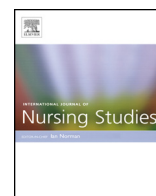




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Contents lists available at ScienceDirect

## International Journal of Nursing Studies

journal homepage: [www.elsevier.com/ijns](http://www.elsevier.com/ijns)

## Review

## Appreciative Inquiry as an intervention to change nursing practice in in-patient settings: An integrative review

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## ARTICLE INFO

## Article history:

Received 23 September 2015

Received in revised form 22 April 2016

Accepted 26 April 2016

## Keywords:

Appreciative Inquiry

Change management

Facilitation

Nursing

Practice development

4D Cycle

Transformation

## ABSTRACT

**Background:** High profile accounts of failures in patient care reflect an urgent need for transformational development in healthcare. Appreciative Inquiry is promoted as an approach to exploring and bringing about change in social systems. Appreciative Inquiry has been used extensively in North American business since the late 1980s. The application of Appreciative Inquiry may have merit in the complex world of human health experiences.

**Objectives:** To identify, evaluate and synthesise the evidence about the impact of Appreciative Inquiry on changing clinical nursing practice in in-patient settings.

**Design:** An integrative review and narrative synthesis.

**Setting:** In-patient settings including paediatrics, maternity and mental health.

**Participants:** Nurses of all grades, patients, carers, relatives, other healthcare professionals including allied healthcare staff, management and students.

**Data sources:** An electronic search of the following electronic databases was performed in January 2015 and updated in July 2015: MEDLINE, EMBASE, Cochrane Library (Cochrane database of systematic reviews), Cumulative Index of Nursing and Allied Health Literature, PsychINFO, PsychARTICLES, Amed, Assia, Scopus and Web of Science. Hand searching of reference lists of included studies was undertaken. Limits were set to include literature published in English only and publications from 1990 to July 2015.

**Review methods:** Three reviewers independently assessed eligibility for inclusion and extracted data. Full text articles were systematically appraised using a standardised data extraction instrument in conjunction with criteria to assess whether change using Appreciative Inquiry is transformational.

**Results:** Eight studies (reported in 11 papers) met the inclusion criteria. Overall, these studies demonstrate poor application of Appreciative Inquiry criteria in a nursing context. This makes judgement of the impact difficult. One study achieved transformation against agreed criteria for Appreciative Inquiry. Other included studies demonstrated that Appreciative Inquiry is being perceived as a gateway to knowledge translation rather than transformative change in practice.

**Conclusions:** Appreciative Inquiry offers potential for nurse practice development and change but not without cognisance of the pivotal components. If Appreciative Inquiry is to be perceived as a legitimate research endeavour, there must be engagement and attention to rigour. Findings suggest caution is required against the choreography of Appreciative

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Inquiry where participant experiences are moulded to fit a previously drafted master plan. Further research is needed to explore the role of expert facilitation in securing and sustaining successful outcomes of Appreciative Inquiry.

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### What is already known about the topic?

- There is potential for transformation in using Appreciative Inquiry, hence the application of Appreciative Inquiry in a healthcare and nursing context is gaining momentum.
- There is a lack of cognisance of how to maximise the potential for innovation within Appreciative Inquiry and so 'lots of things' end up getting called Appreciative Inquiry. Arguably, this increases the risk of it being perceived as little more than a fad phenomenon.

### What this paper adds

- Appreciative Inquiry provides a framework that holds exciting possibilities for nurse practice and development. The 4D Cycle is pivotal to the strategic success of the Appreciative Inquiry process.
- There are certain preconditions necessary to increase the possibility of achieving transformation using Appreciative Inquiry. Primarily, the organisation must be open and willing to challenge conventional practice. Secondly, expert facilitation was identified as a key factor in achieving successful outcomes using an Appreciative Inquiry intervention.

## 1. Introduction

### 1.1. Background

Contemporary nursing has hit the spotlight. Reports such as Francis (2013) catalogue many failings, not least a widespread acceptance of poor standards and nurses' apparent indifference to human suffering and distress. The limitations of traditional methods of managing healthcare are stark and it is clear that the needs of both patients and healthcare staff are not always being met (Trajkovski et al., 2013). For example, Kirkup (2015, p. 17) highlights a culture of deeply entrenched patterns of 'defensiveness, denial and blame shifting'. Evans (2014) ponders a fragmented, top down management approach and an environment that is angst ridden and persecutory. Nurses must be supported to develop a questioning mindset to 'craft an ever more comprehensive context of understanding' (Wall, 2010, p. 149) and to disrupt the 'widespread, thoughtless participation of nurses in future healthcare failings' (Roberts and Ion, 2015, p. 774). The urgent need to reframe nursing identity, phenomena and contribution within a 21st century health service has been recognised internationally (Scott et al., 2014). Emerging strategies speak of participation and collaboration and the

collective merging of strengths and experiences in shaping transformation and positive change (Kings Fund, 2015). There is a growing appetite for frameworks that emphasise the relational aspects of healthcare (Wyer et al., 2014). The message in modern healthcare is to reform and transform by thinking differently (Ham, 2014) and by embracing innovative and disruptive interventions that challenge defensive and destructive practices.

The literature to date has not explored the utility of Appreciative Inquiry as a methodology to investigate, develop and change nursing practice in in-patient settings. Appreciative Inquiry promotes a new way of thinking and may lead to 'congruence between espoused values and practices' (Kavanagh et al., 2008, p. 43). Espousing values of caring and excellence is one thing but demonstrating this in a complex healthcare environment can be challenging (McSherry et al., 2012). Appreciative Inquiry may offer opportunities for attaining high quality practice by encouraging excellence in being responsive to complexity and embracing 'innovative and entrepreneurial' frameworks for care (McSherry et al., 2012, p. 7). Appreciative Inquiry is described as a collaborative approach to the exploration and development of practice that is informed by consideration of what is working well (Reed, 2010). Sharing and celebrating the good things in nursing can lead to a shift in perceptions of poor quality care (McSherry et al., 2012). Appreciative Inquiry calls for collective envisioning and engagement in meaningful dialogue (Reed, 2010). This is important since 'liberating nurses to innovate and enhance practice' is reliant on an organisational culture that values people, welcomes disruption of ritual and routine and is receptive to new ways of thinking and doing (McSherry and Douglas, 2011, p. 166). Notably, Appreciative Inquiry promotes strategies that build the 'capacity to challenge the guiding assumptions of the culture, to raise fundamental questions regarding contemporary social life, to foster reconsideration of that which is taken for granted and thereby furnish new alternatives for social actions' (Gergen, 1978, p. 1346).

## 2. What is Appreciative Inquiry?

### 2.1. Origins and core concepts

Appreciative Inquiry is associated with increasing efficiency and performance in the North American business sector. Originally conceived by Cooperrider and Srivasta in 1987 to serve as an adjunct to enhancing Action Research (Van Der Haar and Hosking, 2004), Appreciative Inquiry has since been embraced as an instrument of change by large corporations such as NASA and McDonalds. More recently, Appreciative Inquiry has been

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