

How being appreciative creates change – theory in practice from health and social care in Scotland

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Abstract

This paper develops understanding of appreciative action research that generates curiosity and motivation as a better platform for collaborative change. Blending theory and practice it draws on the example of the My Home Life leadership programme in Scotland that explores the concepts and approaches of ‘Caring Conversations’ and ‘playful provocation’ in care homes for older people. The paper shows how they expand notions of appreciation and help people to deepen inquiry, explore values, acknowledge and express emotion without dispute or judgement, articulate tacit knowledge and give voice to things previously thought to be ‘unsayable’. We explore how these generative approaches act as a powerful positive ‘disruption’ that brings existing relationships to life, supports a positive attitude to risk-taking and helps to devise new approaches to the local design and testing of approaches to problems.

Ultimately these approaches play an important part in developing understanding of *how to do* appreciative action research to enhance relationships and more strengths or assets-based and collaborative ways of working and so, to develop new possibilities for changing social systems and a more future-making orientation to action research.

Keywords: appreciative inquiry; appreciative action research; participation; collaboration; organisational change; leadership; relationship-centred practice; empowerment; culture change; conversations.

Introduction

This article draws on our experience of the My Home Life Leadership Support (MHL) programme to offer more widely useful insights for those concerned with how to promote innovation in health, social care and wellbeing contexts where there is a need for more relational ways of being to enact social change and promote the quality of public services. We explore how the foundational principles and practices of relational practice, appreciation and collaboration that underpin the MHL programme offer a way to nurture learning, development and change. In particular, it develops understanding of how to ‘do’ appreciative action research; through the practices of caring conversations and playful provocation the possibilities for change and new models of collective leadership are enhanced.

The MHL programme aims to support managers and other care professionals to take care homes for older people forward positively into the future. The programme brings together cohorts of care home managers and others in a local area or organisation for a period of around 12 months and aims to support and empower participants to create a positive culture of relational practice in their care setting where the quality of life of residents, relatives and staff can flourish. It has evolved into a social movement to promote quality of life for those who are living, dying, visiting and working in care homes in the UK (Owen et al. 2012).

This article draws on a recent evaluation of eleven cohorts of 119 participants that had completed the MHL programme in Scotland 2013-15. Here, we use the MHL programme in Scotland as an illustrative case that shows the importance of an emphasis on relational practice, appreciation and collaboration as managers and other care professionals seek to develop practice in local settings.

As authors, we are all deeply immersed in aspects of the original design and development of the MHL programme in the UK. Two of the authors have been involved since the original programme ten years ago. The first three authors are involved in the on-going development of the programme in Scotland and have taken on roles as facilitators of cohorts of participants as well as together being responsible for the collation of the programme evaluation. This immersion and range of roles brings together elements of first, second and third person inquiry (Reason and Torbert, 2001). Following Marshall (1999), we each seek to ‘live life as inquiry’ for us as individual facilitators, researchers and educators. We each take part in our own action learning set, in mentoring and other first-person practices and have developed a reflective tool to support us to be reflexive in leading this work (Roddy and Dewar, 2016). This first and second person reflexivity extends as, together with other MHL facilitators and with each cohort, we seek to foster inquiry and maintain curiosity about what is happening and what part we each play in ‘creating and sustaining patterns of action, interaction and

non-action' (Marshall, J 1999, p.2) These levels of reflexive inquiry build our capacity to act with greater awareness and transparency of the choices available (Reason, 2006). From this ground, we encourage participants to recognise their own role in influencing the context in which they find themselves. We seek to model inquiry practices that invite others into a wider community of inquiry and encourage the MHL participants to do the same in their own immediate settings and by developing dialogue in the wider context in which they work.

In this article we locate MHL within debates about knowledge into practice, the neglect of relationships and importance of collective leadership for new models of public services. We then review the philosophy and critique of appreciative inquiry and discuss the importance of nurturing relational development through generative appreciation and collaboration. These sections set the scene for the description of the caring conversations framework that enhances playful provocation and show how being appreciative nurtures change.

From knowledge into action to collaborative learning-in-action

Like many programmes or interventions, MHL is described as an 'evidence-based' programme; there are eight 'best practice' themes rooted in an extensive review of literature and the programme aims to support people to develop these themes in their day to day practice (NCHR&DF, 2007). Wider debates about research use and impact

have recognised the complexity and contingent nature of research use; terms such as transfer, translation and exchange are often used interchangeably and there is an extensive and, at times baffling, range of knowledge to action models, frameworks and theories (Ward, House and Hamer, 2009). Most of these focus on the implementation of explicit knowledge rather than more interactional frameworks that create environments that encourage engagement with a wide variety of knowledge (Nutley, 2012).

My Home Life uses an experiential approach to learning and change rooted in social constructivism where learning-in-action is generated through collaborative inquiry and develops the capacity of people to address their own issues and solve their own problems (Revans, 1998; Raelin, 2007; Coghlan and Brannick, 2010). This is recognisably a model of action research; of ‘research as collaborative action’ that sees ‘knowledge as inhering in relations among people’ (Gergen, 2014, p.16).

In bringing together a blend of relational, appreciative and collaborative approaches as a framework for inquiry, MHL respects explicit or codified knowledge and balances it with a simultaneous respect for tacit and practical knowledge; it seeks to address the demeaning of ‘anecdotal evidence’, personal experience and the invisibility of much situated knowledge (Epstein, Farina and Heidt, 2014). This positions knowledge as a dynamic, social process of ‘knowing’ or learning-in-the-midst-of-action where

knowledge is brought to light and shared through interaction and exchange, rather than a ‘thing’ or ‘object’ to be identified, catalogued, piloted, transferred and replicated or ‘rolled-out’ in another context.

This stance is important as a way of addressing the challenges inherent in any change or quality improvement process and signals the wider relevance of this approach. In particular, we wish to highlight the cultural, educational and emotional challenges; respectively to give ‘quality’ a shared, collective meaning, value and significance; to create and nurture a learning process to support continual improvement; and to inspire, energise and mobilise people by linking quality improvement to inner sentiments and deeper commitments (Bate, Mendel and Robert 2008, pp.4-5)

Context and wider relevance: the neglect of human relationships

Like many areas of public service, demographic and societal changes, government policy, legislation, regulation and the prevailing economic climate are all factors that place more demands on care home managers and staff (Cavendish, 2013; Orellana, 2014; Kennedy, 2014; Andersen and Bilfeldt 2016). At the same time, there is an extensive literature that documents the need for and challenges of creating fundamental new relationships between citizens, communities and the state (Wallace, 2013). Collective leadership is seen to be necessary to support system change with everyone

taking responsibility for the success of the organisation as a whole rather than developing individual leadership capabilities (Tolson, Dewar and Jackson, 2014; Timmins, 2015; West, Eckert, Steward and Pasmore 2014). Such collective leadership cultures are characterised by a focus on continual learning and high levels of dialogue to develop shared understanding about the nature of issues and problems and potential solutions.

The focus on delivering measurable outcomes in public services has neglected the importance of human relationships, reduced the complexity and texture of experience and the importance of the way that people are treated (Cooke and Muir, 2012). Punitive cultures, dominated by hierarchy and emphasis on tasks create impoverished care environments that are less likely to achieve high quality care (Patterson, M. et al, 2011). Rather than such ‘perform or perish’ models, more relational and responsive approaches to change emphasise the complexity of health care, the place of transformational leadership, the importance of relationships and a focus on local cultural change (Patterson, M. et al, 2011; Cottam, 2012).

The challenges that care home managers face are shared by many others working in related areas of professional practice in social systems. The relationships existing between people in an organisation or system are the organisation and so are the basis of its strength or weakness.

A shift towards more relational practice may ‘turn the spotlight on the manner in which many professions conduct themselves and requires of them a major shift in the way that they have traditionally worked’ (Barr, 2014, p. 13). This may be more satisfying for staff rather than simply doing things ‘to’ and ‘for’ people. Yet, it is a tall order to shift from established and habitual practices and institutional ways of relating, towards more positive relationship-centred cultures and environments that enable all to flourish, particularly so in a period of austerity where systems often remain performance-driven and blame-orientated and lack a relational sensibility. These relational dynamics are rooted in the daily dilemmas and tensions of everyday practice; their neglect is an impediment to culture change and improvement. Renewed attention can provide potentially valuable understanding of how to change cultures; even where policy and regulatory frameworks appear to be supportive and enabling, so often aspirations remain at odds with systems and practices on the ground.

Nurturing relational development through appreciation and collaboration

Programme and Evaluation Method

Our approach to both the programme itself and the evaluation is multi-method and participatory. The design of the MHL programme comprises four days of preparatory workshops followed by nine monthly action learning sets (McGill and Brockbank,

2004) These workshops provide an intensive experience of building relationships and a spirit of inquiry through positive regard, self-care, acknowledgement of emotion, reframing of issues and language and appreciative inquiry as a collaborative and experimental methodology. Programme data for each cohort is both qualitative and quantitative and includes facilitator field notes, accounts of practice developments in the homes detailed by the participants including feedback from staff, relatives and residents and pre- and post-programme questionnaire data to give an indication of the prevalence and distribution of specific perceptions of change (Nolan, Grant, Brown and Nolan, 1998).

Each action learning set of participants is effectively an appreciative action research group and participants take an active part in the on-going evaluation of their learning; the focus of the discussions each time is on articulating learning, enabling factors and barriers arising from their attempts to implement their learning in practice. In this way, emerging learning is subjected to iterative testing in the contexts in which it is expected to be applied and the approach supports participants to build inquiry into the fabric of their everyday practice (Wadsworth, 2011). The MHL participants also take part in a final validation workshop at which, through co-analysis, they identify themes from the programme data and provide a further check on the quality of the emerging learning and evaluation of impact. A final validation report is written by the cohort facilitator and checked with participants for resonance. This helps to develop deeper understandings

of enablers and barriers to embedding new practices and greater confidence in the high quality interpretations of the learning. Building on this work, this article draws on an analysis of the eleven programme cohorts completed in Scotland between 2013-15, bringing together the theoretical perspectives, literature and the core themes identified through analysis of the various sources of programme data to determine the specific features of MHL that give us confidence in the programme.

Appreciative action research

The MHL programme uses a four phase appreciative inquiry process of Discover, Envision, Co-create and Embed similar to the original appreciative inquiry 4Ds model (Ludema, Cooperrider and Barrett, 2001, pp.191-196; Dewar, McBride and Sharp, 2017). It starts with the Discovery of what is working well, what matters and what is valued. This learning helps to Envision a desired future, followed by the Co-creation of ways to achieve those ideals and strategies to articulate learning and achievements. The final stage of Embed is about new developments becoming part of routine practice and considering what is needed to continue learning and flourishing. We refer to our approach as *appreciative action research* (AAR) which promotes reflexive iterations between reflection and action, makes change tangible and thereby more available for meaning making and knowledge creation. Throughout, conversations and language matter in how we make sense of what is going on and consider possibilities. Evaluation

is thus built into the day-to-day process of the inquiry and is a process of continuous reflection, valuing and feedback (Egan and Lancaster, 2005; Dewar, 2011; Zandee and Vermack 2012; Dewar, McBride and Sharp, 2017).

In this way, appreciative inquiry is a core part of the conceptual and evidence basis of MHL. Many action researchers will be familiar with the principles of AI and the contrast with prevailing deficit-based approaches to change. AI claims to:

‘unleash a positive revolution of conversation and changes in organisations by unseating existing reified patterns of discourse, creating space for new voices and new discoveries, and expanding circles of dialogue to provide a community of support for innovative action.’ (Ludema, Cooperrider, and Barrett, 2001, p.189)

Appreciative inquiry is based on the premise that knowledge creation is a relational endeavour, through which the collective discovery of what gives life to a system, rather than a diagnosis of its problems, will produce both shared knowledge and motivation for innovation. The primary principles are that inquiry begins with appreciation; that it is applicable to the system in which the inquiry takes place and validated in action; that the inquiry should be provocative and create new knowledge compelling to the system members; and that it is collaborative, in the sense that system members must be part of the design and execution of the inquiry (Bushe and Kassam, 2005).

Bushe and Kassam (2005) suggest that the transformative potential of appreciative inquiry rests on two important qualities; firstly, a focus on changing how people think instead of what people do, and secondly, a focus on supporting self-organizing (improvisational) change processes that flow from new ideas. We interpret the apparent dichotomy between thinking and doing here to mean that what it takes for people and systems to make fundamental changes are, firstly, shifts in perspectives, assumptions and values or ‘double-loop learning’, rather than exploring different strategies for actions or new tools without exploring theories-in-use (Argyris, Putnam and McLain Smith, 1985). Such second-order learning strengthens the conceptual shift from (a first-order) knowledge (transferred) into action to collaborative learning-in-action discussed above:

‘If we can create a collective sense of what needs to be achieved, create new models or theories of how to achieve that, and align those with the inherent motivation people have in relation to their organisational life, then a great deal of change leading to increased organisational performance can occur if people are allowed and encouraged to take initiative and make it happen’ (Bushe and Kassam, 2005, p.177).

As a form of change methodology, it is action, informed by inquiry that is important; a ‘sense of wonder, curiosity and surprise’:

'The power of the imaginative mind is needed to create the generative knowledge that appreciative inquiry promotes. Imagination brings vigour to the study of organizational reality, and together with appreciation, it gives permission to be daring and truly alive in inquiry' (Zandee, 2014, p.49)

Our presentation on MHL to the ALARA (Action Learning and Action Research Association) World Congress 2015 highlighted perspectives amongst some delegates that AI was of limited interest in action research. There were echoes of elements of the critique of appreciative inquiry; for example, Duncan and Ridley-Duff (2014) suggest that there has been a 'slavish adherence' to a focus on the positive and 'naivety' about criticisms of AI amongst its practitioners. This conference experience helped us to go beyond the notions of 'positivity' to refine our own explanations of a generative and action-orientated approach to AAR (Sharp and Dewar, in press). Generativity is the processes and capacities that help people see old things in new ways. This can be achieved through the creation of new phrases, images, metaphors and physical representations that help people to look at reality a little differently, challenge assumptions and reframe the way problems and possible solutions are seen (Bushe, 2013).

Grant and Humphries (2006) suggest that appreciative inquiry need not deflect attention from engagement with complex ideas, particularly those that may express the 'shadow-

side' of human consciousness. It may be that the expansion of 'appreciation' to connect with what others value, to embrace the qualities of courage and fortitude and the 'appreciation' of emotional pain can be the first steps towards creating authentic connections between individuals, trust, relationship and learning (Grant and Humphries, 2006; Bushe, 2012; Bushe, 2013; Duncan and Ridley-Duff, 2014; McKeown, Fortune and Dupuis, 2015; Ridley-Duff and Duncan, 2015). Indeed, in complex situations of human dynamics and community power, appreciative inquiry can make an effective contribution to the development of critical thinking and action, can disrupt self-limiting and taken for granted assumptions and be an 'act of transgression' (Duncan and Ridley-Duff, 2014). Furthermore, appreciative inquiry can be seen as a research strategy that can illuminate and change the 'deference–emotion system' that modulates human interaction (Ridley-Duff and Duncan, 2015).

These debates suggest there has been a considerable refinement and maturity of understandings of appreciative inquiry, in particular the expansion of conceptions of appreciation to include respect for the hidden stories of experience, personal narratives and a sensitivity to the emotional. In suggesting that 'it is like stepping into another world', McKeown, Fortune and Dupuis (2015, p8) have proposed a need for attention to the processes of culture change, and highlight that 'it was one thing to learn about AI, but another to learn *how to do AI*'. The focus on 'positivity' has perhaps neglected the collaborative and experimental dimensions of the four-staged process; hence our

preference for the term appreciative action research. We believe there remains a need to develop understanding of the methods that can promote ‘critical appreciative processes’.

Putting relationships at the heart of practising change

Developing a web of relationships through participation is at the heart of truly practising organisational change (Klev and Levin, 2012). Participation is more than a democratic goal but is essential in the intrinsic search for meaning; it can enhance competence, demonstrate and build interdependencies and enable people to understand what they themselves can do in order to help improve their situation by providing value standards and self-confidence to engage in change (Park, 2001).

The best relationships are reciprocal where the values that different parties bring to an encounter are made explicit, and are used to underpin a process of negotiation that results in mutual recognition of each other’s beliefs and which value interdependence (MacDonald, 2002; Clark, 2002). Given this, there is a need to create a ‘milieu’ in which all participants are meaningfully involved (Pryor, 2000).

In care homes, managers have a pivotal role to play in creating this ‘milieu’. This requires the development of a more relational way of thinking about leadership, practice development and shared responsibilities for the quality of life of residents, relatives, staff and the managers themselves.

The MHL evaluation shows that the results reported across all eleven cohorts are remarkably consistent. Areas of notable development include a better understanding amongst managers of how to improve the culture of care; this was the questionnaire item associated with the most positive change for six out of eleven cohorts and featured in the top five for all cohorts. Significantly this positive change extends to further indicators that measure the (self-reported) quality of engagement with staff (who do not attend the programme) by the managers, particularly making time to listen to staff, encouraging staff to take initiative and enabling them to try new ideas without criticism. This has been accompanied by staff prioritising residents' quality of life over tasks, improved interaction with residents and relatives, and improved morale in the care setting.

Aspects of the workplace environment where less change was identified included the managers' workload, overall working conditions, job security and staffing levels and retention issues. Nevertheless, participants report reductions in their levels of stress, together with increased job satisfaction, enthusiasm for working in care homes, feeling valued and improvements in their own quality of life.

Thematic analysis suggests that by focusing attention on relationships in everyday life and work, people come to appreciate that they are part of a larger whole and see their part within it, opening up new ideas of what might be possible in the care home to

enhance quality of life. This development of such ‘mutual power’ is the key focus of the MHL programme, illustrated here by three quotes from participants:

‘I used the caring conversations framework to facilitate a discussion with a relative who I had a very poor relationship with. Just connecting emotionally with her – asking how she felt and sharing how I felt, which was frustrated and sad that we did not have a better relationship, helped to open up dialogue. I would never normally say how I felt. [This] transformed our conversation to one that was balanced and respectful. I asked her at the end if she would mind if I shared some of our learning with other staff on the unit. She said this was not a problem and wondered if I would mind if she could join me in sharing our learning with staff.’

‘I used to feel like a one-man band and had to keep everything close, now I feel differently like conducting an orchestra. Empowering others and listening. Asking myself ‘what's the worst thing that could possibly happen? It is about moving forward and enjoying seeing others move forward with me.’

‘Staff are beginning to come forward and asking to ‘champion’ specific areas of work. They used to be scared when they saw me coming, but now they know it is their job to spend time with the residents and not to focus so much on the tasks.’

With such ways of thinking, participants developed greater confidence and methods to actively share their own perspectives and seek out the views of others including residents and relatives, something many said they had not always proactively done in the past.

'It's hard to get relatives to attend meetings. One relative has started to organise a relative's support group. I told her about MHL – and how difficult it is to engage relatives and she took it on. I just go in at the beginning and end of the meeting; they're honest and supportive with each other.'

Such new approaches generated many surprises frequently revealing new knowledge including for example, what they'd taken for granted, the power of celebration and affirmation in influencing individual motivation and team morale; and the way that apparently small things or gestures could have such a big impact. This further quote from a participant alludes to the benefits of having a different kind of conversation with relatives that builds relationship and the potential for earlier action and more rapid redress:

'A relative tends to go direct to the Care Inspectorate with complaints rather than talking to me. She says she does this because then it 'becomes a requirement'. I thought she had a problem with me [although] she says not. I managed to turn the discussion around and got to the bottom of it. She now has a very different attitude.'

Such insights have led to substantive achievements, enhanced individual and team morale and produced positive forward momentum by engaging staff in taking initiative rather than relying on the managers to lead change. These two examples were developed in collaboration with the staff expected to implement the changes:

‘Staff noticed that food was being wasted and rather than simply implement a change, the manager decided to take the opportunity to explore resident’s ideas, by spending a whole day speaking to residents about food [that they acknowledged they would never have done before]. This led to a trial of changing breakfasts and having lighter meals at lunchtime and a larger meal in the evening. The staff worked out new shift patterns for themselves to accommodate this new approach. As well as saving money on food, this new approach had several tangible outcomes for residents. These include residents not being asleep because they’d had a large lunch, which enables better quality time (in the afternoons). Residents feel better when they go to bed having had a main meal at night, as they have a full stomach, so they feel better and are not waking up ravenous. And nobody has lost weight!'

‘We are using GWAS (Greet, Walk, Ask and Share) which we developed together. When relatives visit the home, staff are encouraged to greet them warmly, then walk with them some of the way to the resident’s room. While they are doing that, they take time to ask them how they are doing and then share a bit about how their loved one has

been in the home. It's working well and because the acronym is easy to remember, staff are using it to remind them of what to do. As they do it more often they are getting more confident to do it regularly. It's helping with our relationships.'

These understandings of the place of relationship-centred practice underpin the MHL programme.

Caring Conversations

Appreciative action research supports a relational approach to knowledge creation through Caring Conversations, a flexible practice framework that enhances inquiry and dialogue. Figure 1 illustrates the key dimensions of this framework that support practitioners to facilitate the development of generative (rather than necessarily positive), appreciative and relational capacities. Considering these dimensions helps a person to frame their own questions in the moment.

The Caring Conversations framework was developed to examine and evaluate processes that enhance compassionate relationship-centred care within an older people care setting in an acute hospital (Dewar and Mackay, 2010; Dewar, 2011). The framework suggests that, in order to deliver such care, people need to engage in the process of appreciative caring conversations in order to understand both who people are and what matters to them; and how people feel about their experience. This in turn enables a process of

working together to shape the way things are done (Dewar, 2011; Dewar and Nolan, 2013).

Figure 1: Caring Conversations Framework

Key attributes	Dimensions
Being Courageous	Courage to ask questions and hear responses. Trying things out. Feeling brave to take a risk.
Connecting Emotionally	Inviting people to share how they are feeling. Noticing how you are feeling and sharing this.
Being Curious	Asking curious questions about even the smallest of happenings. Looking for the other side of something that's said, and checking things out. Looking for the sense in what other people are saying. Suspending certainties.
Being Collaborative	Talking together, involving people in decisions, bringing people on board, and developing a shared responsibility for actions. Constantly checking out with others if your interpretation is accurate; looking for the good in others to encourage participation and collaboration.
Considering other perspectives	Creating space to hear about another perspective. Recognising that we are not necessarily the expert. Checking out assumptions. Being open and real about expectations. Recognising that other perspectives may not be the same as yours and feeling comfortable to discuss this in an open way.
Compromising	Working hard to suspend judgement and working with the idea of neutrality. Helping the person to articulate what they

	need and want and share what is possible. Talking together about ways in which we can get the best experience for all.
Celebrating	Making a point of noticing what works well. Explicitly saying what works well, what matters and what people value and asking questions that get at ‘the why’. Continually striving to reframe language to the affirmative.

The Caring Conversations framework enables people to feel comfortable to express emotions, to develop stronger relationships, and be more consistent in developing relationship centred practice across teams; it also provides a ‘sense of learned hopefulness’ in the face of complex and competing demands (Dewar, 2011; Dewar and Nolan, 2013; Dewar, 2013).

A wide range of methods and approaches are introduced over the programme to support each of the four phases of appreciative action research and bring ‘Caring Conversations’ to life. The MHL participants are encouraged to see all these approaches as transferrable to their own work environments and to experiment with their application within their setting to enact generative appreciative, relationship-centred practice. Their modelling role in their own setting becomes that of the appreciative action research practitioner and facilitator of inquiry process.

Appreciative inquiry makes two important specific claims that are important to understanding the application of the approach; firstly, that it results in new knowledge, images, models or theories as powerful forces for change in social systems. Secondly, that by creating a ‘new lens for seeing old issues’ appreciative inquiry produces generative metaphors, sayings or phrases, that are themselves provocative. These tend to consist of words whose juxtapositions evoke ways out of paradoxical dilemmas that are causing social systems to be ‘stuck’ and can create new possibilities for action that people had not previously considered (Bushe and Kassam 2005; Bushe, 2013). Rooted in social constructivism, appreciative inquiry embraces the idea that ‘words create worlds’ and the idea that theory can be a catalyst for transformative action (Zandee, 2014, p.48). The ‘poetic principle’ of appreciative inquiry makes language central to the process of inquiry (Bushe and Kassam, 2005). Play, poetics and imagery are important elements of an appreciative approach that enhance aesthetic awareness and heightened sensory perceptions amongst participants in inquiry. The subjective, emotional and intuitive responses associated with aesthetic awareness profoundly influence other ways in which people make meaning (George, 2014). This personal or tacit knowledge is the ‘embodied knowledge’ that is not typically reportable in the sense of people having the facility to say what it is that they know (Polanyi 1967; Raelin 2007).

Playfulness is an important element of group behaviour that serves to build trust and relationships as well as being a form of sense-making (George, 2014). Group dynamics contain element of competition, comparison, chance and revelry which can be contagious and readily shift personal interactions, expand or deplete energy and change the direction of the group.

The concept of poetics is closely linked to play, particularly ‘symbolic’ forms of play expressed through language and other forms of symbolic representation (Whitebread, 2012); the use of imagery, metaphor and stories help to deepen inquiry and enables people to articulate tacit, intuitive and unconscious knowledge. These are all important ways to voice and share the personal and tacit knowledge that is embodied in practice, so enabling a different quality of response and encouraging a range of different voices to be heard (Reed, 2007). MHL uses a variety of tools and approaches to bring Caring Conversations to life, including emotional touchpoints (Dewar, Mackay, Smith and Tocher, 2010), the positive inquiry tool (Adamson et al, 2012) and photo elicitation (Collier 1967; Collier 1987; Harper 2002). The use of photo elicitation, for example, helps to facilitate articulation of meanings, generate more complex or nuanced understandings and redress power differentials, particularly in relation to enabling people to voice their perspectives. MHL also builds on the use of photo elicitation alongside role enactment and poetry in practice development to understand and develop compassionate care (Dewar, 2012). Such approaches help to tap into complex concepts

and practices and are valuable in bringing about greater engagement in the practice development process.

Figure 2 provides an example of the use of imagery provided by a care home manager from a meeting with residents, relatives and staff.

Figure 2 Using images at a meeting with residents, relatives and staff



In response to the question, 'What's it like, living, working, or visiting here?' This image was picked by a resident who said: 'It's calm and peaceful. There are not many places in the middle of [area] that are as calm and peaceful as it is here and this gives me comfort. My Mother lived here and I used to visit her so I'm used to coming here. I didn't think I would need care but I'm glad my family don't have to look after me as I don't want to burden them with that, but they visit me often. I made the right decision coming here'. The manager said: 'This lady complains a lot! So this surprised me. All that from a forest scene!'

The collection and analysis of stories are an important appreciative inquiry practice (Bushe and Kassam, 2005). In a similar way, Mead (2014) builds on Frank's 'thinking with stories' (n.d) as a stimulus for engaged inquiry and links storytelling and leadership:

'... storytelling is always relational. It requires both teller and listener and it happens in a context that is already replete with stories. Organizations, groups and societies are 'collective storytelling systems' in which no-one (including those in positions of leadership) can take for granted the right to have their stories heard. As leaders, it is the nature of our participation in these storytelling systems – especially our willingness to listen to other people's stories- that creates a receptive environment for our own stories to be heard' (Mead, 2014, p.131).

These elements suggest that the topics talked about, the language used and the tone and rhythm of the way that people talk have an impact far beyond the words themselves. This makes manifest what Frank (n.d) has called 'mundane charisma', that is the capacity to enlarge the human sense of possibility amongst those affected by everyday stories and actions:

'The source of this charisma does not lie in great oratory, good looks or a commanding presence, but in our willingness to tap into what really matters to us and taking the risk

of reaching out to others and sharing it with them. The gesture is less one of trying to win an audience over than of inviting them into your story' (Mead, 2014, p.153)

All the creative methods used within the programme are grounded in the principles of play, poetics and imagery at the heart of appreciative inquiry. They help people to see vulnerability as a positive behaviour, offering a wider emotional vocabulary that supports people to share their inner thoughts and feelings and both invite and express views which they might previously have felt to be 'tricky' to share:

'I've recognised that asking for support is not the same as 'not coping'. I felt proud that I was able to connect emotionally and ask my Manager for support and that she helped me. It was good to have her support.'

'I would go into a tailspin in the past if a relative approached me with a concern. I now see this as part of what we do.'

'I took my own current personal experience of being a relative to my staff team. I wanted them to know how it felt. I did an emotional touch point on myself with staff. I got them to think about how it feels for someone who doesn't know what's going on. Afterwards they had lots of conversations with families and residents, more deliberately asking or telling them things. One relative told me that all the new staff came in and said hello when she was there. That experience suggests to me that it's working. They were giving her a sense of reassurance.'

Sharing in this way helps to create ripples where others can share how they feel more openly. This helps to develop greater empathy towards others and helps people to begin to imagine how things might be different and see their own part in that future.

Relational Practice, Appreciation and Collaboration: Nurturing Change through Playful Provocation

We conclude this article with a distillation of the elements that seem to be crucial to the success of the programme in emphasising the role of relational practice, appreciation and collaboration in enabling change. We signal wider lessons for those interested in ways to tackle the emotional, educational and cultural dynamics of change in social systems; through appreciative and collaborative inquiry, it is possible to nurture genuine ownership of ideas and agency in practice development and expand the idea of the credibility of evidence to embrace resonance, authenticity and the giving of voice to marginalised or overlooked perspectives, including those of staff.

Playful provocation

The programme evaluation shows that the Caring Conversations framework supports MHL participants to facilitate appreciative, relationship-centred practice in care homes

through inquiry, as a deliberate intervention that explores hopes, passions, values and emotions.

This framework helps managers to encourage and sustain genuine curiosity for themselves and others, deepen inquiry, explore values and acknowledge and express emotion without dispute or judgement. It helps them to acknowledge achievements, encourage better listening and so make room for more contributions. The framework supports a different attitude to risk-taking and devising new approaches to problems.

Playful provocation is our term for this kind of inquiry practice that acts as a positive form of ‘disruption’ to the flow, local social norms or the ‘deference-emotion system’ of a community. These system dynamics include the ‘power relations – those which are directly coercive and those that are embedded in practices, discourses, and social norms which shape the pathways within which it is possible to enact agency’ (Burns and Worsley, 2015, p45).

Participants use caring conversations to seek narratives that are generative, rather than necessarily about positive experiences or desires. The potency and charge of such generativity changes how people think so that new options for decisions or actions become available, and are compelling, such that people want to act on them. In this way, generativity is a ‘key change lever’ in cases of transformational change (Bushe, 2013). Bushe (2013) argues that an unflinching focus on the positive or attempts to

banish discussion of what people don't like during appreciative inquiry will not produce this transformative potential.

MHL participants have become facilitators of learning in the process of acting and more comfortable with their own emotions and those of others and with uncertainty, complexity and the idea that 'solutions' will be provisional, tentative and open to improvement. The adaptability of the caring conversations approach helps people to make it their own; it is not formulaic but expects improvisation, so that managers become more skilled at asking for feedback, formulating their own more open and inquiring questions and engaging in sense-making in different contexts, including one-to-one conversations, group meetings with staff, relatives or residents and staff supervision. Attention to language and personal dynamics is an important element here; this provides new information through apparently small acts of 'asking' and 'thanking', often in the moment. This demonstrates the importance of the mundane and everyday encounters. Noting and celebrating contributions and achievements halts what participants referred to the 'negative ripple effect'; offering a chance to tackle simmering disputes and potential problems or crises with both staff and relatives early on and enabling others to be open and offer their ideas for solutions. This helps to develop a stronger real-life-centric and authentic culture of dialogue amongst system members about what they ought to be doing.

Such playful provocation is a significant shift in practice. It is worth noting that the development of ‘provocative propositions’ is seen as part of the ‘design’ phase of the 4D cycle to bridge the gap between the best of ‘what is’ with what ‘might be’ (Ludema, Cooperrider and Barrett, 2001, p.195). Rather, we see playful provocation as an inquiry practice that is relevant throughout all phases of appreciative action research. Playful provocation blends humour and challenge, curiosity and positive regard. It offers practitioners a different vantage point and a chance to recognise and challenge assumptions and conventional wisdom. It enables people to articulate that which is often not said or shared, with the ultimate purpose of creating possibilities for thinking and acting in a different way. It can seem to be counter-intuitive; at least initially, but creates intrigue and prompts people to ask questions of each other. Such small seeding interventions make an exponential impact on morale, creates energy and personal internal commitment (rather than compliance) and motivation for further change. This kind of playful provocation is only possible where people feel safe to try something different, accept that it might not work and have support to continue to experiment with a different approach.

The MHL participants have made use of the peer support element of the programme to enhance their own safety and develop confidence in their efforts to lead change. Safety has allowed staff, relatives and residents to be honest in expressing their views and for managers to be able to genuinely hear the responses without being defensive, so

enabling different kinds of conversations to happen. These have provided new insights and have started to challenge previously held assumptions, for example, about the nature and value of the lived experience of staff, relatives and residents; that sharing emotionally is unprofessional and why others might act in a particular way that may have previously been misunderstood or misinterpreted.

This attitude of inquiry helps managers to think differently about their purpose and role and how they influence others. They have shifted from seeing their role as one in which they should be a commanding presence that proffers criticism to a more facilitative role, able to create the conditions that brings together the experience, knowledge and resources of all of the system members:

‘The role shifts from being about authority and control to one which enables thoughtful sharing of insights and the generation of the group’s own aesthetic of play as it addresses the questions that have brought it together.’ (George, 2014, pp.29-30)

Such collaborative sense making makes new information more compelling and credible to the system members, rather than an imposition of externally generated and transferred ‘best practice’; collective discovery, rather than a commanding diagnosis. Locally created images, models, generative metaphors, sayings, acronyms and objects

more powerfully evoke new possibilities and understandings and generate greater ownership.

In this respect, play, poetics and imagery are important in helping people to make meaning and voice tacit knowledge that is not typically reportable in the sense of people having the facility to say what it is that they know or not typically ‘say-able’ because of cultural and workplace norms and dynamics.

Playful provocation helps to build trust and relationships and with care and attention, helps people feel more comfortable to share, so enabling a different quality of response and the inclusion of a range of different voices, as people see the contribution they each can make to practice development. Attention to relationships and the emotional and human dynamics of change are too often overlooked, yet they can serve to maintain the status quo, even whilst desire for change is espoused. This habitual inattention can be overturned by appreciative, collaborative, caring conversations that can integrate the affective realm into action research more explicitly and nurture both formal and informal change as emergent processes (Sharp and Dewar, *in press*).

The myriad of relational and conversational practices that take place on a daily basis are at the heart of learning and change. They create environments that are conducive or otherwise to engaging with a wide variety of knowledge and the translation of that knowledge into appropriate action. *Appreciative* action research, built on a generative

appreciation combined with collaborative inquiry and an experimental and improvisational approach to development, offers a way to build relationships and a milieu in which people are able to offer their best ideas, engage in change and draw others in by kindling and channelling enthusiasm in a more genuine discourse.

Appreciative action research offers an integration of the generativity, imagination and attention to language of appreciative inquiry, with the focus on collaborative action, experimentation and practical orientation of action research. It uses the relationships between people to generate on-going dialogue and peer support, feedback and recognition of existing strengths and assets, what is valued and active achievements from change processes, to both excite and incite further change. It can help to develop a more future-making orientation to research as a form of social action (Gergen, 2014).

This should resonate across public services and a range of professions as it provides a means to locate knowledge co-production or inquiry-based learning and action at the heart of professional practice in many domains. Since collaboration is essential to truly practising system change, the ethos and core interdependent and mutually reinforcing elements of the MHL approach shown here provide greater transformative potential beyond care home settings.

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Figure 2 image used by kind permission of NHS Education for Scotland.

Further information and resources about My Home Life are available at:

<http://myhomelife.uws.ac.uk/scotland/lscd/> and <http://myhomelife.org.uk/>

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References

- Adamson, E., Dewar, B., Donaldson, J. H., Gentleman, M., Gray, M., Horsburgh, D.,....
Waugh, A. (2012). Leadership in compassionate care programme: final report, Edinburgh Napier University/NHS Lothian, Edinburgh.
<http://researchrepository.napier.ac.uk/5935/>
- Andersen, J and Bilfeldt, A. (2016). Action research in nursing homes, *Action Research* 14 (1) 19-35

Argyris, C Putnam, R and McLain Smith, D. (1985). Action Science, Jossey-Bass

Barr, A. (2014). Community Development - Everyone's Business? Paper presented to CDAS, SCDC and SCDN conference

Bate, P Mendel P, Robert G. (2008). *Organising for Quality: the improvement journeys of leading hospitals in Europe and the United States*, The Nuffield Trust

Burns, D and Worsley, S. (2015). Navigating complexity in international development: Facilitating sustainable change at scale. Rugby, UK: Practical Action Publishing

Bushe, G. R and Kassam, A. F. (2005). When is appreciative inquiry transformational? A Meta Case Analysis, *The Journal of Applied Behavioural Science*, Vol 41, (No 2), 161-181

Bushe, G.R. (2012). Foundations of appreciative inquiry: History, criticism and potential, *AI Practitioner*, 14(1), 8-20

Bushe. G.R. (2013). Generative process, generative outcome: The transformational potential of appreciative inquiry, in D.L. Cooperrider, D.P. Zandee, L.N. Godwin, M. Avital & B. Boland (eds.) *Organizational Generativity: The Appreciative Inquiry Summit and a Scholarship of Transformation (Advances in Appreciative Inquiry, Volume 4)*, Emerald Group Publishing Limited, 89-113.

Cavendish. (2013). *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*

Clark, P. G. (2002). Values and voices in teaching gerontology and geriatrics. *The Gerontologist*, 42, 297–303

Coghlan, D and Brannick, T. (2010). Doing Action Research in Your Own Organisation, 3rd Edition, Sage

Collier, J. J. (1967). *Visual Anthropology: Photography as a Research Method*. New York: Holt, Rinehart and Winston

Collier, J. J. (1987). Visual anthropology's contributions to the field of anthropology. *Visual Anthropology*, 1 (1), 37–46

Cooke, G and Muir, R. (2012). *The Relational State How Recognising The Importance Of Human Relationships Could Revolutionise The Role Of The State*, IPPR

Cottam, H. (2012). From relational ideas to relational action, in Cooke, G and Muir, R, *The Relational State How Recognising The Importance Of Human Relationships Could Revolutionise The Role Of The State*, IPPR

Dewar, B and Mackay, R. (2010). Appreciating compassionate care in acute care setting caring for older people, *International Journal of Older People Nursing*, 5, 299-308.
DOI:10.1111/j.1748-3743.2010.00251.x

Dewar, B., Mackay, R., Smith, S and Tocher, R. (2010). Use of Emotional Touchpoints as a Method of Tapping into the Experience of Receiving Compassionate care in a Hospital Setting, *Journal of Research in Nursing* 15(1):29-41

Dewar, B., McBride, A and Sharp, C. (2017). Person-centred research, in McCormack, B and McCance, T *Person-Centred Practice in Nursing and Health Care* (2nd ed.) Wiley-Blackwell

Dewar, B. and Nolan, M. (2013). Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting, *International Journal of Nursing Studies*, 50, 9, 1247-1258 DOI: 10:1016/j.ijnurstu2013.01.008

Dewar, B. (2011). Caring about Caring; an Appreciative Inquiry about Compassionate Relationship Centred Care, PhD thesis, Edinburgh Napier University

Dewar, B. (2012). Using creative methods in practice development to understand and develop compassionate care. *International Practice Development Journal*, 2 (1,2)

Dewar, B. (2013). Cultivating compassionate care, *Nursing Standard*, 27,34, 48-55.

Duncan, G and Ridley-Duff, R. J. (2014). Appreciative Inquiry asd a method of transforming identity and power in Pakistani women, *Action Research*, Vol 12 (2) June

Egan, T.M. & Lancaster C.M. (2005). Comparing appreciative inquiry to action research: OD practitioner perspectives, *Organization Development Journal*. **23** (2), 29-49

Epstein, D, Farina, C. R, and Heidt, J. (2014). The value of words: narrative as evidence in policy making *Evidence and Policy*, 10 (2), 243-258

Frank, A, n.d. Between the Ride and the Story: Illness and Remoralization.

<http://people.ucalgary.ca/~frank/ride.html>

George, A. (2014). Aesthetics, in Coughlan, D and Brydon-Miller, M, *The Sage Encyclopedia of Action Research* 29-31, Sage

Gergen, K. (2014). From Mirroring to World-Making: Research as Future Forming, *Journal for the Theory of Social Behaviour*, DOI: 10.1111/jtsb.12075

Grant, S., & Humphries, M. (2006). Critical evaluation of appreciative inquiry: Bridging an apparent paradox. *Action Research*, 4(4), 401–418

Harper, D. (2002). Talking about pictures: a case for photo-elicitation 7 (1). *Visual Studies*, 17 (1), 13-26

Kennedy, J. (2014). *John Kennedy's Care Home Inquiry*, Joseph Rowntree Foundation

Klev, R and Levin, M. (2012). *Participative Transformation Learning and Development in Practising Change*, Gower

Ludema, J. D; Cooperrider, D. L. and Barrett, F. J. (2001). Appreciative Inquiry: the Power of the Unconditional Positive Question, in Reason, P and Bradbury, H (eds), *Handbook of Action Research*, Sage

MacDonald, C. (2002). Nursing autonomy as relational, *Nursing Ethics*, 9, 194–201

Marshall, J. (1999). Living Life as Inquiry, *Systematic Practice and Action Research* 12 (2) 155-171

McGill, I and Brockbank, A. (2004). *The Action Learning Handbook*. Routledge.

McKeown, J. K. L, Fortune, D., & Dupuis, S. L. (2015). “It’s like stepping into another world”: Exploring the possibilities of using appreciative participatory action research to guide culture change work in community and long-term care, *Action Research*, 0 (0) 1-17

Mead, G. (2014). *Telling the Story - The heart and soul of successful leadership*.

Jossey-Bass.

National Care Homes Research and Development Forum. (2007). *My Home Life, Quality of Life in Care Homes A Literature Review*,
<http://www.scie.org.uk/publications/guides/guide15/files/myhomelife-litreview.pdf>

Nolan, M, Grant, G, Brown, J and Nolan, J. (1998) Assessing nurses' work environment: old dilemmas, new solutions. *Clinical Effectiveness in Nursing*, 2, 145-156

Nutley, S. (2012). Connecting evidence, policy and practice in an era of austerity, complexity and decentralised decision making - Maps, routes and shoes. Campbell Collaboration Colloquium Copenhagen <http://www.sfi.dk/Default.aspx?ID=10712>

Orellana, K. (2014). *Care Home Managers: A Scoping Review of Evidence*. School for Social Care Research, NHS NIHR

Owen, T, Meyer, J with Cornell, M. Dudman, P, Ferreira, Z, Hamilton, S, Moore, J and Wallis, J. (2012). *Promoting Quality of Life in Care Homes*, JRF

Park, P. (2001). Knowledge and participatory research, in Reason, P and Bradbury, H (eds), *Handbook of Action Research* (p. 86), Sage

Patterson, M., Nolan, M. Rick, J., Brown, J., Adams, R., & Musson, G. (2011). *From metrics to meaning: culture change and quality in acute hospital care for older people*. Report from the National Institute for Health Research Service Delivery and

Organisation Programme. Available from

http://www.nets.nihr.ac.uk/_data/assets/pdf_file/0003/64497/FR-08-1501-93.pdf

[accessed 21 April 2016].

Polanyi, M. (1967). *The Tacit Dimension*, New York: Anchor Books

Pryor, J. (2000). Creating a rehabilitative milieu, *Rehabilitation Nursing*, 25, 141–144

Raelin, J. A. (2007). Toward an Epistemology of Practice, *Academy of Management Learning and Education*, 6 (4), 495-519

Reason, P. (2006). Choice and Quality in Action Research Practice, *Journal of Management Inquiry*, Vol. 15 No. 2, June 187-203, Sage.

DOI:10.1177/1056492606288074

Reason, P and Torbert, W. R. (2001). The Action Turn: Towards a Transformational Social Science, in *Concepts and Transformations*, Vol 6, No 1.

Reed, J. (2007), *Appreciative inquiry: research for change*. London: Sage: Thousand Oaks

Revans, R, W. (1998). ABC of action learning, London, Lemos and Crane

Ridley-Duff, R., J and Duncan, G. (2015). What is critical appreciation? Insights from studying the critical turn in an appreciative inquiry, *Human Relations*, 1–21

Roddy, E and Dewar, B. (2016). A reflective account on becoming reflexive: the 7 Cs of caring conversations as a framework for reflexive questioning, *International Practice Development Journal*, DOI: <http://dx.doi.org/10.19043/ipdj.61.008>.

Sharp, C and Dewar, B. (in press). Learning in Action: Extending Our Understanding of Appreciative Inquiry, in Zuber-Skerrett, O (ed) *Conferences as Sites of Learning and Development: Using Participatory Action Learning and Action Research Approaches*, Routledge

Timmins, N. (2015). The Practice of System Leadership - Being comfortable with chaos, The Kings Fund

Tolson, D., Dewar, B and Jackson, G. (2014). Quality of Life and Care in the Nursing Home, *Journal of the American Medical Directors Association*, 15 (3), 154-15

Wadsworth, Y. (2011). *Building in Research and Evaluation, Human Inquiry for Living Systems*. Sydney: Allen and Unwin

Wallace, J. (2013). The Rise of the Enabling State, A review of policy and evidence across the UK and Ireland, Carnegie UK Trust

Ward, V. House, A and Hamer, S. (2009). Developing a framework for transferring knowldege into action: a thematic analysis of the literature, *Journal of Health Service Research and Policy*, 14 (3), 156-164

West, M., Eckert, R., Steward, K., and Pasmore, B. (2014). Developing collective leadership for health care, Center for Creative Leadership and The King's Fund

Whitebread, D with Basilio, M., Kuvalja, M and Verma, M. (2012). The Importance of Play, TIE

Zandee, D and Vermack, H. (2012). *Situated design of AI: modelling our understanding of artful practices*, Organisational Discourse Conference

Zandee, D. P. (2014). Appreciative Inquiry and Research Methodology, Coughlan, D and Brydon-Miller, M, *The Sage Encyclopedia of Action Research*, 48-50, Sage