

*Reprinted from the AI Practitioner, May, 2007, Appreciative Inquiry in Coaching: Exploration and Learnings*

*This article describes how AI coaching was the crucial element of success in a large hospital turnaround project. Weaving one-on-one coaching with the Director of Women's Services and system-wide appreciative interventions, we see how a department that was not achieving its target business results moved from "near death" to a new beginning and "rebirth".*

## **AI COACHING: THE CRUCIAL SUCCESS ELEMENT OF A LARGE SYSTEMS CHANGE INITIATIVE**

By Tom Osborn

### **The Presenting Situation**

Sitting in the office of the Vice President of Human Resources of a major metropolitan hospital, I was being interviewed by the VP of HR, along with the Director of Women's Services and the Director of Learning and Organization Development. It didn't feel like an interview at all. Each of the three of them was taking turns telling me stories about how bad the Women's Services department was and how nasty the nurses could be with one another, the physicians, management, and occasionally with their patients and families. Although I attempted to ask appreciative type questions, I was told story after story, with specific details, about the negativity of the staff, low morale, continual turnover, and generally intolerable working conditions. It was as if there was competition between these three leaders to "out do" one another's negative stories about Women's Services.

I interjected several questions about their previous efforts to turn things around and inquired about their familiarity with Appreciative Inquiry. I was summarily told they knew all about AI and that AI would not work here. I was informed the department was so bad that an appreciative approach would not work at all...and the negative stories from these leaders continued. The department was seen as "near death". Patient loads had dropped substantially and efforts to build business back to profitable levels had failed. They saw their only hope as recruiting a new group of Obstetrical physicians who would bring their pregnant patients to the hospital for delivery. The potential new physician group had heard all the negative stories about Women's Services and rightfully wanted to know what was being done to turn things around. After the "dumping" from the three leaders slowed down, I was asked if I really understood how bad things were in this department and if I felt that I had the skill sets to help turn results around. I took a deep breath and answered "Yes".

I explained that often I get called into situations when organizations are seen as being in deep trouble and nearly broken. I shared several stories of success using strength-based approaches. My positive turnaround stories seemed to satisfy them for the time being. I explained that rebuilding this department would take a multi-faceted approach and their unqualified support. I suggested that I write a proposal with specific recommendations and submit it to them for their consideration. They agreed, and I left that first meeting wondering if things were really as bad in Women's Services as they made them out to be.

## **Redefining the Situation: A Clear Picture of Current Reality**

In my proposal, I began with a summary of their need:

***The hospital has an opportunity to grow their Obstetrics (OB) business and attract a new group of Obstetrics-Gynecologist (OB-GYN) physicians. Current service levels do not support this growth opportunity. Patient satisfaction measurements have declined significantly, the nursing staff is not seen as committed to service excellence by physicians and management, and improvement efforts have not been successful. There are relationship issues between the nursing staff and physicians as well as historical turnover and instability in their management. There have been recent gains in one-on-one relationships with the current management, but the group as a whole is not performing at expected levels. Central management expects a strong, unit-wide commitment to service excellence, significantly improved teamwork and high quality inter-group working relationships.***

## **Balancing My Preferred Approach of Appreciation with “Where the Client Was At”: The Recommendation**

As I thought about my approach to this work, I found myself in a dilemma. As an AI practitioner and teacher, I make every effort to approach my work in ways that lifts up the positive, strength-based assets of an organization, focusing on what works rather than trying to fix what doesn't. In my current situation, however, I was faced with negativity and cynicism at extreme levels and basically told that an appreciative approach was not acceptable. I was working with an organization that was deeply steeped in the medical model of assessment, diagnosis and treatment. My dilemma was in how to proceed. I decided to position myself as meeting the client “where they were at” and recommended we proceed in two phases (knowing fully well that I would be beginning an engagement of “stealth AI”):

### ***Phase 1***

Phase 1 of the project would begin with an assessment of the current situation in the Labor and Delivery, Post Partum and Neo-Natal Intensive Care units of the hospital, using an action research model. The data gathering was to be seen as an important initial step in the improvement process and designed for maximum stakeholder engagement. I asked for a planning session with the champions of the project to clarify specific objectives and outcomes of the project, clarify roles, agree on specific action steps, identify key stakeholders and address any concerns. I asked to conduct one-on-one interviews and focus groups to collect data. I agreed to summarize the data from the interviews; complete an in-depth review and co-formulate a turnaround plan with the champions of the project.

### ***Phase 2***

Depending on the results of the assessment phase and client agreement, Phase 2 could include, but would not be limited to:

- Ongoing consulting to the central management team
- Building leadership capacity to lead the change

- One-on-one coaching with the leader(s)
- Designing a comprehensive communications plan
- Team development
- Inter-group development (between units/physicians, etc)
- Organizational analysis and design
- Design and training of identified skill development areas
- Agreement and design of evaluation to assess the success of the consulting interventions

After several clarification meetings, my proposal was accepted and work began on Phase 1. The Director of Learning and Development later shared with me that had I made any other proposal, it would not have been accepted. To do the work, I needed to meet the client “where they were at”, acknowledge their brokenness and recommend a diagnostic model. They did not want to see Appreciative Inquiry in the recommendation, although that is exactly the work that I successfully proceeded to do.

### **Getting the Data and Feeding It Back**

In my one-on-one and focus group data-gathering sessions, while I asked appreciative, strength-based type questions, the negative stories continued to flow from floor nurses, physicians, ward clerks and others. People wanted to talk about brokenness...and they seemed determined to tell their negative stories. I listened, took notes and at the end of each session, would ask for their hopes and wishes for the future. Everyone was concerned about their decline in business and wanted to build the business back up...and many were concerned about the possibility of management making the decision to close the unit. Everyone wanted to build an organization where the staff worked well together as a team and provide excellent patient care and customer service. We had a starting point! And off course, the starting point was around telling stories when they had experienced themselves working together as a team to provide excellent patient care and customer service.

I reported the results of my interviews to the Senior Leadership Team and made specific recommendations to move forward:

- One-on-one coaching with the Director of Women’s Services.
- A feedback session for all employees led by Senior Management, to show my findings, present the case for change and lay out the plan of action going forward.
- An off-site training of a core group of staff representing all departments and levels in the organization to conduct an appreciative inquiry with that group...and potentially develop an organization-wide intervention to interview all employees in the department.
- Continued work to develop leadership to lead the change

My recommendations were accepted and we proceeded.

### **AI Coaching: The Crucial Element of Success**

I entered my coaching work with the Director of Women’s Services from a system perspective. My objective was to establish a partnership between her, the department

and myself to facilitate learnings for her and the department as whole, and to achieve identified business results. As the leader, she was charged with a major turnaround of Women's Services. As the consultant, I was charged with coaching, teaching and helping to facilitate that process. That involved understanding the impact of her leadership style on others, developing more effective leadership behaviors, becoming a better coach to others and improved team development. Together, we had a major challenge. My plan was to introduce strength-based, AI approaches...and it needed to begin with my coaching with her.

From the beginning, I had been able to establish an excellent relationship with the Director. We were open to one another, respected each other and had developed a high degree of trust. We enjoyed teasing one another...had fun together and could laugh at ourselves and one another. She was open to my coaching and eager to listen to my insights. We had shared our concerns about the project and working together, shared our work styles, discussed our goals and opened up to one another about our values and views about the positive nature of people. When I challenged her with probing, complex questions, she would explore her thoughts and feelings, answer with candor and honesty, reflect on her responses and learn. She was willing to listen to my feedback and grow and change. We had established an excellent coaching relationship.

Moving into her role as the Director of Women's Services some eight months earlier, she had inherited a department that thrived on telling negative stories. One of their favorite stories was how they had "run off" the five or six Directors ahead of her. Unfortunately and unintentionally, as she stepped into this culture of negative story telling, she began repeating the stories and became the chief negative story teller extraordinaire. This otherwise positive person was getting payoffs from the system for telling everyone, including the senior management above her, how bad the department was. In almost every coaching conversation with me, she would begin by telling me the worst story she could about her department and its dysfunction. "You can't believe..." were often her opening words. I challenged her pattern and asked why she was telling the stories...and the impact she thought they had. She struggled with her answers to my questions...and that struggle took a period of time for her to come to terms with learnings that were significant enough to turn those negative story telling patterns around. She was, however, the lynchpin to the turnaround of the larger department and AI coaching was the crucial element of success.

### **Weaving One-on-One Coaching and Systems Work Together**

Over the course of eighteen months, I continued my coaching and taught throughout Women's Services. At our first off-site session with representatives of the staff, I introduced Appreciative Inquiry, including the power of social construction. I designed and facilitated an inquiry into what first attracted these nurses into healthcare, their values, their best experiences as nurses and their hopes and wishes for the future of the department. As I listened to the nurses' stories, time after time I was overwhelmed with emotion as I heard about these (s)heroes (they were all women) and their extraordinary care for their patients. The nurses in my session cried with one another as they told their stories; reclaimed why they had been attracted to nursing; shared their values with one another; and time after time, when they met the challenges of life and death in the delivery room with compassion, sensitivity, teamwork, and a genuine concern for their patients and families. Where had these positive, uplifting heroic stories been? Why had

the system developed a culture where everyone wanted to tell negative stories of brokenness and failure?

And, of course, the Director of Women's Services, who I was coaching one-on-one, was also involved in the larger group interventions. Weaving from our one-on-ones to the larger group work, she was getting in touch with her own passions for nursing; her own values; her own stories of extraordinary patient care and her own visions of her dreams and visions for the Women's Services. She was also getting in touch with the power of positive stories and the life-giving dynamics they generate.

### **The System Wide Intervention**

We launched a campaign to conduct an appreciative interview with every employee of the department. Approximately one hundred interviews were conducted in thirty days. Positive stories of excellence in customer care were being told throughout the department...replacing the stories of brokenness and negativity. Nurses were sharing the truly inspirational reasons about why they had been called to their profession...and they were sharing positive personal and organizational values with one another. Most of all, they were sharing their hopes, wishes and dreams for the type of department they wanted to become.

Throughout my work, I was delighted to see the leader and her staff experience, understand, and integrate into their ways of being with one another, the power of generative, life-giving, appreciative approaches. The combination of one-on-one coaching with the Director and the organization-wide appreciative inquiry integrated new learnings about the power of the stories we tell in experiential ways that were transformational to both the Director and her department. They saw the light and understood that continually telling the negative stories fueled the negative culture...and the key to turning the culture around was to tell stories that supported the culture they wanted to build. They had been living, for years, in a default culture of negativity. They understood that together, they could build a positive culture of choice.

### **Project Outcomes**

This project has been one of the highlights of my consulting career. I was able to coach, to teach, to do interventions...and to see results. While spending time in the department, I was able to witness first hand behavioral change on the part of the leader. She developed an increased awareness and understanding of herself and the impact of her role on the organization. She understood the concepts of social construction and the power of story-telling. She saw and appreciated the power of positive image...and witnessed positive action on the part of her employees to work toward a shared vision. Most importantly, she was able to solidify her role as a highly effective and successful leader of Women's Services.

In a lead article of the hospital's newsletter, the headline reads "Patient Satisfaction, Associate Engagement Up in Women's Services". The Director is quoted as saying "This process really has provided a jump start for us to improve our results. Including staff in their own improvement processes is definitely worthwhile". The Gallup Survey results reflected an increase in associate engagement of 15%. Survey participation, an important indicator for Gallop results, increased 25% and overall satisfaction on the job increased a dramatic 83%. Most importantly, we find the generative, joyful and life-

giving energy of a socially re-constructed new beginning...a “rebirth” if you will...of Women’s Services in our closing story:

Toward the end of our work together, we arranged for a meeting with the president of the hospital. We asked for an hour of his time to share the results of our work with him. He was leery of the meeting. In other interactions with employees of this department, as the senior representative of management in the hospital, he had felt attacked and unsupported. We told him we simply wanted to share a brief overview of the process we had followed and a few stories of extraordinary customer service. He listened attentively as several nurses shared their personal stories with him. They ranged from an OB nurse tenderly meeting the needs of a women who had just experienced a fetal-demise delivery, holding and nurturing the lifeless baby for hours until the mother was emotionally able to let the child go, to neo-natal nurses nurturing a premature baby for weeks on end and establishing such close relationships with the parents that one of the nurses was asked to be the child’s godparent. The president left that meeting, after two hours of heroic stories, with tears in his eyes. At his staff meeting the next morning, he boasted of his outstanding Women’s Services department...and the great customer care they provide!

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