

Integrating Appreciative Inquiry with Storytelling: Fostering Leadership in a Healthcare Setting

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During a two-day leadership conference, employees of a large urban medical center integrated Appreciative Inquiry and storytelling. As participants opened to each others' stories (why they had chosen the medical profession, what was the best of what they did and what the underlying values that supported positive outcomes and experience were) perspectives shifted. Participants worked towards a shared vision, motivating them toward a renewed sense of purpose, a deeper connection to colleagues and a sense of mutual empowerment.

Overview

Seated in a circle, ten patients recently released from the hospital reflected on what went well in their experience of treatment, from diagnosis through intervention to follow-up care. Surrounding them sat 100 physicians, nurses, administrators and board members, listening with silent, rapt attention. For more than an hour, you could have heard a pin drop.

As the two days of this innovative leadership retreat unfolded, so did the stories. With titles and hierarchies left at the door, doctors and nurses took the time to listen deeply to patients; administrators listened to doctors and nurses; executive staff and managers listened to and shared their own stories. As everyone opened to their own and others' narratives of why they had chosen the medical profession, what led them to work within this specific hospital, what was the best of what they did and what were the underlying values that supported positive outcomes and experience, perspectives shifted. By the end, this group had re-committed to an inspired mission statement, outlining a path forward supported by underlying principles and agreed-upon practices. A renewed sense of purpose, a deeper connection to colleagues and a sense of mutual empowerment motivated participants.

Beginnings

Our client, Ron, had recently become head of Organizational Development for a large urban medical center. Over dinner, he told us about the challenges he faced: communication between staff was minimal while competition for decreasing funds was rampant; the constant barrage of crises thwarted any long term planning; staff allegiance and morale were low; most personnel expressed a lack of connection to the mission statement and vision of the organization. Having been given the task to organize a leadership retreat to turn these issues around, he invited our informal input. 'Have you considered using story?' I asked.

Why Storytelling integrated with an Appreciative Inquiry Framework?

Within a narrative approach, the client knows his or her story better than any outsider. The

facilitator's role is to ask questions that will lead to insight and the understanding required to find solutions to the perceived problems. Discussion based in fact and directives can lead to opposition and resistance. Stories open up conversation lines that are non-adversarial, allowing conflict and paradox to exist without defensiveness or vulnerability. When introduced within a meaningful context, shared stories can reveal culture, values and principles while leading to renewed trust, insight and ideally, transformative change.

Working within an Appreciative Inquiry format introduced a positive tone and perspective from the beginning. While acknowledging the many challenges facing employees and the organization, taking an appreciative approach enabled difficult conversations to occur without increasing discouragement, pessimism or anger.

Theory into Practice

Ron presented our ideas within a rough design proposal to the CEO of the organization. The intervention demanded a different approach from anything that had been done before. Storytelling combined with Appreciative Inquiry? The CEO was cautiously intrigued and encouraged us to develop the proposal further.

The final design involved 100 department heads, administrators and the executive team in a two day conference. Working in pairs, triads and small groups, participants listened to and analyzed story responses to increasingly directed questions about the participant's personal best, what had gone well or was currently done right. It was important to draw out stories from all levels of employees within the organization as well as patients. Some representative staff members' stories were pre-videotaped and played during the retreat, while others were invited to speak in an interactive forum.

Story Vignettes

The story of what unfolded through the leadership conference is best revealed through samples of stories that the participants shared and heard through their two days together.

Coached to open the gathering by speaking about his personal journey, the CEO surprised himself as well as his employees with his candor. Leaving behind PowerPoint and cue cards, he talked about his family life and the early work experiences that led him to pursue hospital administration. He shared stories of his role models and mentors and the ways that his personal journey had shaped his current vision for the hospital. Many participants reported that the CEO shifted from being a distant, imposing superior to an approachable, inspiring leader. His willingness and openness to share his own story set the tone for the following two days.

It was equally important to hear stories from further down the ladder. Mary, a cafeteria worker who has worked the registers for more than 22 years, reminded top leadership that care giving worked at all levels of the organization:

We see some patients come every day. There are some people who left, but they come back to see us... It's a good feeling when they come back and I know that they're fine. Sometimes they pass on, but their relatives come back to tell us what happened. There used to be this man and he came through my lunch line every Tuesday and I would ask him how he was and he would always sing me this little tune, 'Oh how I wanna go home'. (She laughs.) Then I didn't see him for a while. His son came back

through my line one day and I asked him 'How's your father?' And he said, 'Well, he passed, but I came back to let you know that he sang that same song every day, 'Oh how I wanna go home.' And I said, 'Well he's home now.' (She begins to weep.) Oh God, I'm gonna cry on this one.

Interactive Forum

It was important for participants to hear stories from outside of the leadership circle to gain perspective on the medical center's current picture. In three different rounds, representatives from a patient group, an employee group and a physician group were invited to sit in an inner circle and reflect on their relationship to the hospital. Surrounding them, participants were asked to listen in silence and reflect on:

- What do you hear this stakeholders' group saying that they appreciate and want more of?
- What can we as leaders at this hospital do to make that happen?
- What are the opportunities for change and new direction within the themes revealed through the stories in this forum?

Interactive Forum Vignette:

Ten former patients were invited back to share their stories. One elderly gentleman had been driven by his wife, who asked if she could sit with him as he was nervous talking in front of so many doctors and nurses. Two women who had been breast cancer patients shared stories of how the nurses' ongoing education as well as the pre- and post-surgical support groups had enabled emotional as well as physical recovery through this traumatic medical procedure. The wife of the elderly gentleman raised her hand. 'May I say something?' The facilitator passed her the microphone. 'Five years ago I had a double mastectomy. I've never said that out loud before, never mind to a large group of strangers. I didn't have my surgery at this hospital, but as I listen to these women talk, I wish that I had. I am still struggling with my feelings ...even though I'm in my seventies. Is there a group here now that I can come to? I want to be able to talk like they are talking.'

Finding common themes in the unfolding stories, participants clarified the principles of leadership they heard within the narratives and brainstormed the competencies they saw underlying the principles. These were compared to the current mission statement to see where employees' work was already embedded in the overriding mission and where there were opportunities. Working from this base of agreed-upon values, principles and competencies, participants developed and committed to a leadership plan for the future.

Summary

Following the conference, our client Ron reflected in a letter:

As I was thinking further about the leadership conference it came to my mind that using Appreciative Inquiry and story to build or reaffirm vision is very well suited for a hospital setting... and, a core competency is caring. By tapping into peoples' stories about caring and care giving, the process isolated this core energy from all the other imposed stuff that care givers have to deal with – technology, regulations, paperwork...essential energy that is likely tacit to all good caregivers, but somehow gets suffocated.

Ron's words confirmed for us the power of combining Appreciative Inquiry with story, but a letter forwarded on to us from a nursing manager who attended the conference affirmed the impact of being part of the process.

We were able to walk in others' footsteps for a little while and try to understand the challenges that others have throughout their day... we can all do a part in the service that is delivered to the patient, whether it is the physician, nurse, housekeeper, etc. For once in a long time, I stopped and was reminded of why I work in healthcare and what we are all about – and I felt proud to be part of it.

Pat, Nursing Manager

The process of Appreciative Inquiry integrated with story telling and listening helped build relationships and insights while yielding important content. The power of being fully listened to as well as listening to others opened up new patterns of communication and a deeper sense of connection and respect. Patients left feeling empowered that hospital personnel cared to hear their story. Doctors and nurses became aware of each others' contributions. Caught in the pressures of delivering quality medical care under increasingly stressful conditions, employees were reminded of the profoundly human component that had led many to choose healthcare as their profession.

Appreciative Inquiry interwoven with storytelling provided tools for gaining clarity and direction, while setting the groundwork for an ongoing leadership development initiative.

Appendix: Phases and Objectives of the Leadership Conference:

Phase 1: Current Narratives:

What do we look like when we are at our best?

Examples of exercises:

1. **Identity Stories:** stories of who we are.

Participants were invited to choose a partner previously unknown to them and tell a story about their name or family heritage.

2. **Founding Stories:** stories of how we became who we are and where we are.

Working in cross-functional pairs, participants were asked: Tell about how and why you came to work at this hospital.

3. **Defining Stories:** stories of what makes us unique and successful.

Individuals within groups of four were asked to respond to the prompt:

Tell about a time when an individual or group went the extra mile, worked through a conflict to a positive resolution, or made a valuable contribution to the way that this hospital fulfills its vision and mission.

Employees made lists of firmly established and practiced values as evidenced through the stories they had heard that day.

The Interactive Forum, comprised of three 45 minute cohort sessions of patient, doctor and employee stories respectively.

Phase 2: Future Narratives:

What do we want to look like at our best?

4. **Vision Stories:** stories about where we want to be in the future.

With values drawn from the appreciative narratives gathered in Phase 1 as a starting point, participants worked in cross-functional groups of eight on creative presentations of their 'ideal' organization of the future. Teamwork between physicians, nurses, administrators and board members was paramount. The following hour of dramatic presentations, including poems, songs, skits and audience game show challenges, provided both hilarity and fruitful results.

5. **Leadership Stories:** stories of how we will effectively carry our organization forward to achieve its ideal goals.

After posting lists of principles and practices on newsprint covering every wall, participants were asked to mark their five highest priorities. Clear patterns emerged as individuals publicly labeled what was most important to them. Leadership teams and functional groups discussed ways of integrating the new information immediately, as well as initiating long-term action steps to achieve the collective vision they had created.

Summary:

In the following weeks, results were sent to all participants. The data from both phases had been reduced to nine core principles ordered by priority as determined by the number of participants who placed a mark next to them at the conference. Each core principle was further delineated with a series of specific and general competencies necessary to make it effective:

Example: Principle 1: The patient always comes first.

Specific competencies:

- Establish as a priority for all staff, the meeting of expectations and requirements of internal and external customers
- Get first-hand customer information and use it for improvements in care and services
- Establish and maintain effective relationships with patients and their relations and gain their trust and respect

General competencies:

- Listening, compassion, empathy
- Ownership, Personal accountability
- Process evaluation and improvement skills