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Research Review and Notes

Appreciative Inquiry, a Lighthouse on a Foggy Path: Healthcare Teams Share Success Stories

Sarah O'Flanagan works on a multidisciplinary team in disability services in Ireland. In 2015 she embarked on an Action Research (AR) project – determined to effect change. A long-awaited reconfiguration of local services was imminent and she hoped that by working with co-researchers and collaborator colleagues they could smooth the transition to a new model of service. This article is the story of that journey.

As a psychologist I believed I had a good understanding of group dynamics and organisational change principles. As my project began, I was optimistic about being able to support multidisciplinary colleagues and act as a catalyst for change. I was to learn some hard lessons about the complexity of “wicked” healthcare systems (and the limits of my influence) but I also learned about the value of Appreciative Inquiry (AI).

Amid a stalled implementation process, widespread disillusionment and change-fatigue, AI proved effective in prompting diverse groups to engage in positively framed narratives. It enabled new teams to “build bridges” over organisational and discipline boundaries – towards a shared vision of a desired future.

Change management in healthcare – The Know-Do Gap in complex systems

In Ireland, as elsewhere, efforts to implement changes in health services frequently prove more challenging than initially anticipated. Health systems are notoriously complex, with multiple stakeholders and high-risk processes where consensus and momentum for change are hard won. Sometimes referred to as the “Know-Do Gap” (World Health Organisation, 2006), there is ever-increasing

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interest in how to spread innovation across health settings and organisational boundaries. In particular, inter-disciplinary communication and hierarchies and the role they play in supporting or frustrating change efforts has received considerable attention (Chreim, Langley, Comeau-Vallee, Huq & Reay, 2013; Fitzgerald, Ferlie, McGivern & Buchanan, 2013; McAuliffe & Van Vaerenbergh, 2006; Oborn, Barrett & Racko, 2013; Wranik et al., 2019).

How can clinicians from different backgrounds, who are generally trained, supervised and appraised in discipline silos be encouraged to co-facilitate change?

There is increasing recognition internationally of an imperative to move non-emergency care away from the over-stretched acute hospital sector. Developing flexible, wide-ranging care services at local levels within communities has been identified as key to promoting health and improving safety and efficiency. The World Health Organisation (WHO) has described multidisciplinary teams as “the cornerstone” of future health systems, central to enabling countries to respond to the demographic challenges that threaten to overwhelm existing out-dated health organisations (WHO, 2010).

New care pathways for children with disabilities

It was within this context that a national plan to restructure health services for children with disabilities was initiated in Ireland in 2010. Entitled “Progressing Disability Services for Children and Young People” (PDS), the plan aims to radically change the way that paediatric teams are organised and managed. It is an ambitious, wide-ranging initiative to address the significant gaps and overly complex care pathways in existing services. The objective is to amalgamate and reconfigure state-run, religious and voluntary disability agencies to establish a nationwide network of children’s disability teams (CDTs) with common policies and procedures. Its architects believe that PDS has the potential to establish accessible, equitable, family-centred care for children in every part of the country.

PDS is a “top-down” strategic initiative, which involves structural changes, new working practices and a new emphasis on collaboration – amongst multi-disciplinary colleagues and with families. Designed and planned by a national working group with buy-in from government, it impacts thousands of children and health professionals. Local Implementation Groups (LIGs), guided by Organisational Design (OD) experts, have been charged with translating the plan into changes at the point-of-care across enormously varied regional contexts. At

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the outset, reconfiguration of teams happened quite quickly in some rural areas, but further progress became much more contentious.

My position in the organisation (insider perspective)

My interest in the PDS programme stemmed from my “insider knowledge” (Coghlan & Brannick, 2014) of working in children’s disability services. As a psychologist on a multidisciplinary clinical team, I had insights into both the potential and the challenges of the change programme. I welcomed a plan to create equitable and more family-friendly care pathways, but also had a pre-understanding of the hazards and potential for discord amongst MDTs.

As part of the informal or “private life” of the organisation, I had first-hand experience of horror stories regarding strategic plans that failed spectacularly during implementation. I had witnessed the confusion and frustration that is frequently reported when colleagues do not have a shared vision, particularly during times of change (Aarons et al., 2014; Edmondson, 2004; Fitzgerald et al., 2007; West & Lyubovnikova, 2013). Conversely, I had enjoyed the powerful potential of collaborative, inter-disciplinary teamwork, but was concerned to notice a withdrawal to discipline silos during this period of uncertainty.

As a supporter of PDS goals, I was keen to reduce resistance, to hasten the organisational changes and to create harmonious work environments for myself and my colleagues. MDTs were at the heart of the new model of service. Lessons from the research literature, and from my own experience, had shown me that real teams are much more than co-acting groups (West & Lyubovnikova, 2013). As part of an MSc programme at Trinity College Dublin, I had an opportunity to conduct a project with support from skilled Action Research practitioners and OD colleagues and was motivated to focus on this area.

As I was planning my project in 2015, project leaders in my region were hopeful of generating momentum for action and welcomed my involvement. They encouraged me to attend planning meetings and to interview stakeholders by way of a pre-step in the AR process. We tentatively pencilled dates into diaries for workshops when newly formed teams would come together to build collaborative relationships and agree new ways of working.

At the outset I was confident that an Action Research project would facilitate the co-planning across discipline boundaries and hierarchies that would support meaningful change. I hoped to promote communication and joint-work among the clinicians in my own region who were to form reconfigured teams: psychologists, speech and language therapists, occupational therapists,

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physiotherapists, nurses and social workers, scattered across multiple sites but anticipating new working environments. An AR approach encouraged me to “shine a light on lived experiences” and I hoped to generate organisational learning; to pay attention to the voices and stories from front-line teams and their views on the way forward.

Stalled implementation and disillusionment

Action Research requires a collaborative approach and pre-step investigation, so I began by interviewing implementation leaders. I quickly came face-to-face with the complexity of health care systems. Ireland was emerging from an unprecedented financial crisis, and clinicians and parents shared legitimate grievances about years of budget-cuts and recruitment embargos in existing services; they were frequently cynical about plans for making changes. Despite widespread support for PDS objectives, in a multi-stakeholder, resource-starved sector, cross-agency planning had been more contentious than anticipated. Political activity and media attention had been intense, with various interest groups lobbying for more control and resisting change.

It became clear, amid unresolved policy and HR issues and entrenched stakeholder disagreements, that the roll-out of PDS had stalled in my region and elsewhere. Although some new teams had been established in rural areas, target dates for the reconfiguration of other teams had been repeatedly extended. In a particular blow to my budding project, the reconfiguration date in my own region was again deferred – my plans to work with new local teams had failed before they had begun.

Appreciative Inquiry – A light in the dark

This was a low point in the project and I considered abandoning the research topic. However, Action Research principles encouraged me to respect the messy reality of the organisation, so I returned to reflections with stakeholders. Considerable curiosity had emerged about the experiences of newly reconfigured teams in other regions and there was a growing sense of an imperative to improve organisational learning in this area. The local implementation manager (LIM) suggested that I consider surveying these teams; that the information gathered would be of value to the national steering group.

This suggestion provided an appealing way forward but I was concerned that my AR goals were being compromised. A survey would provide an opportunity for

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clinicians' views and experiences to be recorded, but it did not fit well with AR principles to promote shared reflection and co-planning.

I was also troubled by my growing awareness of the vulnerability of front-line clinicians working in children's disability services. Colleagues around the country, working within an environment of uncertainty for a number of years, were widely reported to be increasingly frustrated and demoralised. I was concerned that the kind of fact-finding survey being proposed would focus attention on unpopular and divisive aspects of the PDS programme, prompting negative conversations and giving voice to grievances without providing any support.

Therefore, in considering an online survey for teams that been through a difficult reconfiguration, I was motivated to explore whether it could be more than a data-gathering exercise. What kind of survey design or questions would help participants to look to the future, rather than dwell on past mistakes?

It was at this key juncture, as I hesitated to take the next step, that I came across Appreciative Inquiry – a discovery that changed the course of my project and my working life forever.

I trawled the literature for previous AR studies that investigated change initiatives in community-based services for children. In this somewhat neglected area of research, I came across an article by Bernie Carter (2006) describing the use of Appreciative Inquiry (AI). The approach and the 4D cycle captured my imagination. I talked them over with my academic tutors and colleagues and carried a printed copy of the article with me for weeks, delighting in the treasure-trove of AI writing that it introduced.

AI has been described as both a process and a philosophy that seeks to find and reinforce organisational strengths and capabilities (Drew & Wallis, 2014). Its optimism was a welcome balm. I was encouraged by the suggestion that by re-framing my study along the five principles (Constructivist, Simultaneity, Poetic, Anticipatory and Positive) I could generate positivity and future-orientated conversations. My project could not resolve PDS roadblocks or stakeholder conflicts but perhaps, by using "Inquiry is an Intervention" (Bushe, 2012) I could highlight strengths and shared values.

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The recognition in AI of the influence of social context and the way in which our words create our worlds resonated particularly strongly with me. Communities that share stories of what works well and co-create dreams for the future, it is suggested, can unleash pride and creativity (MacNeill & Vanzetta, 2014; Reed, 2007; Whitney & Cooperrider, 2005). I come from a large Irish family of storytellers and have personal experience of how well-chosen words and shared stories can bring people together and generate energy. Using this approach in a

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work context made absolute sense, but I was aware that my colleagues were much more inclined to share horror-stories than success stories. AI calls for language and sharing that is grounded in affirmation and appreciation and I recognised that this would be a significant cultural shift for myself and for others.

I resolved that my project would aim to flip some of the negative conversations I heard around me. I hoped to unleash the ripples of change that are suggested by AI advocates (Whitney & Trosten-Bloom, 2016).

Over the following months I used AI strategies to shape the design of a national survey; to analyse and share feedback with diverse stakeholders; and to facilitate MDT co-planning. Where were the positives in this stalled, disruptive project? Was it unfair, and perhaps unscientific, to avoid exploring and recording negative experiences? If I used AI approaches to avoid opening up old wounds and resentments, would the information gathered be too simplistic, too idealistic? Despite these doubts, at each stage I became increasingly confident in the restorative potential of generative language and human stories to enable groups (and individuals) to envisage a positive future (Carter, 2007; Cooperrider, Stavros & Whitney, 2008; Drew & Wallis, 2014; Godwin, 2016; Richer, Ritchie & Marchionni, 2009).

With hindsight, I fully appreciate how my discovery of AI and my journey to finding an Appreciative Voice in the following months changed my perspective and project goals. At the time I was focussed on salvaging my initial plans to facilitate reconfiguration and generate action. I had hoped to see concrete changes in working practices. But slowly I came to an awareness that facilitating shared meaning-making and positively framed conversations was action enough and, in my final evaluation, perhaps more valuable.

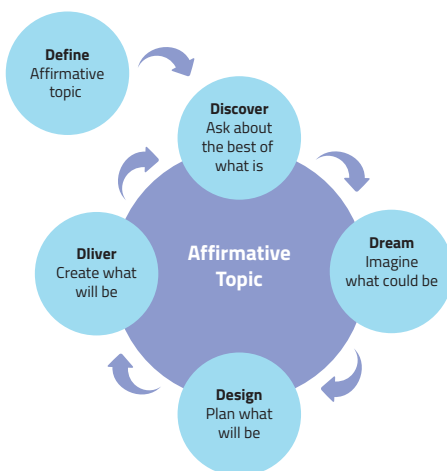


Figure 1: Appreciative Inquiry 4D cycle

The process – My 4D cycle

Convinced that AI was not just a way to move forward but the only meaningful way to do so, I began exploring how I could adapt the 4D cycle. A full cycle was impractical in the timescales available, so adaptations and compromises would be required. Nevertheless, my co-researchers and I found that AI principles and the early stages of the 4D cycle (Define, Discover, Dream, Design) provided a framework that was well matched to our organisational and cultural needs.

	Table 1: The 4D approach in this context Approach	Output
Define Setting the stage	Worked with co-researchers, senior stakeholders and a pilot team to design a survey and agree distribution mechanism. Also to agree a process for co-analysing responses and sharing within wider organisation. Positively framed questions agreed and distributed nationwide to teams via regional gatekeepers.	Positively framed questions agreed and distributed nationwide to teams via regional gatekeepers. Shifting the tone of (some) conversations at various levels across the organisation.
Discover Appreciating the best of what is	Survey (not traditionally an AI method). Workshops across hierarchies and geographic areas – survey responses shared and used to generate further positively-framed conversations and reflection. Identification of “trigger statements”.	Responses N=77 gathered, analysed and synthesised with input from collaborators. Themes and trigger statements identified and shared across the organisation (within limits). Powerpoint presentations for use with stakeholder groups.
Dream Envisioning what could be	Workshops – with implementation managers and with front-line teams. Survey responses used to generate positively-framed conversations from insider perspective. Generation of shared stories and “best of what is” reflections.	One-to-one and group reflections to extend positive discourse. Improved awareness of strengths, particularly collegial solidarity, within the organisation. Co-planned action for next phase.
Design Co-constructing what should be	Provocative Propositions (PPs) co-developed by individual teams, shared with co-researchers and stakeholders.	Individual PPs for four teams. (See Fig. 2) Informing training plans.
Destiny Innovating what will be	Missing step – Attempted now through conferences and publication.	

Define

The AI cycle began with a nationwide survey to MDTs established by PDS. An online format was practical and enabled me to reach clinicians and locations

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that would not otherwise have been included but sacrificed much of the sharing that is at the heart of AR and AI. Aware of compromises being made (the loss of dialogue), I was, nevertheless, impressed at how AI helped shape the survey design. When stakeholder requests to include questions threatened to pull the survey in multiple directions, the principles were immediately relevant and practical. They provided a framework, tone and language that made it easier to agree to the inclusion or exclusion of specific questions. Although I was a novice, I found my “Appreciative Voice” (Donovan & Roff, 2018) as I repeatedly explained and championed AI principles. In essence I was negotiating the definition of an affirmative topic – an important pre-step in the 4D cycle.

While compromises were made to collect demographic data on respondents and teams, the focus was on positively framed questions which sought qualitative responses. We rejected questions which explored challenges or problems, instead endeavouring to design the kind of generative questions (Carter, Cummings, & Cooper, 2007) which prompt respondents to discover positives in their work. These included:

- What do you value most about your work on this team and why is this valuable to you?
- Think of a time when you were proud of the work your team is doing. What made you proud?
- Are there specific things that have helped you and your colleagues to develop communication and trust amongst the team?
- Name one thing that has helped your team make it through difficult times.
- Imagine the perfect multidisciplinary team working under the Progressing Disability Services model. What is it like? Why do people enjoy working on this perfect team?
- Under this new model of service, what are the most exciting opportunities ahead for your team?
- Is there an image that symbolises your dreams for this team? Please give details.

Discover

The survey was distributed and responses collected over a five week period. Ultimately, 77 responses from a range of locations and disciplines were collected – a 35 % response rate. It is perhaps a testament to the engaging nature of the AI questions that although the survey took most respondents more than twenty minutes to complete, there were few (n=4) who didn't finish it. Most had engaged well and provided detailed answers, with one notable exception who wrote (in capitals) NOBODY CAN EVEN THINK LIKE THIS AT PRESENT.

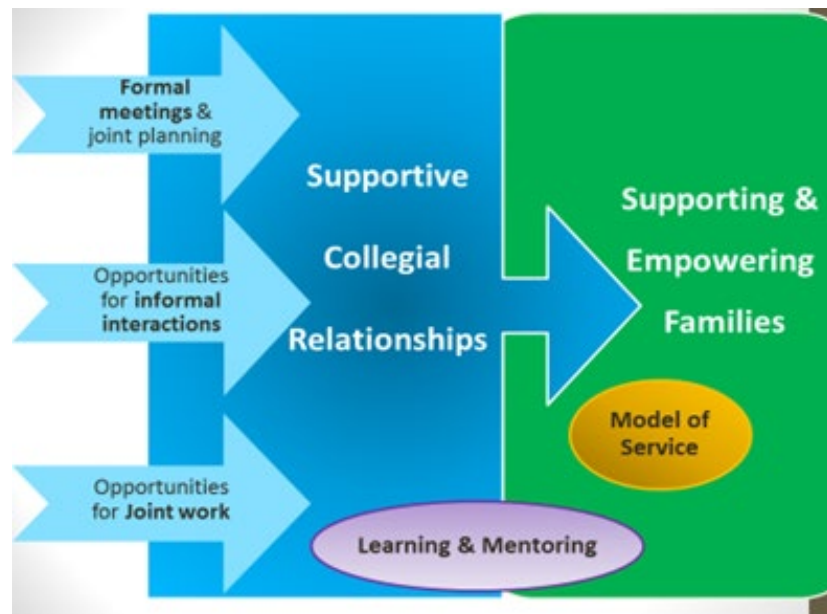
Survey responses were analysed and themes were developed, validated and refined through shared dialogic exploration and reflection with groups and individuals across the organisation. These included: my research partner – the local LIG lead; an OD consultant who had provided input at the research design stage; my AR study group, including academics at Trinity College and a group of colleagues who worked in similar roles to those being explored. I shared quantitative and qualitative data in presentations and via hard-copies and emails. (See Appendix A.) I presented a wide range of exemplar quotes and sought reactions from various perspectives, seeking at every opportunity to generate positive discourse.

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In exploring emerging themes with collaborators, I sought feedback on whether the data gathered reflected their experiences, was meaningful for them and whether there was anything surprising or new. I sought to identify trigger statements (Carter, 2007) – phrases and accounts from respondents that captured positive experiences and aspirations that resonated. With participant consent, these feedback sessions were audio-recorded and transcribed for further analysis in iterative cycles with collaborators and tutors, creating a graphic model of the themes and sub-themes:

Supportive collegial relationships emerged as a strong theme in respondents' feedback about what they valued in their work, with underlying behaviours relating to formal and informal interactions and opportunities for joint-work. Many respondents mentioned pride and value in relation to supporting and empowering families but this was almost always within the context of what could be achieved by a collaborative team with strong communication across disciplines. Clinicians valued opportunities to learn from one another and from a wider variety of work under the new model of service. Dreams for the future frequently referenced harmonious, flexible teamwork with opportunities to innovate with multidisciplinary colleagues.

Figure 2 Diagrammatic model of survey themes



Dilemma for the novice AI Practitioner – the Poetic principle

In providing a full account of this project, it is important to record that despite efforts to design a positively orientated survey, the frustrations and difficulties that MDTs had experienced were reflected in many responses. Even when describing positive values and dreams, many respondents referred to significant challenges in their working environments. Some made indirect references, for example of feeling “proud to have survived”, of “keeping our heads above water” or “sticking together at the coal-face”. Others were more blunt: there was “nothing” that made them proud or helped in difficult times; they found it “impossible” to dream about a future or to be excited about possibilities.

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I found myself negotiating how to be true to the AR ideal to shine a light on lived experiences while also sticking to AI positivity and generativity. As a psychologist schooled in the “researcher as an objective observer” tradition, I felt conflicted about ignoring negative comments and themes. I struggled with the notion that I was manipulating data. I had to be reminded, and to remind co-researchers, that AI advocates argue that organisations and teams change in the direction of what they study; that researchers should “diligently search for good evidence of the best in an organisation” (Carter et al., 2007). I was struck at how much more practised and comfortable my colleagues and I were at paying attention to negative issues and obstacles, but I determined to embrace the AI Poetic principle. This required a very deliberate cognitive shift, but it was clear that new questions and new conversations were required if the project was to generate hope and positivity.

Dream

As part of post-survey feedback, I sought guidance from collaborators regarding the next phase of the project, trying to pay attention to the needs of various stakeholders and be led by their agenda rather than imposing my own. The next steps agreed in this manner included:

- Presenting an overview of the project, emerging themes and trigger statements to a national meeting of LIG leads (eighteen people). (See Appendix A for examples.)
- Workshops with four children's disability teams around the country to further explore (and validate) the themes emerging from the survey and to elicit success stories and to prompt reflection on dreams and hopes for the future.

Finding a way forward

I was invited to present the survey findings to a national meeting of PDS implementation managers (LIG leads). Other stakeholders, including parent representatives, an OD consultant and disability organisations, would also be present – a total of about twenty-two people from around the country. This was a terrific opportunity to generate discourse at new levels across the organisation but I was cautious of presenting the results of my project at a point where limited shared reflection or storytelling had so far taken place. The group would not be together again for another six months, so I chose to go ahead but resolved to ensure that the opportunity be used to generate shared conversations; I sought and gained permission to audio-record the session.

I presented the rationale for my AI approach and shared the themes that had emerged from the survey, alongside a range of exemplar quotes. (See Appendix A.) I took time at various intervals to seek feedback from the group on their responses to the values, experiences and hopes that had been expressed by MDTs. There was a formality and hesitation amongst this group that was hard to interpret. Although there were some nodding heads and smiles, it proved a little difficult to elicit discourse. When I invited comments, the group often looked toward the more senior managers and some appeared to opt-out by leaning away and looking elsewhere.

I was aware that the group had spent the morning discussing PDS implementation challenges. My questions required a considerable change of dynamic, made more complex by the range of stakeholder perspectives and

hierarchies in the room. Nevertheless, I found that my experience with AI to this point gave me the confidence to continue to seek discourse and to be comfortable with some ensuing pauses and silences. Gradually, led by the senior managers, comments began to be shared.

The value of positive collegial relationships – ‘We knew that already!’

Initial comments were very much along the lines of “we knew that already” but, of note, were accompanied by personal accounts of how team relationships were formed and how they sustained people during difficult transitions. AI principles suggested that, despite an atmosphere of “this is nothing new”, the conversation that was emerging was valuable; the shared words were creating new shared worlds and images that could “amplify the positive core”, motivate and inspire action.

Over the next fifteen minutes, observations were shared and comparisons were made in relation to experiences in different locations and, in particular, the impact of the buildings and office-space on team interactions. There was an acknowledgement that the co-location of teams, though valued, did not always happen, and discussion about how this barrier to informal contact could be overcome. There was agreement about the nurturing and learning that are possible in MDTs and how it can be a very positive environment for new graduates as they begin their working careers. Tea breaks, shared car journeys, informal collaboration and mentorship, social chat and “craic”¹ amongst colleagues was mentioned repeatedly; the strong personal connections that can grow between team members were acknowledged.

Perhaps unsurprisingly, when I sought to discuss next steps, some members of the group returned quickly to talking about obstacles and needs. (This was very much a forum where stakeholder priorities were debated and negotiated.) It was impossible to prevent these points from being aired but I continued to ask what I hoped were generative questions – seeking ideas for actions that could build on the positive elements of MDT relationships that had been discussed. Gratifyingly, the group then spoke of how team relationships could be celebrated and supported at regional meetings and training events. They were also open to me sharing survey outcomes with individual MDTs and some made specific requests for me to visit their regions.

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¹ “Craic” is an Irish word for relaxed social exchanges and conversation.

Design

Shared stories and provocative propositions

Positive discourse seemed like an unexpected and unfamiliar activity.

In the following weeks I facilitated workshops with multidisciplinary front-line teams in four regional locations. I was introduced to the teams by the local LIG lead manager and had ninety minutes to conduct reflective group sessions. I used a Powerpoint presentation to introduce the project, to explain AI techniques and to share the emerging themes from the survey. Trigger statements were shared via the presentation and on printed hand-outs and reactions were explored through group discussion. The groups were then invited to share their own success stories and to discuss what they valued about their work.

At each session there was some hesitation for teams to begin to talk about their successes – positive discourse seemed like an unexpected and unfamiliar activity. Fortunately, my experience of using AI principles shaped and supported these interactions. It enabled me to be confident in asking exploratory questions and to be comfortable with moments of silence, even with teams that I didn't know. Gradually, with gentle encouragement, stories began to be shared and participants' comfort levels increased. The energy level in the rooms grew – three of the four groups became quite animated, with lots of spontaneous chat and laughter, while the fourth was more formal in the way that individuals communicated but was, nonetheless, engaged. The ensuing personal accounts and discussions involved most people present and there was considerable positive emotion when individuals spoke of the work they were proud of and of how they valued their colleagues. It seemed clear that the conversations were positive and affirming for most, perhaps all, the participants.

Following this sharing of success stories, groups were invited to co-create provocative propositions. Provocative propositions, defined in AI as “compelling statements of intent” (Whitney & Cooperrider, 2005), are valued as powerful catalysts for action because they are “constructed by stakeholders, based on their own experiences and rooted in the successes and resources of the organisation” (Carter, 2006). Although none of the groups were familiar with the concept of provocative propositions, each engaged easily with this shared activity.

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A group brainstorm was facilitated, with contributions and comments encouraged from across the teams, to try to ensure that every discipline had a voice. I used a flipchart to record ideas and statements as they emerged, and group reflection and debate was facilitated to seek refinement and consensus. I encouraged teams to be bold and optimistic in their propositions and time was taken to record their spoken words and phrases carefully. I sought to discover what Cooperrider calls “continuity threads” that would enable them to “carry

*No-one works alone!
We share responsibility
and decision-making.*

parts of the past forward” and “have more confidence and comfort to journey to the future” (Cooperrider & Godwin, 2015).

This was an exciting experience for me as an aspiring AI practitioner – I felt I was witnessing the generative power of positively framed, future-orientated, shared conversations. Energy and goodwill arose from the discussions and the resulting statements, which often echoed survey themes, were constructive, context-specific and meaningful for each group. They combined aspirational and motivational goals with practical concrete behaviours co-planned by the teams. For example, Site One had had a significant change-over of staff, and there were resolutions on how the team would welcome newcomers; the Site Two team were in temporary accommodation, and there were resolutions on overcoming physical obstacles and supporting informal interactions.

After two of these meetings and being invited to stay for a cup of tea, I was delighted to hear the conversations continuing informally. The interest and enthusiasm of the interactions I had in this setting were reassuring and encouraging.

Thereafter, I typed-up the provocative propositions from each meeting, printed them in a colourful format and shared them with the teams by post and email. (See Figure 2). I hoped that they might be displayed in common areas or on desks but did not have the opportunity to follow this up.

Figure 2: MDT provocative propositions

Site One – Provocative Propositions

We are a skilled, confident and respectful team, who really enjoy working together to deliver a service that families value.

We are survivors. We keep our heads above water by sharing the burden, by supporting one another, by being flexible and working across discipline boundaries.

No-one works alone!
We share responsibility and decision-making.

New staff are valued for their ideas and energy. They bring a freshness and positivity that re-charges everyone. We take time to welcome them, to do joint-sessions and to introduce them to inter-disciplinary working.

We are open with one another. We share our knowledge and ideas. We value opportunities to learn together.

We have done the groundwork in building relationships and trust.

Everyone on the team shares the same goals: to support children and their families.

Everyone is approachable and shares their skills

“Talking it out” is important to us. It helps us to cope with challenges and to resolve differences. Team meetings are prioritised – they provide a time and space to talk things through, to communicate across the team and to plan.

We have done the groundwork in building relationships and trust. We are able to be vulnerable with one another and to have a laugh together.

The really tough times are behind us and the future is bright.

Site Two – Provocative Propositions

Our relationships with each other are really important to us. We make sure the building doesn’t stand in the way of our communication and support for colleagues. Tea breaks are helpful – they enable us to take a breath, to chat about other things and to get to know one another. (We make a special effort to connect with anyone in the porta-cabin).

Everyone on the team shares the same goals: to support children and their families. We feel privileged to be accepted into homes, to share a family’s ups and downs. We want to be part of the community, so we like being out and about.

We work outside-the-box. We are creative, innovative and hard-working – we flex to the needs of the families. We reach out to one another and do a lot of fun stuff together. As a team, we are able to find ways around obstacles (including the building) and we welcome new challenges.

We work in partnership with parents and children. Trans-disciplinary planning enables us to provide co-ordinated, family-centred care. It is exciting to roll-out multi-disciplinary interventions because they are really appreciated and we are looking forward to doing a lot more of this in the future.

We take time to welcome new staff – to provide mentoring opportunities, to do joint-work and to talk about team goals. We invite them to observe us, we value all their questions and ideas.

Site Three – Provocative Propositions

Each person is important – we really care for one another. We have each others’ backs: we trust and protect each other.

Everyone is approachable and shares their skills; we are always learning.

We are innovative, imaginative, flexible and efficient. We are forward thinking and lead the way. We do things here before others do them elsewhere.

People stick around because we are a team that works well together.

We are good listeners – we listen carefully to each other and to families.

Tea breaks and chat are important. Chocolate, cookies & mandarins are nice too!

We empower families and support their resilience.

We reduce their isolation. We hold them together in vital times.

People stick around because we are a team that works well together.

Multi-disciplinary teams are a cornerstone of health services ... but our understanding of how to support them ... is limited.

Conclusion

Multi-disciplinary teams, in all their guises, are a cornerstone of health services but our understanding of how to support them, particularly outside acute settings, is limited. Further investigation is required and approaches that are meaningful to clinicians, that support them through the challenging reforms and reconfigurations that are anticipated in coming decades, are especially valuable. This project demonstrated that AR and AI are of particular value and relevance in this environment. They have the potential to generate real-world learning and provide context-specific support to front-line clinical teams and all those who hope to guide change.

The emphasis in this change-management model on a people-centred approach is particularly noteworthy. There is a focus on understanding change as a dynamic process requiring participation from all levels, where culture, language and shared meaning-making are powerful influences. Within complex systems, where all evidence indicates that paying attention to the process of change is of paramount importance, my experience is that AI provides a flexible and sensitive framework.

The AI 4D process and five associated principles were of central importance to this project. They provided a way to engage with disparate groups, many of whom were critical of the PDS implementation process, without opening old wounds. They proved successful across a number of project phases and with a range of audiences. Most participants, although previously unfamiliar with AI, understood the concepts and techniques easily and engaged well with the activities it generated. AI created environments where individuals and groups felt comfortable sharing success stories and dreaming about the future. Despite ongoing unresolved questions regarding resources and leadership, discourse was made possible across hierarchy, discipline and organisational boundaries.

Most participants, although previously unfamiliar with AI, understood the concepts and techniques easily.

As the project came to an end, I was confident that some aspects of the 4D processes and conversations it generated would endure, for example, through

What AI provided in this complex context was ... more akin to a series of lighthouses, each coming into view just as it was needed.

reactions and debates to the recently created team provocative propositions. Nevertheless, I was aware of a missed opportunity to consolidate the dreaming and designing that had been completed to this point and I am endlessly curious about what a destiny phase would have generated.

Can AI be captured in an image?

There is often talk of road-maps and signposts when discussing implementation plans but maps tend to show clear routes from A to B and change management is rarely that straightforward. What AI provided in this complex context was, arguably, more valuable. It was more akin to a series of lighthouses, each coming into view just as it was needed – to help all stakeholders to move in the same direction, at their own pace, on paths they built themselves, towards a shared positive future.

My AR journey was disorientating and challenging but I was convinced of the value of this methodology in generating learning and enabling innovation in the real world. I recommend Appreciative Inquiry to the scholar-practitioners and clinician-change-agents of the future.

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Appendix A – Excerpts from presentations on survey responses used with various groups to generate discourse and co-plan action

What makes you proud?

- *“when initiatives were rolled out successfully for the first time. i.e. when we set-up and ran our first school readiness in the new service structure, set up parent education seminars together etc. I felt proud b/c we had worked successfully in a collaborative way and the interventions were appreciated and meaningful to families - we received positive feedback from families”*
- *“Times when a meticulous and coordinated approach is taken by the team to deal with very complex cases... instills a confidence with the team that we are very well equipped to deal with some of the most difficult cases - makes me feel proud. .”*
- *“I was proud that the family felt well supported around the goals that they identified as important for their family and it was truly client-centered intervention.”*
- *“Meaningful intervention for parents and family. Felt we supported the family as a family, rather than one therapist treating a child. ”*

What makes you proud?

- *“We set up a joint OT and PT group linked in with a local martial arts group. I felt that the group fulfilled lots of the vision of progressing disability services as we were working as part of a team, using resources well and aiming to increase participation of the children involved in their local community. Some went on to join the mainstream group after they completed our group”*
- *“It is good to feel that we are a team and can work together to support families. I felt proud of both myself and my colleagues that we were able to work together and support each other interpersonally and felt that, on this occasion, this was obvious to parents also.”*
- *“That we had come such a long way . That the team were smiling, laughing, having some fun and enjoying each other as individuals That YES we made it kind of feeling . What a team feeling.*
- *“Because we all really worked together, shared observations and made a joint plan to work with the family - rather than individual appointments”*

What helps in difficult times?

- **Trusted colleagues to talk to**
- **Each other**
- **Lunch together....pot-luck lunches....birthday lunches**
- **Open communication channels**
- **Feeling safe to discuss concerns – no profession appearing superior**
- **More open discussions – less awkward silences**
- **Chocolate....Easter eggs from our manager**
- **Focus on why we are here –working with clients and their goals – keep focus on that.**
- **Perseverance**
- **HUMOUR...Hysterical laughing**

What supports team collaboration and trust (in this setting) ?

"Demonstrating flexibility in my own role, listening to the points of view of my colleagues and collaborating on goals and plans for intervention...accepting cross-over between disciplines, trans-disciplinary working at times."

"Being at the coalface together. We have a building that makes it impossible to be isolated from each other - shared offices "

"Completing joint sessions, observing each others' sessions during induction"

"Day to day contact ,banter, laughs ,going for lunch together - all help build rapport"

"Joint planning and training. Time spent on the team. Network meetings where you are face to face"

.."when we gather at lunchtime for special occasions a couple of times a month"

"Team planning days every 4-6 months to review caseload & collaborate on goal setting"

"Joint training across disciplines and across networks."

The author and multidisciplinary colleagues building trust and communication!

Huddlewear – designed by artist Rhona Byrne



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