

Abstract

A large-scale organizational change effort was initiated in a 120-person non-profit metropolitan health care facility beginning in 1996. This case summarizes the history of that change effort, focusing on the most recent executive retreat. It illustrates the progressive implementation of increasingly collaborative action research processes over time. Applications of traditional action research approaches, used earlier in the change effort, are contrasted with more contemporary adaptations such as Appreciative Inquiry (AI).

Introduction

"Action research" underlies most current OD approaches for studying and simultaneously changing social systems. The historical roots of action research began in the 1940's with work by Collier (1945), Lewin (1946), and Whyte and Hamilton (1964). Kurt Lewin (1946) initially described action research as a "spiral of steps, each of which is composed of a circle of planning, action, and fact-finding about the result of the action" (pp. 34-35).

Although action research continues to be the foundation of most organization development change efforts, current practice goes beyond original formulations to emphasize: (1) full client-consultant partnership, (2) collaborative learning throughout the action research process, (3) the importance of local tacit knowledge, (4) a willingness to examine assumptions in the system, and (5) emergent process. Newer action research approaches include "participatory action research," "action science," "action learning" and "appreciative inquiry." These contemporary approaches might be viewed as extending an action research "continuum" that ranges from more traditional, consultant-directed, linear

Appreciative Inquiry with an Executive Team: Moving Along the Action Research Continuum

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applications toward increasingly collaborative, systemic, transformational change processes. The case described below reflects a progression along this action research continuum as a client-consultant partnership developed over time. The application of AI is explored, with its emphasis on discovering and building upon the strength of the organization as experienced and reported by its executive team.

A Brief History of the Change Effort

The non-profit health care and professional services facility (Clinic) is a locally prominent and nationally recognized institution that has been in operation since the 1960's. The consultation began when the Clinic's professional,

socially prominent Board of Directors asked Dr. Newman to facilitate a Board retreat. During the retreat and in subsequent meetings with the Board it became apparent that significant tension existed between the Board and the Clinic's Executive Director. The Board's concerns were what they perceived to be the Executive Director's hierarchic management style and withholding of information from them.

Prior to the consultation the Board had only monitored hard measures of Clinic performance (i.e. program numbers and efficiencies). It had come to the Board's attention that employee satisfaction issues existed below the Executive level. After initial data collection that included meeting with the Executive Director and key others, Dr. Newman suggested that an "organizational health" survey (OHS) be conducted to collect system-wide data. At that time Dr. Newman brought on board a group of consulting interns that she directs. In addition to developing and administering the OHS organization-wide, Dr. Newman began to consult with the Executive Director on issues of leadership style.

Interview and OHS results revealed a number of problematic areas and the need for fundamental organizational change: low morale, fear and distrust of top executives, particularly the Executive Director, and lack of performance feedback. A "Task Force for Change" (TFC) was formed to represent all levels of personnel, including Board members, in addressing those issues by making recommendations for change.

At first, few staff members volunteered to participate on the TFC. The consulting team then facilitated a "consultant driven" all-staff retreat on issues of change. The consultants designed and facilitated the meeting as organization members were not willing to take active roles nor form a partnership with the consultant team. As a result of the successful retreat, many staff volunteers emerged and the TFC was fully formed. Subsequently,

several TFC recommendations were implemented, including a new performance appraisal system, recognition awards and leadership development activities.

During the second year of the consultation, OHS findings showed minimal improvement. Those results were attributed to late implementation of TFC recommendations. Communication problems between executive-line staffs were also identified. In order to address these issues, a new employee involvement program was designed and implemented so as to provide an ongoing structure for greater participation in and ownership of the change effort. These "Performance Improvement Teams" (PITS) were charged with: (1) implementing the TFC's previous recommendations, and (2) serving as a vehicle for new employee ideas for change. PITS included employees and managers from all levels, locations, and functional areas. Other second year interventions included executive staff team building sessions and facilitation of a second all-staff retreat, this time co-facilitated by the consultant team with Clinic members, thereby furthering the client's involvement in and ownership of their own change process.

Third year quantitative results showed improvements in all areas. However, focus groups revealed additional issues: mistrust between management and the Board, and the need to reassess and possibly modify the PITS. It was at that point that an Executive staff retreat was held using the AI design.

Application of Traditional vs. More Contemporary Adaptations of Action Research

The change process was initially designed according to a traditional action research framework, which involved the cyclical process of diagnosing the change situation, planning, data collection, taking action and then evaluating the results of that action in order to

take further action (Lewin, 1946; Rapaport, R., 1970; Susman & Evered, 1978). The consultant team directed and carried out most of the change activities, with the agreement and collaboration of management. This traditional model was utilized for several reasons: (a) the client needed and requested greater consultant direction, i.e. an "expert research" approach (Greenwood, Whyte & Harkavy, 1993), (b) the consultant interns needed practical experience, and (c) Dr. Newman believed in the action research model, the application of which evolved over the years of the change effort through facilitating complex organizational change and learning.

As the change effort progressed, adaptations to the basic action research framework became possible. By the second year client involvement had increased in all change activities. Both the Clinic and the consultant team moved along a continuum toward increasing partnership and ability to learn reflexively about the Clinic and how to change it effectively. By the middle of the third year, the executive team desired greater creativity in its problem-solving and strategic planning. The team was interested in exploring more non-linear, transformational change approaches. That is why AI was incorporated into the executive team's third year retreat. It was not until that retreat that the final imbalances in power and employee involvement in the organization were addressed.

Design of the Third Year Executive Retreat

Appreciative Inquiry is designed to incorporate four stages: Discovery, Dream, Design, and Destiny (see Hammond, 1996, for a brief overview). Most reports of AI processes focus on the first two stages; less work has been done in the latter two areas (Golembiewski, 1998). Traditionally a full AI

process is designed as a multi-day retreat involving all stakeholders in an organizational system (Whitney & Cooperrider, 1998). In recent years some researchers and practitioners have experimented with AI processes in teams (e.g., Bushe & Coetzer, 1995; Head, 2000) as well as with a variety of abbreviated AI formats.

The executive retreat had already been partially designed when the decision was made to introduce an AI process on the second day of this two-day event as a substitute for the strategic planning processes that had been used in prior retreats. The first day focused on the results of 360° feedback to each of the managers on the team. The second day was designed as an AI-based process to help the team achieve its objective of accessing more creativity in its problem-solving and planning.

The consultants designed the topic of inquiry and the appreciative interview protocol utilizing data about leadership obtained from the most recent OHS. The lead-in to the interview set the tone for the process:

Today we're going to explore and build upon leadership strengths at the Clinic as we envision and map out strategies for even greater success in the future. As part of this process we'll be looking at: What are the core factors that give life to this organization and its leadership? What can we learn from our experiences, especially if we examine closely those moments when we have been at our best? What are our most effective leadership practices, strengths, and qualities - things that we want to preserve even as we change and grow? What important lessons can we draw

upon from our history? Building on our collective best, what is our dream for the future of the Clinic, and what can we do to make our dream a reality?

The interview questions focused on the topic of open, just, and inclusive leadership so as to address issues that were identified for the third year in the OHS.

The original design for the morning session began with a brief review of the OHS data, followed by an introduction to AI, paired appreciative interviews, and report outs to the whole group of the interview highlights which were captured on flip charts by the facilitators. Interview partners were designated by the facilitators in consultation with the executive director in order to enhance opportunities for relationship development among team members.

The afternoon session began with crafting "provocative propositions" in two sub-groups, presenting and sharing them with the entire team, and then creating and prioritizing action steps and accountability for the propositions. Finally, the team revisited the OHS data to ensure that the non-linear process had in fact addressed issues raised in the OHS, albeit indirectly. The day concluded with all participants sharing their key learnings and what they valued about the experience.

Outcomes and Learnings

Two important process outcomes resulted from the team meeting. These involved issues of client resistance and consultant interaction during the client's resistance, and the ability at the end of the day for the client and consultants to reflexively learn together in understanding the process that had occurred.

On the subject of client resistance, it must be noted that the entire executive team had requested that the focus of the meeting be to expand their capability to think more broadly and problem solve more creatively. Yet just

over an hour into the appreciative design, several team members began to look at their watches and raise questions about the efficacy of the design (prior to engaging in paired appreciative interviews). Immediately following lunch the executive director met privately with the consultants and asked that the design be replaced by an activity to build an operations work plan. He was concerned that should the AI design proceed, no tangible results would be achieved, his team would lose interest, and he would not have any concrete results to report to the Board. The consultants were divided on the direction to take. Their own lack of experience with a condensed AI approach caused them to question the outcome possible. However, in the end the consultants encouraged the client to go forward with the AI approach, but agreed to modify the design to address the Executive Director's concerns.

Ironically, when the consultants presented the modified design to the rest of the group, the group rejected it and voted to continue with the original design. The afternoon session proceeded, but some team members and the executive director continued to visibly question the process and to suggest that we move more quickly to planning.

"Provocative propositions" (PPs) were developed in two separate groups that exhibited entirely different characteristics. The first group, which included the executive director, was only able to form PPs with much consultant coaching. They sat slumped back in their chairs for most of the exercise. The other group was highly engaged, walking around the room to view the flip charts, and alternatively standing and sitting. This group quickly accomplished the task, creating a set of colorful PPs that incorporated language and imagery from the interviews.

When the large group reconvened at 3:30 p.m. to design action steps, the process changed markedly. All team members

suggested quantum changes for the clinic to pursue, compared to the level at which they had previously worked. Their excitement quickly grew and the consultants had difficulty capturing the numerous ideas being proposed. The executive director also became highly engaged, and expertly facilitated the resolution of a covert conflict process that surfaced with the longest tenured team member. The team worked hard to ground their ideas in actions, and the consultants supported the team in identifying which ideas they were individually and collectively willing to be accountable for.

The team succeeded in generating PPs and associated action steps that exemplified the day's topic of inclusive leadership. For example, the team agreed to expand their weekly executive staff meetings to include the next level of line management, to rotate the location of those meetings to increase executive visibility in the Clinic's different locations, and to focus meetings on more macro and strategic issues. These were fundamental structural changes that addressed key organizational issues from a place of vision expressed through the PPs. They also served to dramatically increase the diversity included in the team meetings. (Executive team members were predominantly Caucasian women, whereas line managers more closely reflected the tremendous diversity of the staff). Other ideas included actions to model the executive team's desired change in leadership style through changes in practice and policy, the development of a system to set and measure department goals and to celebrate them when achieved, and the creation of systems to identify accountability and employee leadership.

To illustrate, here is one of the PPs and associated action steps that the executive team developed in the session:

The Clinic empowers all employees to be leaders. For us leadership is an organizational phenomenon that everyone shares. Everyone is

responsible for an environment that fosters mutual respect, diversity, recognition, camaraderie, and fun!

Action steps:

- Develop new leadership training programs
- Create mentoring program
- Create leadership development section in newsletter
- Arrange celebration activities for collective wins
- Share patient success stories in newsletter
- Establish greater accountability through setting and monitoring departmental goals
- Put posters on walls to highlight successes, i.e. increased patient visits
- Ask "Who was a hero today?"
- Continue our "respect" campaign
- Add diversity questions to the next employee survey.

At the end of the day the executive director and consultants debriefed together and much reflexive learning occurred. The executive director expressed his newfound support for the AI process. He noted his difficulty and resistance to working in this new way even though he had requested a non-linear creative meeting. He marveled at how little time he was willing to give to trying something new.

For their part the consultants realized that it would have been helpful to collaboratively design the appreciative process with the executive director more fully prior to day of the event. Also, the executive director had developed a high level of trust in Dr. Newman during the course of their three-year change work, which allowed him to be willing to work in a new way. Unfortunately, the executive director

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had not met the second author and facilitator until the morning of the AI meeting, and therefore questioned his expertise.

The abbreviated AI process was introduced within the context of the predominantly problem identification-and-solution oriented framework of the more traditional action research approach which had preceded it. The consultants chose the day's topic to address issues identified in the most recent OHS. (In an ideal AI process, representatives of all stakeholder groups would participate in choosing the topic of inquiry to help ensure passion and broad based support for it. Resources did not allow for that level of involvement in planning this event.) It has been argued that the creative energy associated with AI may not be realized when the process is applied through a problem-solving modality. A structural tension may have been designed into the event by introducing AI within the context of the issues (and strengths) identified in the OHS data and the overall problem-resolution oriented change process, rather than by introducing it on its own merits as an entirely new approach.

Conclusion

This case supports the efficacy of an abbreviated AI process used at the team level and under challenging conditions. Results far exceeded expectations. Team members generated a powerful vision of open, just, and inclusive leadership, and created structures to support the manifestation of that vision. Skeptics were converted; the team ultimately agreed to use an AI process for the following year's all-staff retreat. It is important to note that the extensive prior, more traditional action research process helped foster the executive director's trust in the lead consultant and the change process, which allowed us all to experiment with such a highly collaborative and emergent process and to reflect quite openly upon the outcomes.

The experience of AI shifts power dynamics through the simultaneous co-construction of data and meaning by participants and consultants. Meaning is created in the language and imagery of the participants, rather than being converted into statistics or other forms that require external interpretation. The process taps the collective wisdom, vision, and excellence already inherent in the group, and has the potential to resolve significant organizational problems as a byproduct. Every voice is recognized and included. It is an approach that can liberate tremendous creativity. It was highly effective in doing so with this executive team.

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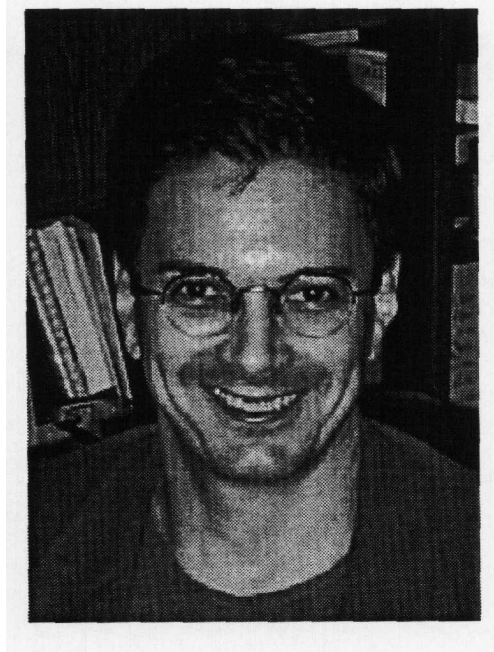
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