

Appreciative Inquiry At The Manchester Heart Centre

What's The Best Day You've Ever Had At Work?

(published in 'Building on the Best – Appreciative Inquiry in the NHS' ed. John Edmonstone)

These and similar questions lie at the heart of Appreciative Inquiry, a process with which we have been working in Manchester Heart Centre (MHC) over an 18-month period. Starting with stories of great days and moments at work and teasing out the values and relationships that helped make these happen, an Appreciative Inquiry approach enables future visions and strategy to be built on the inspiration of the past. This case study demonstrates how working with Appreciative Inquiry in Manchester Heart Centre has helped create a sea change in culture and behaviour within the Centre, liberating creativity and passion for the work.

We will also outline each of the steps in the process so that you can guide yourself and others through it if you wish.

June, 2003 – The Journey Begins

It is midsummer, and we are sitting with five members of the Senior Management Team (SMT) in an airless basement of Manchester Royal Infirmary. We have been asked to facilitate a 3-day Leadership Development event and have chosen to focus on Appreciative Inquiry for the first day. We start by explaining the model:-

The first step is **Discovery**, which involves looking at what has already been working well in the system. We started with paired interviews in which each person asks the other a set of predetermined questions:-

1. *Think of a time when you felt good about what you were doing, perhaps a time when your contribution really made a difference. Tell the story about that time as if it were happening now. Who was involved? What was your role? How were you effective? What was the response around you? What skills were you using?*

2a Without being too humble, what do you most value about yourself?

2b What do you most value about your work?

2c What do you most value about the Heart Centre?

3. *What values are important to you in the designing and delivering of your work?*
4. *Imagine you are describing Manchester Heart Centre to a friend. How would you describe its essence or its unique life-giving force?*
5. *Imagine it is 2006. All the changes you have wanted to see in the Heart Centre have happened. Describe MHC now. How have these changes come about? What has been your contribution? What aspect of the change are you most delighted with?*

(We invite you, the reader, to pause and reflect on these questions for yourself, applying them to your own work situation.)

Following the interviews each person “introduced” their partner by sharing their responses to the questions. Taking one question at a time, as each person shared their partner’s responses, others noticed key words, phrases and images and called them out to be recorded on a flip chart by a third person.

As the stories were shared, there was a buzz in the room; people were touched and sometimes surprised. We have always been similarly moved at how people who have worked together for many years start to see each other in a new light as they learn what really touches and inspires the other. Much of the power of Appreciative Inquiry lies in simply giving permission for positive stories to be told and heard. We call it “*positive gossip*”.

The responses to Questions 2, 3, 4 and 5 were then also shared and key words transcribed onto large post-it notes. This completed the Discovery phase.

We then invited our five managers to begin the **Dream** phase (which builds on current successes and takes some of their contributing factors into the future) by placing the post-its on each of five flip chart pieces of paper (one for each set of questions) on the wall. We invited them to stand back and notice; to cluster phrases and images that were related; to add new ones if need be and to move Post-Its from one sheet to another. Essentially we were creating a space for more intuitive, creative right-brain interpretations of the material. To further enhance this we provided drawing materials and invited the participants to draw, individually or collectively, the essence of what they saw before them.

While some of the team hesitated, one hitherto reticent team member grabbed a marker pen and shouted “*This is how I see it!*” and started to draw. Others cluster around her and joined in. Striking images emerge.

Finally we asked the team to craft a “Provocative Proposition” (PP) – a statement that represented a shared vision and was drawn out of the stories and values unearthed in the Discovery phase. We told them the PP needs to be:-

Specific

Achievable

Collaborative

Challenging

Inspiring.

They come back with:

We are determined, and committed, to deliver high quality patient focused care, in a culture of openness, togetherness and passion, by teams who are valued for the work they do.

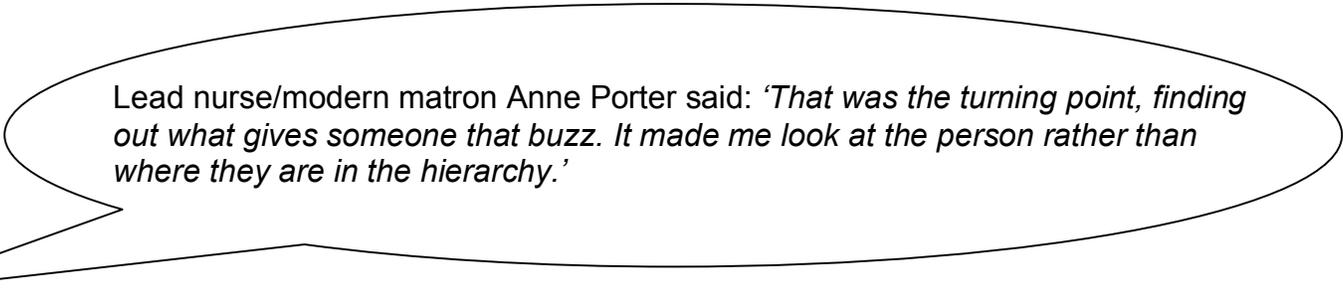
Our ultimate aim is to achieve International Recognition

We closed the day with a round of feedback and appreciation.

On the following day, we arrived to find a more congenial and open atmosphere. Yet the session started with one member spontaneously declaring that:-

“Yesterday was all very nice, but there are some real issues to deal with here. I don’t want to gloss over those.”

The implication was that our first day had been pleasant froth but nothing more. She went on to describe her relationship with her manager (also in the room) which was characterised by tension and which felt almost unworkable. We facilitated a dialogue between the two which led to, firstly, a more conscious understanding of one another, and secondly, a deep appreciation. The relationship appeared transformed (and at the time of writing, some 18 months later, still is).



Lead nurse/modern matron Anne Porter said: ‘That was the turning point, finding out what gives someone that buzz. It made me look at the person rather than where they are in the hierarchy.’

Some people may imagine that Appreciative Inquiry, with its emphasis on the positive, can exclude or marginalise conflict. This example shows that this is not the case. Where conflict needs to emerge, the Appreciative Inquiry approach helps create a positive and appreciative context within which conflict can be expressed and transformed safely, with the supportive awareness of the team.

Our 3-day training event moved on to look at how the team can start to **Design** and **Deliver** some of the key aspects of the Provocative Proposition, including the hosting of an Appreciative Inquiry day for up to 50 people drawn from a variety of teams and disciplines within the Heart Centre. This was to be held early the following year. We also make an arrangement for a follow-up meeting with the Management Team in September.

September/November,2003 – Follow Up

A soft autumn day in September with characteristic Manchester drizzle saw us meeting our increasingly cohesive Management Team to look at ways of working with stress and to check on progress with regard to Appreciative Inquiry. We noticed that team members were taking more responsibility for the well-being of the team and of each other, and were no longer relying on the Director to take the lead. We attributed this, at least in part, to the way Appreciative Inquiry involves everyone equally and encourages mutual ownership of the Appreciative Inquiry process. We agreed to meet again in November – this time to review MHC’s Organisation Development Programme, of which Appreciative Inquiry is a key component.

One of the reasons that Appreciative Inquiry is so effective in Manchester Heart Centre is that it is part of a multi-faceted approach to organisation development and culture change. A core component is the dynamic and visionary leadership of its’ Director, who not only models the humane, approachable and appreciative style he wants to propagate through the Centre, but also employs trainers, coaches and consultants to match. One of these consultants, Jadzia Kopiel, had paved the way for Appreciative Inquiry through highly effective coaching and training on such issues as work/life balance and creativity.

In November, using semi-structured individual interviews and group dialogue, we reviewed the progress that had been made. It was striking how positive and enthusiastic everyone was about being in the team and about the changes that were underway.

Typical phrases that characterise “before” and “after” were:-

BEFORE

AFTER

- | | |
|-------------------------|-------------------|
| * Feeling isolated | * Openness |
| * Feeling checked up on | * Approachability |
| * In the dark | * Empowerment |
| * Cliques | * Professionalism |
| * Favouritism | * Honesty |

We asked for **images** that might encapsulate this shift. Here are some responses:-

“Storm moving to tranquillity”

“House of straw to a brick house with firm structures”

“ A VW before (quite efficient and not very inviting) and now it is a 2CV (laid back, not quite as image conscious, and gets the job done.”

Some **quotes** that support this:-

“He’s very visible. I like that very much. Anthony is interested in everyone. You can’t get away with stuff.”

“Now we seem less focussed on task, but the task gets done anyway!”

“More business-like, but not at the expense of humanity.”

One important finding, highlighted in the last two of these quotes, is that what is often perceived as the need for a trade-off between humanity and efficiency, or between task and process, is actually a false dichotomy. We understood that, despite or because of taking time out for staff development purposes, the Centre’s targets had all been achieved, some considerably earlier than planned for.

Team members described the current culture as:

- Being able to say what you really feel.
- Being honest.
- Being able to make mistakes and have that be OK!
- Becoming a learning team

- Appreciation
- Trust
- *“I am comfortable about me”*

We closed this upbeat and buoyant day by agreeing a date in February, 2004 for an Appreciative Inquiry event for up to 50 people drawn from a variety of teams and disciplines across the Heart Centre.

February, 2004 – Bringing Others On Board

In February, 2004 some 35 people gathered, slightly thrown to be invited to sit in a circle without the usual protection of a desk. *“Who are these people?”* and *“What is this all about?”* are the unspoken questions. After a round of introductions, we explained the whole Appreciative Inquiry cycle of Discover, Dream, Design, Deliver (see Figures 1 & 2), saving the more detailed instructions for later.

Figure 1: Appreciative Inquiry - Methodology

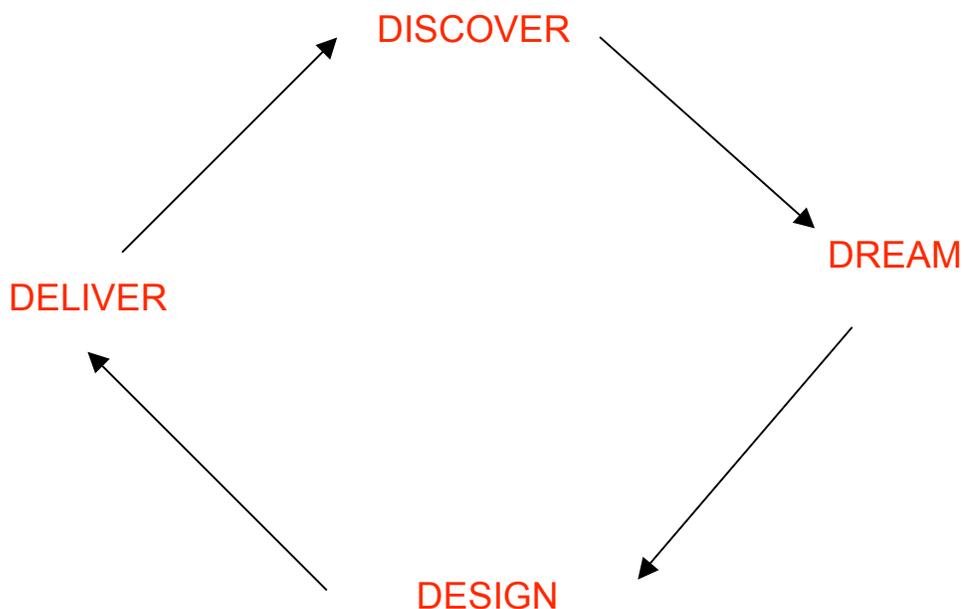


Figure 2: The Appreciative Inquiry Cycle

Discover

Interview each other using prepared questionnaire (See Above: 5 questions on pages 1 and 2)

Report Back – tell each others' stories

Back into small groups/pairs – create key words/ideas on Post-its

Dream

Place Post-Its on 4 flip chart papers: Stories, Values, What is the Project's Life-Giving Force?, Dreams

Cluster the P{ost-its

Draw the essence of what you see on the flipcharts

Create a "Provocative Proposition" from the drawing

Design

Design the means of achieving the Provocative Proposition (i.e. next steps. Could be seen as a path with the PP at the end point – what are the next steps you need to take along the path to meet that goal?)

Deliver

Set targets, timelines, resources (human and other) that you need to deliver this.

In the opening circle it became clear that around 80% of the attendees were from what (to us) was a mysterious unit called the “Cath Lab”. In order to build team cohesion and to add further meaning to their experience of the Appreciative Inquiry process, we divided the participants into six groups, based on their respective work areas, including several for the ubiquitous “Cath Lab” staff.

Once again, the atmosphere both lightened and deepened as stories of inspirational days and moments filled the air. The Discovery phase blended into the Dreaming stage as Post-its were generated with key words and images on them, which were then clustered. As each group started to work on the crafting of their Provocative Proposition point, we invited them to identify both a core theme around which they would focus their PP, and to choose a name for their group. This injects an opportunity for humour and creativity.

The results were impressive. These are the Provocative Propositions generated by each group:-

Figure 3: Provocative Propositions

NAME: PISTON BROKE THEME: BUILDING TEAM ATMOSPHERE
Within the Manchester Heart Centre is a dedicated, flexible and efficient multidisciplinary group which promotes trust, respect and a positive mental attitude, encouraging its team players to deliver high standards of quality care creating an enjoyable working atmosphere.

NAME: DIFFERENT STROKES THEME: COMMUNICATION
Communication in the Manchester Heart Centre is a priority. It is personal yet backed up by modern and efficient technological systems. The staff work collaboratively to ensure a smooth and efficient patient pathway. Continuous feedback of information throughout the Heart Centre ensures total patient care.

NAME: ALI'S ARMY THEME: COMMUNICATION
The communication network within the MHC is so effective that everyone feels part of one team, having an awareness of each others' roles, needs and aspirations. As a result they provide the highest standards of care for every patient that journeys through the Heart Centre.

NAME: THE COMMUNICATORS THEME: COMMUNICATION
MHC is a centre of excellence with commitment to improving communication at all levels. We are dedicated to the developing, emerging needs of all staff with

evolving technologies. We are proud to lead in improving and sharing communication skills across all boundaries.

NAME: CLUELESS

THEME: PATIENT CARE

The MHC is committed to a multidisciplinary approach to individually focused total patient care, respecting cultural and religious differences. On a daily basis, not only do we provide every patient, from every walk of life, the respect, privacy and dignity they deserve; but we also offer support, information and advice to patients and their loved ones.

NAME: TPR

THEME: TRUST, PEOPLE, RESPECT

*Through our behaviour, conduct and personal interactions with others, it is evident that **Trust** and **Respect** are the foundations which underpin the fundamental daily activities of the MHC.*

It is interesting to note that communication was the key issue for three of the six groups. Appreciative Inquiry is well placed to address this, as people are already meeting and speaking across disciplines and in an open and mutually supportive way.

Framing the PPs in the present tense also served to bring them into the room as if the Centre is already working in this way. The PPs started to function as affirmations.

We closed the day by agreeing to convene one month later, asking each group to commit to meeting in the interim to work on the Design phase of the process (i.e. to create a clear pathway to the realisation of the Provocative Proposition). The participants decide that these groups should each be facilitated by a member of the Senior Management Team, who we had arranged to train for this purpose the following day.

When we met with the SMT the following day, they appreciate how deeply they now trusted one another. They were prepared to role-play being facilitators and demonstrate their understanding of Appreciative Inquiry in front of one another – something that they would have balked at only six months before.

March, 2004 – Including The Cardiologists

One of the conspicuous absences in the process so far had been that of the consultant cardiologists, who had been invited to participate but had so far not made an appearance. We agreed with the Director that their participation, or at least their awareness and understanding of the process, was vital. Indeed, reference to their ways of working, and in particular their style of communication, had been made several times in the meetings so far. We also saw that, in order

to bring about the whole-system culture change that this Appreciative Inquiry process is geared towards, all parts of MHC needed to be involved.

To facilitate this involvement, we interviewed each of the cardiologists individually, both to build our relationship with them, and to ascertain each of their perspectives as to what issues could usefully be addressed in their team. These interviews were designed to pave the way towards a day of team-building that we would facilitate and which would use Appreciative Inquiry to open the door to dialogues about leadership and other issues.

There was considerable wariness about the day - and about our ability to hold their process and relationships - because of poor prior experience of such facilitated days, and a consequent understandable wish to let sleeping dogs lie. Once we embarked on the Discovery phase, however, using paired interviews, the atmosphere shifted to one of curiosity and interest. Again, we were struck that such a simple structure creates profound shifts. As the day moved on we used brainstorming and in-depth discussion to examine key questions of leadership and relationship – these potentially difficult conversations being made immeasurably easier by the Appreciative Inquiry opening.

We also took the opportunity to describe the Appreciative Inquiry process that the rest of Manchester Heart Centre was embarked upon and we invited the cardiologists to participate the following day, when we were re-convening with the 35 people already engaged in the process.



Lead cardiologist, Professor Clifford Garratt said: "As consultant cardiologists we were all fairly sceptical; we thought it sounded very touchy-feely. We were uncertain we would get any benefit from it, but there is no doubt that we learnt a great deal about each other's aspirations for the department and it was very useful in terms of communication between consultant staff and achieving a set of common goals. I would recommend it."

March, 2004 – The Moment of Truth!

Would anyone turn up? Would the participants have done the work they agreed to do last time we met? What if the momentum had completely disappeared?

Can this process work in the NHS, given all the pressure on time? Slowly the room filled. So at least the people had come - but what would they present?

First up were “The Communicators” who give a stunning 15-slide Power-point presentation detailing a strategy for achieving their Provocative Proposition. It was heartening to see that they had already started to put things into practice. Here are some extracts from their presentation:-

Figure 4: Channels of Communication

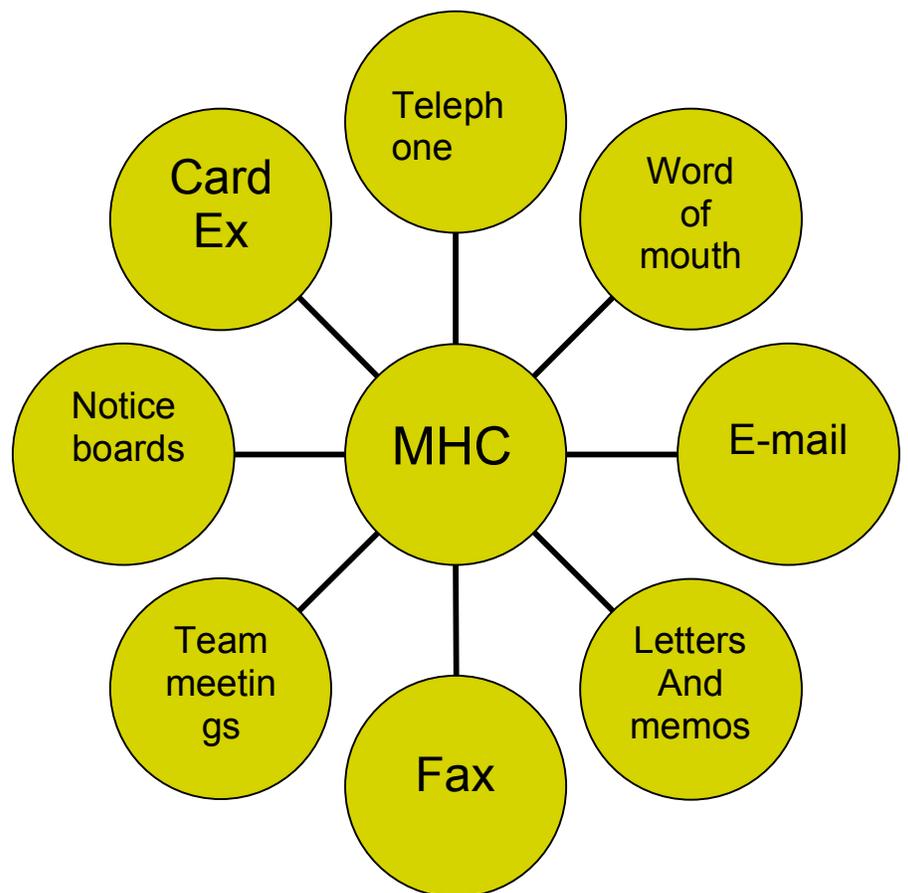


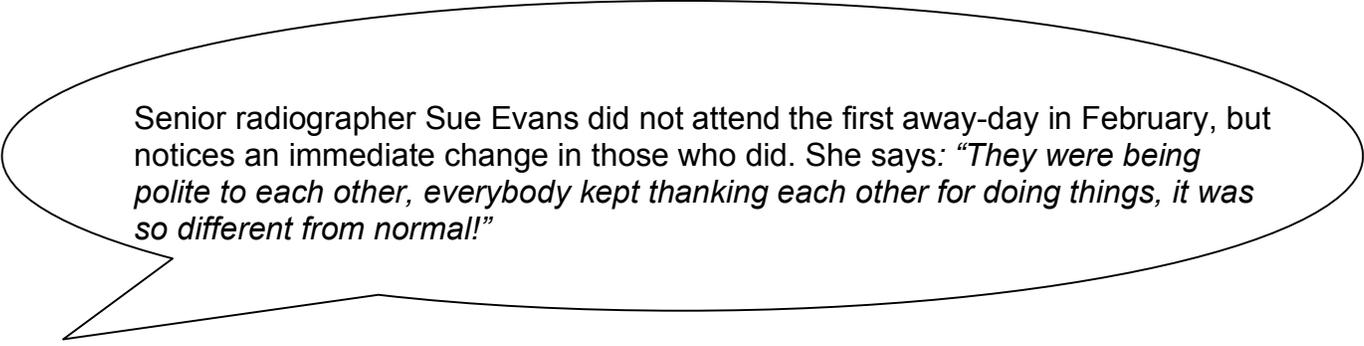
Figure 5: Long-term aims (emerged from Appreciative Inquiry)

- ♥ To introduce information technology as being an essential basic skill to the MHC.
- ♥ To ensure that information technology is a compulsory part of the learning and development of each staff member.
- ♥ To ensure that each member of staff has access to the trust e-mail system and is present on the relevant mailing list.
- ♥ To ensure that those members of staff can use the Cardex information control system which is essential for their jobs.
- ♥ To ensure that members of staff are aware that the Heart Centre IT team exists and that it can offer training and support to the users.
- ♥ To be able to offer structured training courses. There should be regular slots every week so that there is a continuity of the training/learning process.
- ♥ To be able to offer one-to-one training to members of staff if they want to learn IT in more depth.
- ♥ To concentrate on staff members who have not received any training so far, especially in the Ward areas and Cath labs.
- ♥ To be able to offer accredited recognised training courses to staff. This can be beneficial for the long term retention of learning and the staff will also be motivated and feel a sense of achievement.
- ♥ To be able to offer support to staff who are doing accredited courses externally.
- ♥ To be able to publish the resources on the intranet, and to design interactive courses on the intranet to enable staff to do their courses independently.

There was loud applause and the group took a bow. We were all impressed and encouraged that so much had been achieved since our first meeting only five weeks before.

One by one, each group presented and the results were similarly impressive. By the end of the morning we had seen six powerful presentations of Provocative Propositions that were already making a difference within and between teams, and frequently having an impact on patient care - the increasingly visible bottom-line for all of the groups.

The TPR (Trust, People, Respect) group comprised the Senior Management Team. The Centre Director had started to make people aware of their Provocative Proposition, and of the emphasis his team were now placing on cultivating attitudes of trust and respect, by including it on Management Team agendas and in his e-mails. Perhaps more importantly, he was also calling people to account when they fell short of the PP and acted towards one another in ways that showed lack of respect or trust. The change was tangible, with one main grade staff member volunteering that the attitudes of senior staff to the main grade nurses had been completely transformed.



Senior radiographer Sue Evans did not attend the first away-day in February, but notices an immediate change in those who did. She says: *“They were being polite to each other, everybody kept thanking each other for doing things, it was so different from normal!”*

In the afternoon we gave time for the groups to meet and plan their next steps. We concluded the day by inviting one or more representatives from each group to volunteer to form a seventh group that would work on drafting a Provocative Proposition for MHC as a whole.

This group was mandated by the rest to do this and started its' deliberations in a “fish-bowl” setting, sitting in a circle in the middle of the group, with a couple of empty chairs so that others could come in and out and contribute as they wished.

We agreed to meet in three months to review how all seven groups were getting on.

July, 2004 – The Heineken Effect

At this stage, we wanted to reach the parts of MHC that other processes had failed to reach - we jokingly call it the Heineken Effect - and to review the progress so far.

The MHC Provocative Proposition group reported back. While it had been hard to find time to meet they had managed to do so and had created a Provocative Proposition:-

The MHC is a vibrant and progressive environment, delivering quality patient care, ensuring privacy and dignity at all times. We are enthusiastic, friendly professionals who trust, respect and value one another, regardless of position.

Through effective communication we are one team with one goal – “To be the best”.

Each of the original groups reported back on its' progress, and we were delighted to find that the momentum had continued.

In the afternoon we shared our vision of how this process could spread through the whole of MHC. We wished to invite all those who wanted to, to take on the responsibility of convening a Discovery group of up to ten people, and facilitating the Discovery phase of Appreciative Inquiry through paired interviews. Seven people volunteered to do this straight away.

We distributed two handouts - one outlining the Appreciative Inquiry process, and one offering “Guidelines For Leading A First Stage Appreciative Inquiry Group” (see Appendix). We divided the remaining participants into seven groups and the volunteers practiced their Appreciative Inquiry descriptions and group facilitation. This process mirrored that offered to the Senior Management Team some four months previously. We were now training main grade MHC staff to be facilitators and owners of the Appreciative Inquiry process. The seven became twelve as other participants were encouraged to take on this role and were offered the opportunity to facilitate in pairs. Our plan is to have all those who have taken part attend the next gathering, potentially an Appreciative inquiry event for 150 MHC staff to be held in December, 2004, though we will need to make sure we are not being over-ambitious. It may be better to build an Appreciative Inquiry momentum with other parts of MC first and then move to a larger event some time in 2005.

Conclusion

We started working with MHC in June, 2003 and our most recent meeting was July, 2004. In that time we have watched how scepticism has given way to optimism. This is good in itself, but we and the participants were especially pleased to see how much this “feel good factor” had already translated into working practices. As we were writing this article we rang one of the Senior Management Team to find the Centre-wide Provocative Proposition drawn up in July 2004. “*No problem*”, she said. “*It’s up on my wall.*”, and she e-mailed it to us straight away.

Appreciative Inquiry is still a “work in progress”. It is not a quick fix or a set of techniques guaranteed to achieve measurable targets, though this chapter shows that it assists with meeting targets too. It *is* a way of looking at the world which moves its focus from problems to opportunities, and as such helps to generate positive, achievable outcomes. It requires a high degree of commitment, in terms of time and the release of staff, and we wish to appreciate the vision of the Director and of the Senior Management Team who employed us

and Appreciative Inquiry as part of a multi-faceted approach to culture change in the workplace.

Several times we felt tested and we kept our belief that if the right circumstances are created, people naturally want to give of their best and to help others to do the same. In a blame- and fear-driven culture this belief can seem naive, but all the work that we have done with Appreciative Inquiry, not just in Manchester Heart Centre but in schools, which are also stressful places, has confirmed our belief.

In this chapter we have taken you through our work in some detail in order to demystify the process. Appreciative Inquiry's foundation of appreciative interviews can easily be practiced - and we encourage you to start talking to people in this way. You will be amazed at the effect of simply listening and telling positive stories. When was your best day at work?

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