

Appreciative Resources

Debbie Ryder | New Zealand



Debbie Ryder, Ph.D., is a leader and senior lecturer within the Master of Education programme at Te Rito Maioha: ECNZ. She teaches Appreciative Inquiry and Research Methods courses, and supervises master's thesis students working with a broad range of methodologies, including Appreciative Inquiry.

Appreciating Health and Care: A Practical Appreciative Inquiry Resource for the Health and Social Care Sector

Appreciating People

Available from the website [Appreciating People](#)

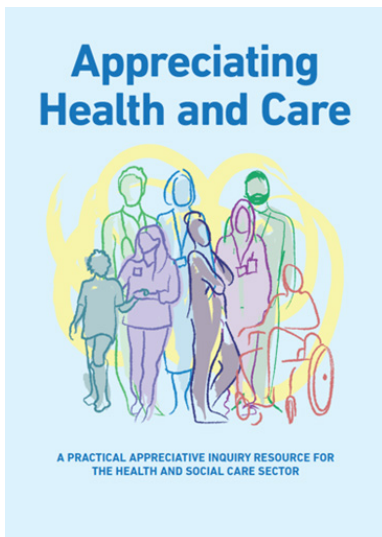
Introducing the book

Appreciating People is an organisation in the United Kingdom whose key goal is to “make positive change happen” at local, national and international levels. Since 2014 they have partnered with Aqua and Health Innovation West Midlands to introduce health and social care staff to the theory and application of Appreciative Inquiry (AI). It is from these healthcare staff that resources and examples within the book are drawn. This book expands our understanding of AI in the demonstration of AI in action within the healthcare sector.

AI, and what it looks like in action within the healthcare sector

The authors start by taking us back to the basics to remind us of the initial work of David Cooperrider and his ground-breaking approach to acknowledging the “life-giving forces” that are present within teams or organisations. Whilst AI does not come from a problem-focused perspective, it also doesn't discount that problems exist. It is in focusing on problems from a strengths-based, participatory perspective that positive action can occur.

There is no more a pressing issue or problem in healthcare than patient safety, but surely AI can't be applied to safety – or can it? The authors discuss how most research performed in patient safety focuses on unsafe system operation (referred to as Safety-I). Interestingly, whilst “what could go wrong” almost never does in reality, “what doesn't go wrong” gets very little attention. This is where the notion of Safety-II takes a more positive approach and defines safety as “the ability to succeed under varying conditions”. AI and the Safety-II definition can be seen to overlap, especially in Sydney Dekker's notion of “Safety Differently” which involves patients, families and staff as part of the solution.



How exciting to see AI being used in an environment that is so often influenced by stress and, at times, negativity!

The authors provide a summary of examples of AI in action, and it is from those case studies that key themes are drawn. Whilst not all themes can be highlighted, a few of the key ones caught the eye of the reviewer. For example, “the importance of relationships” in two case studies, one where AI had been incorporated to create a relationship-centred approach to stroke care, and another within a clinical rehabilitation team.

Another theme of interest was that of “wellbeing and culture” where, again, AI approaches were used within the area of prevention of mental health problems, and in re-energising leadership within an NHS network. Having just spent some time in Accident & Emergency (A&E), the reviewer’s attention was caught by the “person-centred care” theme which focused on an A&E department. How exciting to see AI being used in an environment that is so often influenced by stress and, at times, negativity!

Examples of AI principles

The examples of the AI principles are excellently provided. Starting with the Simultaneity principle, one example illustrates when a nurse experienced inquiry and change happening simultaneously in an interview with a group of women. The Anticipatory principle was demonstrated by a participant who imagined a better work-life future, realising that this was not only what she wanted but that it was within her power to do something about it. Just as the Constructionist principle focuses on the power of words creating worlds, a participant demonstrated the generative power of words when she decided to turn around how she viewed her practice.

Choosing an AI approach that looks for the best and amplifies strengths was an appropriate research method of choice.

The Positive principle reminds us of the influence our “best of” stories and how in this case, when anonymised, helped shape the constantly evolving identity of one aspect of the healthcare sector. Finally, the Poetic principle influenced the research that underpinned this book when deciding on what would be “focused on to grow” within the study. As a key focus of the study was participant wellbeing, choosing an AI approach that looks for the best and amplifies strengths was an appropriate research method of choice.

An evaluative summary of the book

By taking us back to the basics, the authors set the scene for how AI within the healthcare sector creates opportunities for relationship-based culture, where voice are heard, dreams are shared, contribution is acknowledged, and positive and generative approach to change is encouraged.

If you are in the healthcare sector you will find the examples a great practical way of understanding the AI principles.

In the section on the role of AI to shift perspective on patient safety, the authors clearly introduce how AI, when used as an approach to nurture whole systems, can shift the existing Safety-I lens to one of “Safety Differently” and Safety-II, and as such can be incorporated to enhance patient safety.

From a general AI perspective, the authors clearly provided practical examples for even the novice AI inquirer to understand. As a researcher, it was of particular interest for the reviewer to see the authors’ use of the Poetic principle as a framework to choose the topic and method for the research that underpins this book. Therefore, if, like this reviewer, you are constantly seeking more perspectives on the AI principles, you will find this section to be very enlightening.

If you are in the healthcare sector you will find the examples a great practical way of understanding the AI principles. It was also good to see discussion on the five emergent principles (Whitney and Trosten-Bloom, 2010). Whilst not offering examples of what the emergent principles could look like in healthcare practice, some very interesting insights and key ideas were offered.

Whilst all themes discussed in the “AI in action” section were of keen interest to the reader, the ones of most pertinent interest were the last three around patient safety, which, so excellently, reminded the reader of the use of AI to move from Safety-I lens to “Safety Differently” and Safety-II. Of interest across several of the case studies, was the use of SOAR (Stavros & Hinrichs, 2009) as an analysis tool. Whilst this is commonplace in AI analysis, it was excellent again to see such practical application of it.

Appreciating Health and Care is not only a practical guide for the use of AI for people working in the health and care sectors, it also offers generous resources and activities to expand the knowledge of anybody with a growing interest in AI.

REFERENCES AND FURTHER READING

Stavros, J. & Hinrichs, G. (2009) *The Thin Book of Soar: Building Strengths-Based Strategy*. Thin Book Publishing.

Whitney, D. & Trosten-Bloom, A. (2010) *The Power of Appreciative Inquiry: A practical guide to positive change*. Berrett-Koehler.

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