

Unleashing a Positive Revolution in Medicine: The Power of Appreciative Inquiry

by Colette Herrick and Donna Stoneham

“Appreciative Inquiry is the cooperative search for the best in people, their organizations, and the world around them. It involves systematic discovery of what gives a system “life” when it is most effective and capable in economic, ecological, and human terms.”

– David Cooperrider

Healthcare in America is in a state of emergency. Physicians, at the eye of the storm, are grappling with issues of medical malpractice reform, disparate levels of access to coverage, complex regulatory environments, decreasing reimbursement, and escalating administrative demands.

There is also a great paradox in healthcare in the U.S. While there is an unprecedented crisis in medicine, at the same time we are in an evolutionary era of unparalleled promise. Thus, there has never before been a greater need for physicians to effectively network, form alliances that promote meaningful dialogue, create capacity to envision a preferred future, and effectively leverage the promise of medicine.

For these reasons, John C. Nelson, MD, MPH, President of the American Medical Association, is bringing Appreciative Inquiry (AI), a revolutionary approach to leadership and organizational transformation,¹ to the annual Presidents’ Forum conference in Washington, D.C. in March 2005. Dr. Nelson sees the potential of this approach to strengthen physician leadership and peer-to-peer networks at this meeting of more than 300 physician leaders from across the United States.

This article explores how AI, a highly participatory approach to developing human and organizational systems² can accelerate positive change and provide the influence necessary to revolutionize medicine and create the positive future we desire.

At its core, AI is based on discovering strengths and amplifying them, rather than focusing on problems and fixing them. It is simple, yet at the same time requires a profound shift of attention from habituated deficit-based thinking and interactions that are so prevalent in our culture.

Using a four-stage group inquiry process—discovery, dream, design and delivery—AI is being used with compelling results in a range of settings in health care including:

- Transforming organizational cultures and practice management;
- Creating powerful physician/nurse/patient relationships;
- Developing effective leadership;³ strategic planning; strengthening teams, partnerships, and alliances⁴; and
- Enhancing patient safety.

Why Do We Need a New Approach to Change in Medicine?

The Chinese word for crisis consists of two ideograms that translated into English mean, *“A crisis is an opportunity riding on a dangerous wind.”* Healthcare is not dissimilar. The challenges are well recognized. At the forefront is the stark reality that approximately 44 million Americans have no health insurance, and many more are seriously underinsured despite the fact that 14 percent of our GDP is spent on healthcare costs. A medical malpractice maelstrom is impacting the ability to attract and retain the “best” in medicine and deliver optimal care. A fragmented, inadequate reimbursement structure places increasing demands on physicians’ time while concurrently allocating fewer resources. Even the dynamic of the physician/client relationship has tremendously shifted—with trust of physicians no longer widely implicit.

The ramifications of these issues are staggering and impact every level of society. As Einstein said, *“You can never solve a problem at the same level in which it was created.”* For that reason, it is imperative that physician leaders find new ways to address these challenges, identify strengths, leverage relationships and organize in ways that generate positive, effective and sustainable results.

Historically, the dominant organizing principle for approaching change in organizations has been closely aligned with “best practices” of the medical profession. This focus has been largely shaped by a problem-orientation that carries through from assessment, diagnosis, treatment, and measurement of the effects of the intervention.

In both organizational practice and health-care delivery, what has typically been at the epicenter of attention is fixing what’s broken rather than identifying and building on what *is* working. What is required in healthcare today is a new kind of leadership and physicians are poised to lead the way.

Stuart Hayman, Executive Director of the Westchester County Medical Society in New York is cautiously optimistic about the future of medicine, “The profession of medicine will be completely transformed and unrecognizable in 10 years by the rate of innovations in drug therapy, diagnostic and surgical procedures, and the resources of the electronic age.” Mr. Hayman’s greatest hope is that leaders in medicine, “... see beyond the hurdles, problems, and day to day obstacles and find ways to transcend differences.”

Indeed, when leaders begin to view the world and act through a more appreciative lens, organizational energy shifts, people are encouraged to act from their strengths and potential is unleashed in powerful and effective ways. Being an appreciative leader becomes not just a way of “doing” leadership, but of making a positive contribution to the world.

On the other hand, physicians, like most people who strive to improve through a predominant focus on deficits and differences, often report depleted energy, pessimism, frustration, and even less connectedness with their peers. The essential energy needed for sustainable change is not harnessed, and in fact is often greatly reduced.

Creating cultures of collaboration around leadership issues *is* less prevalent in the profession of medicine than other sectors. As one executive director of a medical subspecialty organization notes, “We physicians are widely renowned for seeking support and second opinions from our peers about complex medical situations, yet we have *not* built significant muscle asking for help in areas of personal leadership.”

Interestingly, the new generation of physician is inclined to have greater interest in life

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balance, inclusion with peers and mentors and less professional isolation. Because all major change requires a tremendous amount of energy and relational effectiveness, conventional problem solving approaches of command, control and hierarchical styles of leadership are grossly inadequate strategies, and adaptation, creativity and innovation are critical for success.

To successfully navigate the high velocity winds of change in medicine today, it is essential for teams, organizations, and professional groups to purposefully shift from a focus on control and problem analysis to accomplishment through high levels of collaboration.

AI provides an opportunity to approach issues in a way that is energizing, collaborative and engaging. The process results in positive, sustainable change by shifting the focus from deficit-based conversations and thinking *to* identifying the strengths, potentials, and hopes for the future in any organization or system.

What Is Appreciative Inquiry?

AI is a powerful approach to leadership and organizational change. It offers a theoretically grounded philosophy and is a highly participatory approach to human and organizational change. While the process is simple, it requires a profound shift of attention and action from deficit-based thinking and interactions. At the core, the process focuses on the discovery of *what is possible*, *what is desired* and *what gives life* to any system when it is at its very best.

AI originated in a health care setting in the mid-80s. Dr. David Cooperrider, now Professor of Organizational Behavior at Case Western Reserve University's Weatherhead School of Management, was completing his doctoral research at the Cleveland Clinic. He hypothesized that "organizations were not problems to be solved but mysteries to be embraced," and deliberately shifted from a traditional problem-focused orientation in his organization development interventions at the Cleveland Clinic to exploring possibility and building on existing

strengths. He quickly noted significant distinctions in positive affect, cooperation and even innovation when inquiring into individual and team perspectives about the Clinic's successes from the past, values and strengths in the present, and aspirations and hopes for the future.

The theory underlying AI is grounded in social constructionist epistemology and is informed by a wide range of disciplines including positive psychology, quantum physics, complexity theory, and the relationship between positive image and positive action.

According to one of AI's thought leaders, Ken Gergen, social constructionism "presupposes that individuals mentally construct the world, but they do so largely with categories supplied by social relationships."⁵ In other words, knowledge and meaning are created through relationships and relationships are created through language. In a nutshell, what we focus on together is what we create!

Specifically, AI is grounded in the following paradigmatic assumptions based in social constructionism:

- In every society, organization or group, something works.
- What we focus on becomes our reality.
- Reality is created in the moment, and there are multiple realities.
- The act of asking questions of an organization or group influences the group in some way.
- People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known).
- If we carry parts of the past forward, they should be what is best about it.
- It is important to value differences.
- Language we use creates our reality.⁶

Health Care and Appreciative Inquiry

Since AI's emergence at the Cleveland Clinic 20 years ago, it has been applied internationally in almost every sector including; healthcare,⁶ government, education, corporate, non-profit, non-government organizations, and the military.

Healthcare organizations have successfully used AI in many areas and the authors have worked with the University of Utah Health Sciences Center and the College of Nursing, a division of the DoD that is partnering with a medical device company to develop PCR assays for 10 biological toxins, Sharp Healthcare's Marketing Leadership team, and leaders from hospitals and healthcare organizations from around the country.⁷

Other organizations that have used AI are: Children's Hospital of Philadelphia, Consorta, Eau Claire Family Medicine Clinic, Lovelace Health Systems, Methodist Medical Center, North Berkshire Health Systems, Park Center Inc., Riveredge Hospital, Texas Health Resources, Trinity Health Systems, and Wheaton Franciscan Services.⁸

Presidents' Forum & Appreciative Inquiry

AMA President John C. Nelson, MD, MPH, determined that AI would provide a fresh, dynamic, and participatory approach for the Presidents' Forum, an annual meeting exclusively for presidents, presidents-elect and executive directors of state, county, and specialty medical societies. The objectives of this meeting are to prepare physicians for their leadership roles, provide a forum for the exploration of issues and trends that impact leadership in their diverse organizations, and to support peer-to-peer networking.

"I met Colette and learned firsthand about appreciative inquiry," said Dr. Nelson. "I think this is a tool which has the potential for leaders to turn their members from apathetic to energetic."

A Compelling Approach to Change

As leaders in medicine come together in Washington, D.C. in March, a forum will be created for every voice to engage in meaningful dialogue. Participants will purposefully focus on a collaborative search for the strengths, potentials, and hopes for the future of the AMA and local medical associations and will:

- Discover and amplify the *positive core* of their organizations—the strengths,

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assets, resources, values, accomplishments, capacities, and traditions

- Generate the energy and enthusiasm that is needed for effective change
- Include all participants in envisioning the future (*the next steps in this process are designing and implementing change*)
- Deepen trust, rapport, and relationships

Reflecting on the dynamics of change, it is clear that generative human development has its roots in dreaming, inquiry and the creation of shared meaning. These fundamentals fuel *all* change and advances from ending apartheid and creating the U.S. Constitution to discovering penicillin and mapping the genetic code.

While the times in health care are undeniably complex, physicians have tremendous power to build on their long, proud history of accomplishments, identify individual and collective values, talents, and skills, and envision a future that sets a trajectory.

References

1. Cooperrider, D. & Whitney D. (1999). *Appreciative Inquiry*. San Francisco, CA: Berrett-Kohler.
2. Mohr, B and Watkins-Magruder, J. (2002) *The Essentials of Appreciative Inquiry: A Road Map for Creating Positive Futures*
3. Stoneham, DR (2004). "Developing the Heart of a Leader: The Impact of an Appreciative Leadership and Integral Coaching Program on the Development of Health Care Leaders." Unpublished doctoral dissertation, California Institute of Integral Studies, San Francisco.
4. Herrick CM, (May, 2004) "At the Intersection of Practice and Education: Developing a Powerful Nursing Alliance." *AI Practitioner*
5. Gergen, KJ (1999) *An Invitation to Social Constructionism*. London: Sage Publications
6. Hammond, SE. (1998) *The Thin Book of Appreciative Inquiry*. Thin Book Publishing.
7. Groody, E. & Wood S. (May 2004). "Positive Change in Health Care." *AI Practitioner*
8. Ludema, J, Whitney, D., Mohr, B., Giffith, TJ. (2003) *The Appreciative Inquiry Summit*. CA: Berrett-Kohler.

Table 1. Sample Questions to be Used in an Appreciative Inquiry Process

We all have ups and downs. For now, describe a time when you were most proud and pleased to be part of the healing profession of medicine? What was the situation? What was it about you and others that made this possible?

What 3-5 things have changed?

What do you value most about yourself as a physician? What do you value most about your colleagues?

Imagine it is 2007, and medicine in America has been transformed. You are thrilled with what has happened.

What actions can you take today to contribute to these changes?

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