



Appreciative Inquiry

Jayan Warriar @ WIAL REGIONAL CONFERENCE 2017



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Positive Individuals. Performing Organisations.

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We enable you to create

**Positive Productive Performing Organizational Cultures
& Leadership**

Jayan Warriar

Director Performance Solutions



I dream of the possibility
- our world without
barriers!

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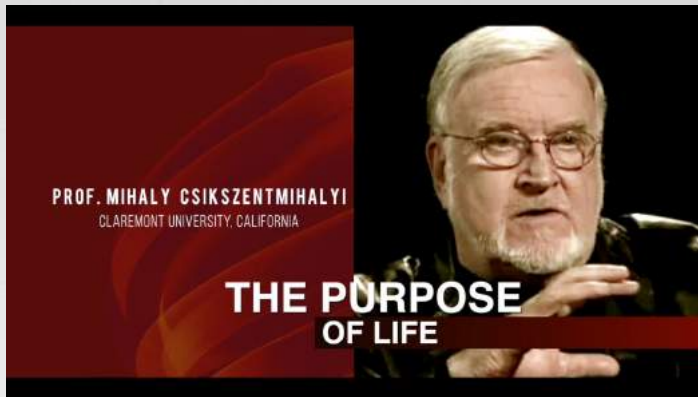
A person is shown from the chest up, covering their face with both hands. The background is filled with numerous bright, radiating light beams that create a sense of intense pressure or overwhelming information. Overlaid on the center of the image in large, bold, red capital letters is the word "VUCA".

VUCA

WAR

WORK

Survive
Campaign
Engagement
Report
Advance
March
Shoot Aim
Alert Alliance
Deploy
Bombard
Mission
Fatigue
Pushback
Target
War-room
Enforcement
Strategy
Salvage
Offensive Charge
Disaster
Resist
Disrupt
Exhaust
Execute



Depression is 10 times more than they were in the 1960s. The onset of depression is fourteen and a half, compared to twenty nine and a half in the 1960s

- Nearly 45% of American Students are “so depressed, that they had difficulty functioning”.
- IN 1957 - 52% in Britain said they are happy, whereas 36% in 2005 (though British tripled their wealth over the last half century)
- According to the Chinese Health Ministry, “The mental health status of our country's children and youths is indeed worrying.”

If we are so rich, why aren't we HAPPY?

Mihaly Csikszentmihalyi, Distinguished Professor of Psychology and Management at Claremont Graduate University

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Where should we focus?



Appreciative Inquiry

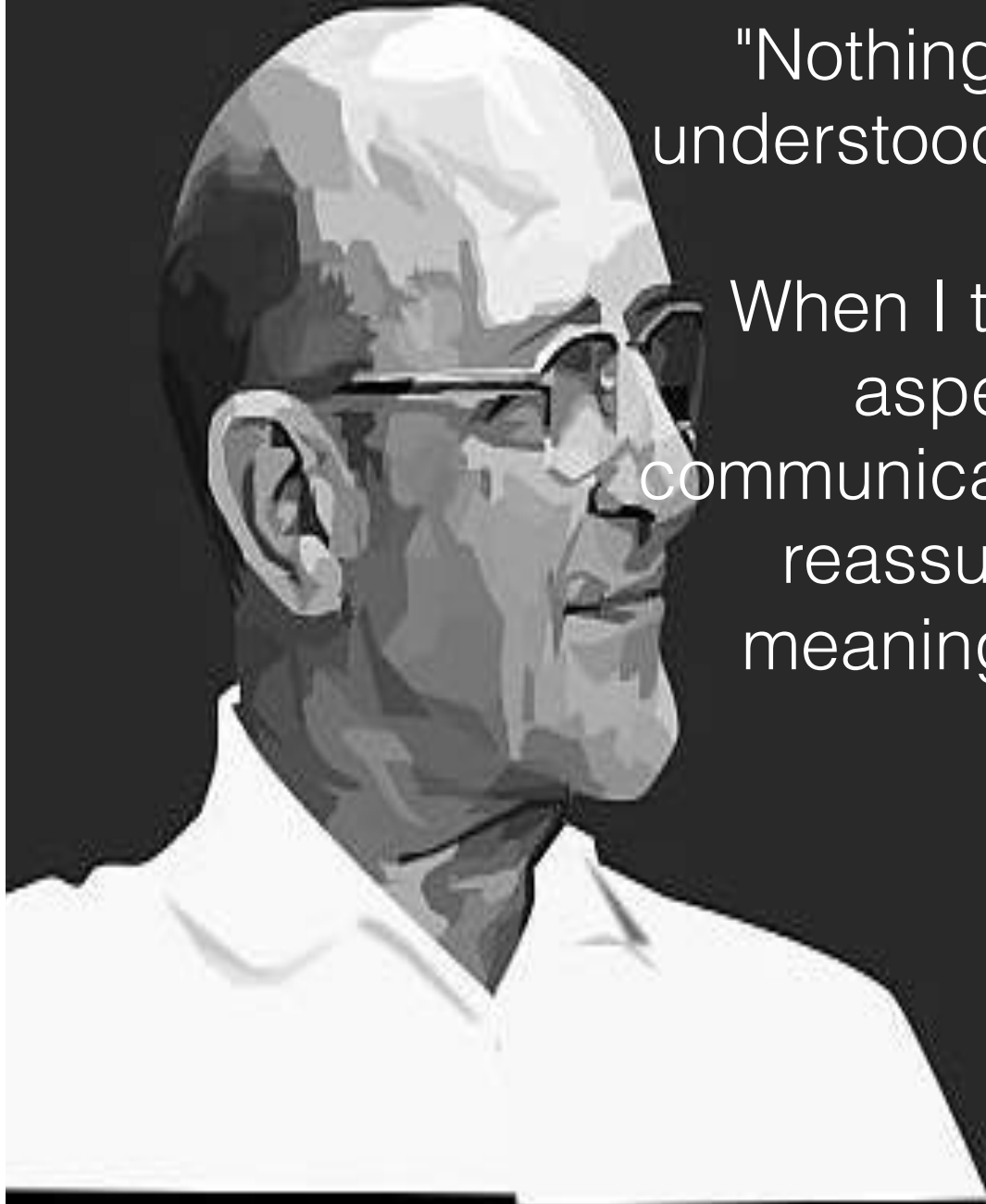
**David Cooperrider, Case Western
Reserve University**



A Factory?

Living Breathing Systems





"Nothing feels so good as being understood, not evaluated or judged.

When I try to share some feeling aspect of myself and my communication is met with evaluation, reassurance, distortion of my meaning, I know what it is to be **ALONE.**"

CARL ROGERS

Renowned Psychologist



What I really really want

Power of Images

Words create worlds

Appreciative Inquiry

Personal/ Org / Community change

Case Western Reserve University

What I don't want

Appreciative Inquiry

A **Dialogic** (vs Diagnostic) Change Process

David Cooperrider



What Would You Like to Change and Grow?

Price Waterhouse Coopers Explores Positive Conversational Habits

ORIGINS

A new way of introducing change



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What does ***APPRECIATE*** mean?



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Figure out what **gives life, and vitality to** organizations, teams and people **when we are at our best.**

- Focus on **what works**



Appreciative Inquiry (AI)

How people organize?

How to lead change?.

Source: Corporation for Positive Change

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Five Principles of Appreciative Inquiry

1. **Constructionist** Principle
2. Principle of **Simultaneity**
3. **Poetic** Principle
4. **Positive** Principle
5. **Anticipatory** Principle

Positive Psychology



Professor Martin Seligman

President (APA, 1996)

Author: Learned Optimism; Authentic Happiness

Psychology in last 30 years

- 45,000 studies on depression
- 400 studies on joy

Can you drive change through threats, fear and insecurity?

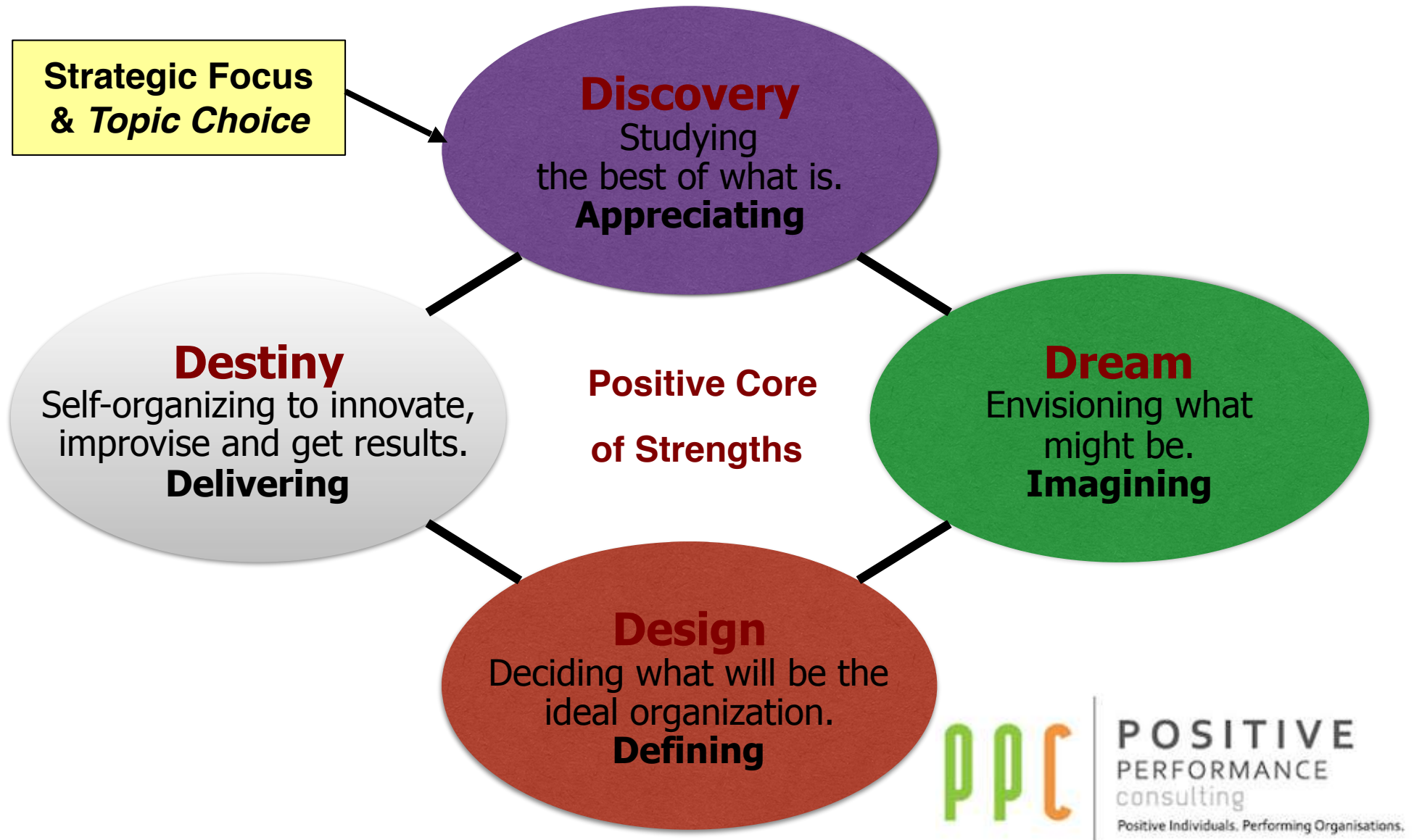
Positive Principle

Change requires large amounts of **positive energy,**
and social bonding.

The more positive and life-giving the question,
the more positive and long lasting the change.



Appreciative Inquiry 4-D Model



What is your real quest?



- “Solve Baggage Problems” to
- “*Better Service Recovery*” to
- “*Exceptional Arrival Experience*”



Source: Dr. Marilee Adams, PhD

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Positive Change



- Innovation
- Profitability
- Leadership

Tools
Process

Appreciative Inquiry

Human



Factors creating great Experiences.

- Facing issue
- Persistence!
- Passion
- Strong Belief.
- Doing the right thing
- Seeing opp. to improve
- Strong leadership.
- Systemic View
- Focus on positive.
- Greater Good
- Risk Taking.



- Unusual
- New perspectives.
- Something you don't hear
- New understanding
- Alignment
- Binding Experience



“Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness, that most frightens us. We ask ourselves who am I to be brilliant, gorgeous, talented and fabulous? Actually, who are you not to be?”

Marianne Williamson

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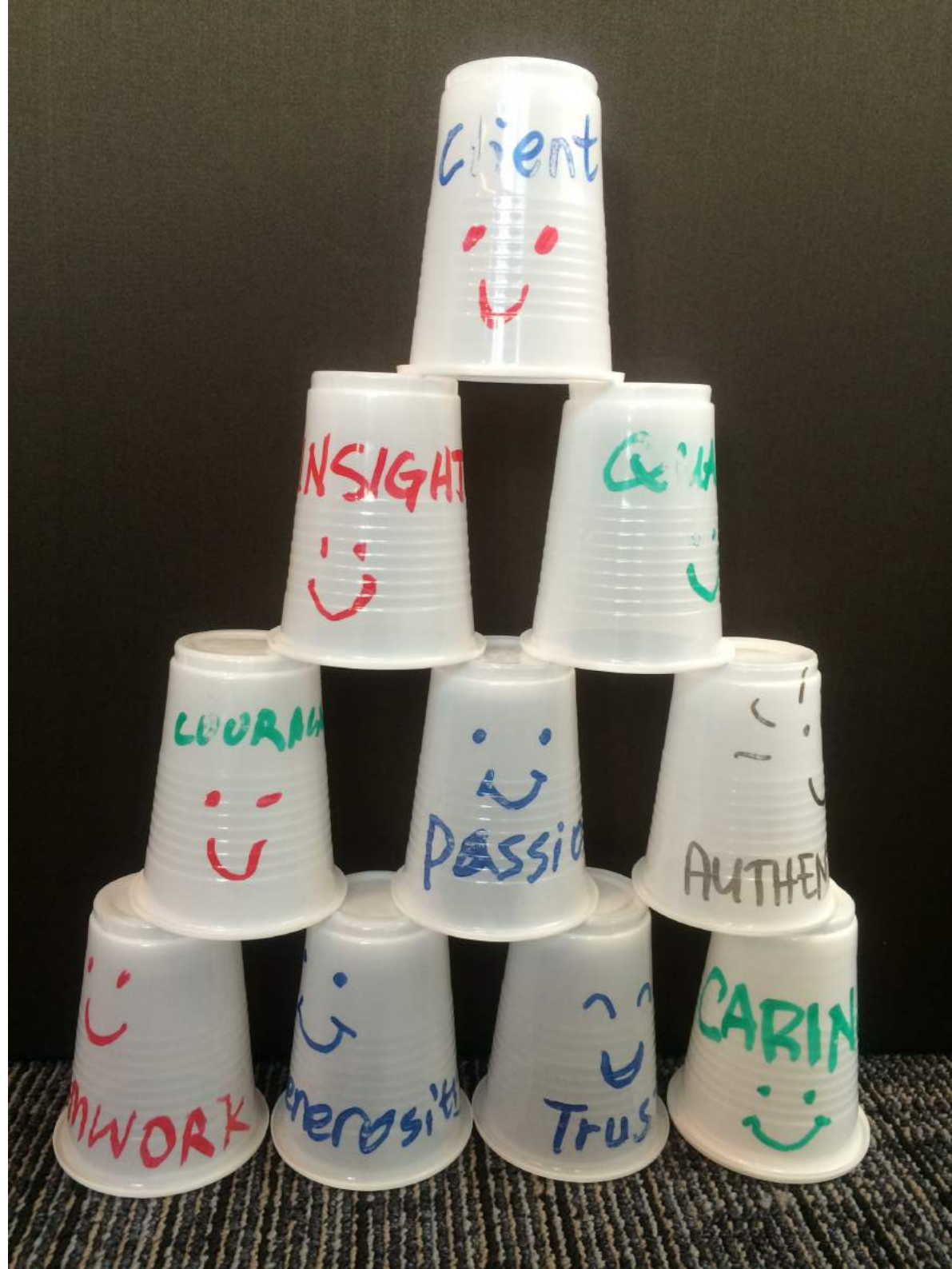


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*“The task of leadership
is to create an
**alignment of
strengths** - for a
purpose or toward a
goal - in such a way
that **weaknesses
become irrelevant.**”*

Peter Drucker



Client



INSIGHT



GIVE



COURAGE



PASSION



AUTHENTIC



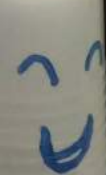
NETWORK



GENEROSITY



TRUST



CARING





Power of Images



Imagine the Ideal

clairde 2008

Words Create Worlds

**What people
remember
and think
about.**

**How they feel
emotionally
and
physically.**

**What people
talk about to
each other.
The stories
they tell.**

**The Inner
Dialogue of
our
organizations**



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Stress



Joy @ Work

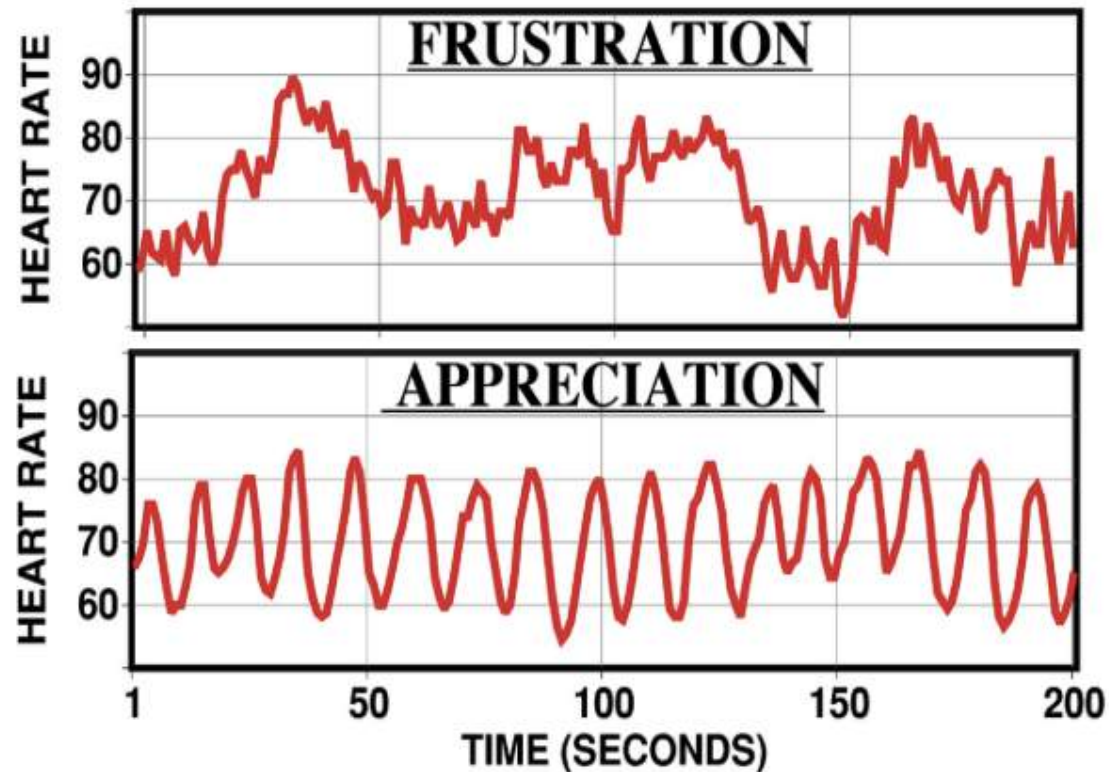
Research Findings



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Individual Level

Changing Heart Rhythms



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Broaden and Build Theory

Positive Emotions

1. Broaden Attention and Thinking
2. Undo Lingering Negative Emotional Arousal
3. Build Resilient Coping...Like Immune System

Research References

1. Broaden Attention and Thinking

(Fredrickson & Branigan, 2002; Waugh & Fredrickson, in prep)

2. Undo Lingering Negative Emotional Arousal

(Fredrickson & Levenson, 1998; Fredrickson, Mancuso, Branigan & Tugade, 2000)

3. Fuel Resilient Coping, Like Immune System

(Fredrickson, Tugade, Waugh & Larkin, 2002; Tugade & Fredrickson, 2002)



Positivity leads to Performance

JOY through play, imagination,
experimentation leads to
INNOVATION

POSITIVITY

OR
AND

PERFORMANCE



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Impact of positive emotions

Over time, Positive Emotions

- Prevent depression (Fredrickson, Tugade, Waugh, & Larkin, 2002)
- Build optimism, Resilience, and Elevated Relationships (Fredrickson, Tugade, Waugh, & Larkin, 2002; Haight 2003)
- Trigger Upward Spirals to Increased Well-being (Fredrickson & Joiner, 2002; Tugade & Fredrickson, 2002)

THE MAGIC RATIO



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Principles Simplified

How do we envision and create the future we want?

1. Words create worlds
2. Inquiry initiates change
3. We can choose what we inquire into
4. Images of the future draw us towards them
5. Positive Questions -> Positive Change
6. Whole system approach leads to creativity & capacity

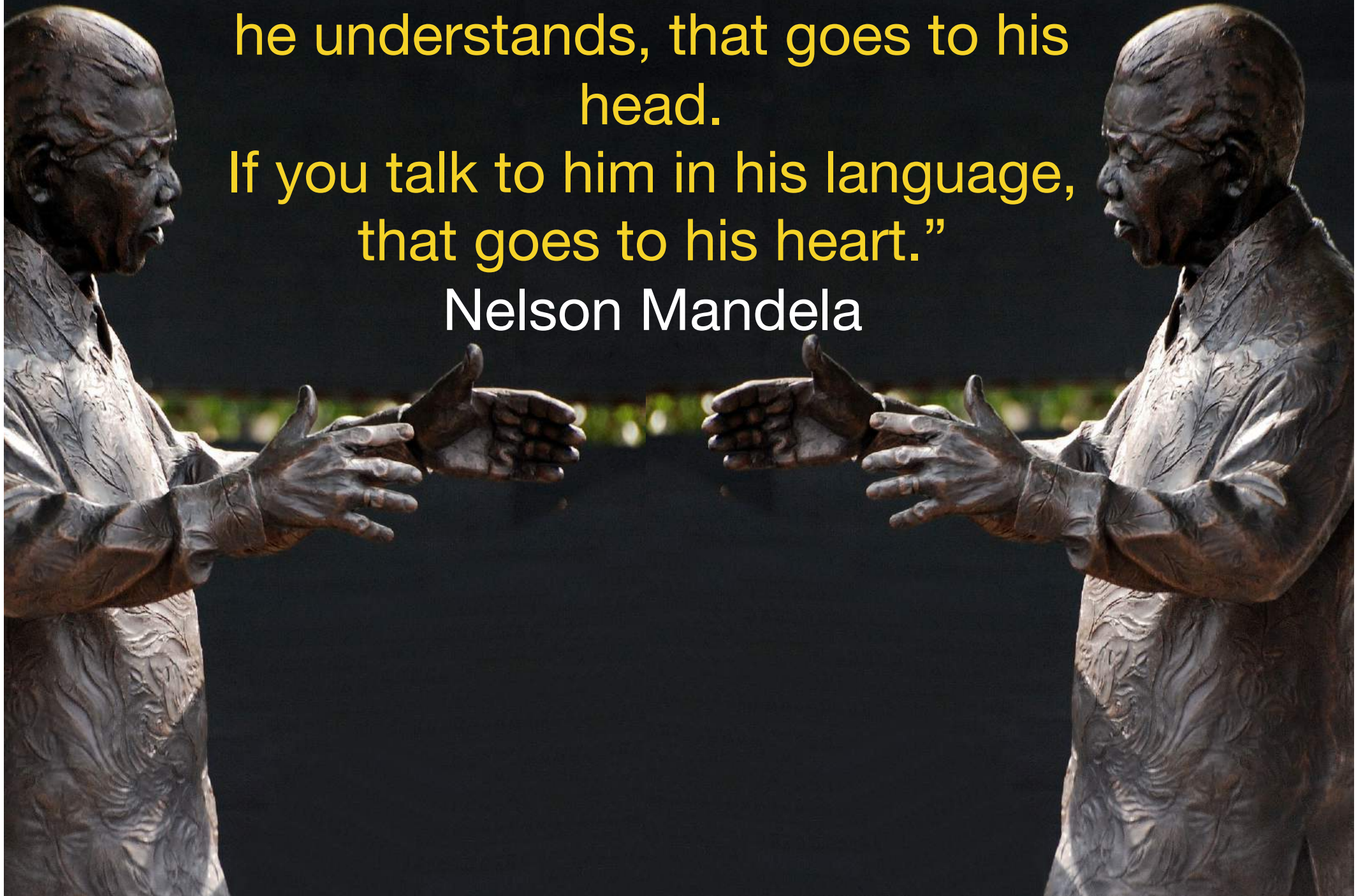
APPLICATIONS

- AI as a process
- AI as a tool
- AI as a life philosophy

"If you talk to a man in a language
he understands, that goes to his
head.

If you talk to him in his language,
that goes to his heart."

Nelson Mandela



ORGANISATIONAL APPLICATIONS

- Performance appraisals
- Feedback
- Innovation
- Staff meetings
- Change initiatives
- Coaching
- Facilitation
- Leadership Development
- Org Learning
- Culture building

Applications in Organizations

Organization Design	Employee Satisfaction	Process Improvement	Learning and Development	Measurement	Customer Satisfaction	Planning
Communication Architecture	Employee Orientation	Work Process Redesign	Supervisory Development	Performance Management	Focus Groups and Surveys	Strategic
Joint Ventures	Staffing & Development	Continuous Quality Improvement	Leadership & Management Development	Metric Standards	Customer Feedback	Business
Strategic Alliances	Coaching	Benchmarking	Team Development	Reward & Recognition	Supplier Feedback Systems	Operations
	Diversity Initiatives	Innovation	Training	Surveys	Public Relations	Marketing

Contrasting Diagnostic and Dialogic Organization Development (OD)

	Diagnostic OD	Dialogic OD
Influenced by	Classical science, positivism, and modernist philosophy	Interpretive approaches, social constructionism, critical and postmodern philosophy
Dominant organizational construct	Organizations are like living systems	Organizations are meaning-making systems
Ontology and epistemology	<ul style="list-style-type: none"> • Reality is an objective fact • There is a single reality • Truth is transcendent and discoverable • Reality can be discovered using rational and analytic processes 	<ul style="list-style-type: none"> • Reality is socially constructed • There are multiple realities • Truth is immanent and emerges from the situation • Reality is negotiated and may involve power and political processes
Constructs of change	<ul style="list-style-type: none"> • Usually teleological • Collecting and applying valid data using objective problem-solving methods leads to change • Change can be created, planned, and managed • Change is episodic, linear, and goal oriented 	<ul style="list-style-type: none"> • Often dialogical or dialectical • Creating containers and processes to produce generative ideas leads to change • Change can be encouraged but is mainly self-organizing • Change may be continuous and/or cyclical
Focus of change	Emphasis on changing behavior and what people do	Emphasis on changing mindsets and what people think

Source: **Revisioning Organization Development**

Diagnostic and Dialogic Premises and Patterns of Practice

Gervase R. Bushe, Robert J Marshak



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Mission

To provide superior health care in a compassionate manner, ever mindful of each patient's dignity and individuality. To accomplish our mission, we call upon the skills and expertise of all who work together to advance medical innovation, serve the health needs of the community, and further the knowledge of those dedicated to caring.

Vision

On a foundation of mutual respect, we will work together to build the University of Chicago Hospitals into one of the finest organizations in the country — as measured by the quality of patient care, the satisfaction of patients and their families, and the level of pride among everyone who works here.



THE
UNIVERSITY
OF CHICAGO
HOSPITALS

VALUES IN ACTION

Against All Odds

Nothing looked promising for the North Carolina high school football star who needed to pass a physical for a much needed college football scholarship but was found to have a hole in his heart.

His insurance wouldn't pay for the "experimental" corrective procedure, and the lab needed to perform the procedure was not yet built.

The young man had begun to feel winded on his high school field, and it was discovered that he had a patent foramen ovale — an opening between two sections of his heart. The open-heart surgery that typically corrects this congenital condition involves cutting the breast bone, and requires days of painful hospitalization with extensive convalescence. It would have prevented the young man from meeting the scholarship deadline.

The good news was: Ziad Hijazi, MD, chief of pediatric cardiology here, could close the hole using an

Amplazer aortic septal occluder. Through a small groin incision, the device would be inserted through a thin catheter and open like an umbrella to fill the hole.

The young football player would have a fully functioning and healthy heart as soon as three days later

and could resume full activity within only three weeks.

The young man's hometown neighbors held spaghetti dinners to help offset the medical costs. His church pitched in to buy airline tickets to Chicago.

The only remaining hurdle was the state-of-the-art pediatric catheterization lab. A six-to-eight month job, construction workers would have to create it in only four



and a half months. Overtime was authorized, but some changed orders and undelivered equipment and materials created major problems. "It seemed impossible to meet the deadline," says Steve Feldman, staff engineer. "Until Barbara stepped in."

Barbara Schneider, RN, MBA, the new manager of pediatric cardiology, made an unusual decision: to tell the crew that if the deadline was not met, a

17-year-old football player with a hole in his heart, who had non-refundable tickets, and a physical exam already scheduled, would lose his opportunity to go to college.

The attitude on the job changed immediately. The workers went hard, but they committed to doing whatever it took to meet the deadline. "There were many uphill battles, but they succeeded because they

acted as if they knew him," says Barbara.

At the end of the job, the workers went one better, contributing money from their overtime pay to help the family defray expenses.

They asked Barbara to deliver the gift — several thousand dollars — to the family. "It was such a privilege," she says. "The gift was received so graciously — the patient said that he had never held that much money in his life."

The young man from the small town in North Carolina is now a junior at a large university; last year he led the team in tackles. He is stronger since he received his Amplazer device, and has grown taller. He brings friends home from school

to enjoy his mom's cooking. "His life would be so different if he had had to undergo open-heart surgery," she says.



Values

In our work each day, we are guided by the following five PRIDE values:

Participation: A spirit of teamwork and sharing

Respect: A consideration and appreciation for others

Integrity: Honesty in our words and actions

Diversity: Honoring the power of different backgrounds and perspectives

Excellence: A commitment to always do our best

AT THE FOREFRONT OF MEDICINE®



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Unleashing a Positive Revolution in Medicine: The Power of Appreciative Inquiry

by Colette Herrick and Donna Stoneham
"Appreciative Inquiry is the cooperative search for the best in people, their organizations, and the world around them. It involves systematic discovery of what gives a system "life" when it is most effective and capable in economic, ecological, and human terms."

— David Cooperrider

Healthcare in America is in a state of emergency. Physicians, at the eye of

Using a four-stage group inquiry process—discovery, dream, design and delivery—AI is being used with compelling results in a range of settings in health care including:

- Transforming organizational cultures and practice management;
- Creating powerful physician/nurse/patient relationships;
- Developing effective leadership;³ strategic planning; strengthening teams, partnerships, and alliances⁴; and
- Enhancing patient safety.

Why Do We Need a New Approach to Change in Medicine?

The Chinese word for crisis consists of two ideograms that translated into English mean, "A crisis is an opportunity riding on a dangerous wind." Healthcare is not dissimilar. The challenges are well recognized. At

In both organizational practice and health-care delivery, what has typically been at the epicenter of attention is fixing what's broken rather than identifying and building on what *is* working. What is required in healthcare today is a new kind of leadership and physicians are poised to lead the way.

Stuart Hayman, Executive Director of the Westchester County Medical Society in New York is cautiously optimistic about the future of medicine, "The profession of medicine will be completely transformed and unrecognizable in 10 years by the rate of innovations in drug therapy, diagnostic and surgical procedures, and the resources of the electronic age." Mr. Hayman's greatest hope is that leaders in medicine, "... see beyond the hurdles, problems, and day to day obstacles and find ways to transcend differences."



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Innovations

During their working session the team identified and improve the handoff process, increase patient safety. Nurses then volunteered to begin implementing these

1. **Welcome Script:** ensures that important information is shared with the patient.
2. **Safety Assessment:** acts as a mechanism for nurse to assess patient safety.
3. **Standardized Transfer Report:** document that standardizes information to be shared between units, plan, and that standardizes information to be shared.
4. **Low Risk Cardiac Transport Protocol:** enables ED to the telemetry unit without the use of a cardiac monitor, transfer without a monitor was not an option, saves 30 minutes of nurse time allowing ED nurses to see more patients.
5. **Improving Mutual Interpersonal Relationships:** observing a colleague in the alternate unit in order to learn from their challenges experienced by their counterparts in the other unit.

Outcomes

The following outcomes were achieved within the first six months, or less:

- Up to 9.3% improvement in nurse satisfaction and teamwork; stronger interpersonal relationships among front line nursing staff and interest in further improvements;
- An overall increase of 10.2% in patient satisfaction
- Increased rates of patient assessment (with an 11% increase in completion of nutritional assessments and a 70% increase in completion of skin assessments)
- Significant improvements in compliance with cardiac enzyme regimen (9.2%) and medication administration records (81.8)
- A 60 % increase in the number of patients able to be transported without a cardiac monitor – with resulting cost savings of 67.5 hours of nursing time saved in per month



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Improving Nursing Practice and Patient Care

Building Capacity With Appreciative Inquiry

Good Things Are “Already” Happening

The emergence of AI principles in our project continues to surprise us. We underestimated the power of this framework in creating project energy and synergy. In the formative evaluation interviews, we learned that after 1 year, “good things” (small wins) were already happening—often reflecting culture change within the hospitals. One participant shared, “Now we always start meetings on a positive note—what is working? Discussing then automatically goes to what is not working and reach depths of despair.”

Nursing Led Change is Spreading Across Departments

There are also indications that through AI, the project is having an impact beyond nursing. We are seeing examples of AI “creep” where departments other than nursing are becoming curious about this tool (through nursing’s example) and are incorporating the AI principles into their “way of doing things.” One of our project CNOs distributed *The*

The CEO dropped in for part of the workshop and upon leaving went directly to the CNO’s office to announce that “There is more excitement going on in that room than I have ever witnessed in this hospital!” Staff who attended have a new under-

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