioners to participate in research and practice development.

Interdisciplinary practitioners in acute hospitals need to make space for regular team reflection to promote reflexive practice. In order to confront the growing demands and complex challenges of the current healthcare climate, leaders need to tap into the power of collective intelligence in teams to make innovative and sustainable changes; a sense of being able to influence or make a difference motivates practitioners to contribute and take actions. However, hospital managers and leaders do need to ensure they provide the necessary resources and minimise barriers to empower practitioners to address issues that matter and have direct impact on patient care.

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