FNOB Upskilling group meeting

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| Paper summary                  | This paper examines how the phases of the 4D cycle of Appreciative Inquiry are implemented in a healthcare context |
| Purpose (tick one only)        | For approval ☐ |
|                                | Item to receive ☑ |
|                                | For decision ☐ |

| Recommendation                | The group is asked to note |
| Where was this paper previously discussed? | N/A |
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Implementing the 4D cycle of appreciative inquiry in health care: a methodological review

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Abstract

Aim. To examine and critique how the phases of the 4D cycle (Discovery, Dream, Design, and Destiny) of appreciative inquiry are implemented in a healthcare context.

Background. Appreciative inquiry is a theoretical research perspective, an emerging research methodology and a world view that builds on action research, organizational learning, and organizational change. Increasing numbers of articles published provide insights and learning into its theoretical and philosophical underpinnings. Many articles describe appreciative inquiry and the outcomes of their studies; however, there is a gap in the literature examining the approaches commonly used to implement the 4D cycle in a healthcare context.

Design. A methodological review following systematic principles.

Data sources. A methodological review was conducted including articles from the inception of appreciative inquiry in 1986 to the time of writing this review in November, 2011. Key database searches included CINAHL, Emerald, MEDLINE, PubMed, PsycINFO, and Scopus.

Review methods. A methodological review following systematic principles was undertaken. Studies were included if they described in detail the methods used to implement the 4D cycle of appreciative inquiry in a healthcare context.

Results. Nine qualitative studies met the inclusion criteria. Results highlighted that appreciative inquiry application is unique and varied between studies. The 4D phases were not rigid steps and were adapted to the setting and participants.

Conclusion. Overall, participant enthusiasm and commitment were highlighted suggesting appreciative inquiry was mostly positively perceived by participants. Appreciative inquiry provides a positive way forward shifting from problems to solutions offering a new way of practicing in health care and health research.

Keywords: appreciative inquiry, appreciative inquiry phases, 4D cycle, nursing, health care
Introduction

Facilitating organizational change continues to be one of the major challenges facing health systems and healthcare professionals (Plsek & Greenhalgh 2001). Participatory approaches such as appreciative inquiry (AI) offers the potential to facilitate change from the ground up. A plethora of literature exists reporting researchers’ experiences when using AI to bring about change in organizations and a rise in studies reporting that AI is being used to reframe research practice (Carter 2006). However, there is only limited literature that examines the approaches used to implement the 4D phases of the AI process. The purpose of this article is to report the findings of a methodological review that examined and critiqued how the phases of the 4D cycle (Discovery, Dream, Design, and Destiny) of AI are implemented in a healthcare context.

Appreciative inquiry is a relatively new social research method and organizational development intervention. Evolving primarily in the field of organizational development, from Cooperrider’s (1986) doctoral dissertation, AI adopts a relational constructionist view based on affirmation, appreciation, and dialogue. It is suggested that AI has significant transformational potential and the ability to enhance organizational growth. A theoretical research perspective, research method and world view, AI is influenced by Lewin’s (1959), Gergen’s (1985), and Vickers’ (1980) research exploring human perceptions, social constructionism, and appreciative systems (Koster & Lemelin 2009). AI’s roots lie in action research and builds on organizational learning and organizational change shifting the focus from a problem-based research paradigm to a positive theory of inquiry based on future possibilities and performance (Reed 2007, Koster & Lemelin 2009). With underpinnings in the ontological position of social constructionism, critical theorists work from the premise that knowledge, language, and action are interlinked (Koster & Lemelin 2009). AI seeks what gives ‘life’ to a living system and searches for the best in people, their organization, and the world around them, while actively acknowledging and celebrating their successes (Carter 2006, Van Der Haar & Hosking 2004).

An underlying process of AI is the assumption that dialogue is inherent in change practices and acknowledges the immense power of dialogic forms of inquiry having the potential to enhance or inhibit organizational growth (Gergen et al. 2004). Goldberg and Comins (2001) suggest that relational narratives can increase positive factors in an organization while problem-orientations drain energy, focus on the negative, and reduce the ability for positive change in an organization. Focusing on problems provides detailed knowledge of problems and focuses on the negative, whereas the study of successes, such as achievements, strengths, positive choices, resources, assets, and energy, can assist in discovering what is actually working and facilitate further positive developments and the sustainability of existing strengths (Carter 2006). AI encourages organizations to look within themselves and offers a flexible framework to meet the specific needs of the organization (Carter 2006).

The underpinning assumptions of AI are that ‘in every group, society, or organization something works, things we focus on becomes our reality, language and dialogue influences the group and our reality, multiple realities exists and are created in the moment, valuing differences is required and lastly, when people have increased confidence moving to the future, they will take forward positive aspects of the past’ (Hammond 1998, pp. 13–21). The creation of collective visions and actions in an organization is considered a vital component in initiating change. AI lends itself to building a partnership or collaboration and has the potential to enhance effective practice (Carter 2006). Furthermore, AI has been shown to be effective in generating organizational and management change (Cooperrider & Barrett 1990, Cooperrider & Whitney 1999), team building (Bushe 1995), professional and leadership development (Goldberg & Comins 2001, Keefe & Pesut 2004, Whitney et al. 2010), cultural change (Liebling et al. 2001), capacity building (Postma 1998), community change (Finegold et al. 2002), and the reframing of research (Lavender & Chapple 2004, Carter 2006).

The 4D cycle

Appreciative inquiry consists of four phases known as the 4D cycle (Figure 1). The discovery phase (‘what gives life’ to the organization, that is, appreciating and valuing what is best of what is or has been), the dream phase (envisioning ‘what might be’, affirmative exploration), the design phase (co-constructing ‘what should be’, the ideal), and lastly, destiny (sustaining what will be, envisioned future) (Cooperrider et al. 2008, p5, Cooperrider & Whitney 1999). At the core of the 4D cycle is the affirmative topic choice which is considered a significant part of the AI process suggesting the seeds of change are implicit in the very first question asked (Cooperrider & Whitney 1999). The choice of an affirmative topic may appear to be an easy task. However, in practice, this may create difficulties for a novice AI researcher, as the starting point for most research begins with identifying and framing a problem. AI requires the researcher to move away from the traditional problem-solving approach of focusing on the negative, and instead focuses on identifying strengths, positive choices, and assets.
orientation to an appreciative approach. Selecting the topic of inquiry should reflect the positive core of an organization and, according to Cooperrider et al. (2008), should consist of the following characteristics: be affirmative or stated in the positive, desirable and able to be identified with the objectives people want, topics that the group genuinely wants to explore, and move in the direction that the group wants to go. Choosing an affirmative topic is the first step in guiding this process and leads into the 4D cycle.

The discovery phase involves discovering through inquiry, exploration, and appreciation of what ‘gives life and energy’ to individuals, their work, and the organization (Cooperrider et al. 2008, p5). The focus of the discovery phase is to provide insights and exploration through the generation of affirmative stories. This process usually includes discussions surrounding the chosen topic area and may be conducted in the form of interviews, storytelling, and discussions groups. The dream phase seeks to explore ‘what might be’ and builds on the outcomes of the discovery phase (Cooperrider et al. 2008, p5). Participants work together in this phase to develop ideas of what the future could look like or be. This phase requires the participants to think of a strategic focus, a desired future, a vision of the ‘ideal’ organization encouraging individuals to think big and outside their usual boundaries where a ‘miracle’ or ‘magic wand’ question may be used. ‘Provocative propositions’ may also be developed which are confident and assertive statements of what the organization hopes to achieve. The design phase focuses on ‘what should be’, creating an ideal organization based on the known past successes and achievements of the organization (Cooperrider et al. 2008, p5). Participants work together to design plans for the future and decide what needs to happen to realize the provocative propositions developed. The destiny phase focuses on sustaining the envisioned future, where energy moves towards action planning, making commitments to tasks and processes, creating networks and structures paving affirmative new ways while letting go of the negative (Carter 2006).

Appreciative inquiry has been envisaged as a cyclical non-linear process that is continuous and repeated as an organization evolves and develops. These cycles are an operationalization of AI thinking and stem from the AI way of thinking about change. As cautioned by Cooperrider et al. (2008), AI should not be seen as just a set of cycles or processes. A central component of AI is discovering and enhancing the positive core of an organization: a core which comprises organizational goals, strengths, and achievements. Building on the positive core, AI provides a flexible framework that can be used to meet the differing organizational aims and needs. Equally important is considering the reflective nature of AI, meaning the process of developing questions and the approaches used are the product of thoughtful responses to particular situations and contexts. AI critics may argue that the flexibility, transferability, and unclear instructions describing how to undertake AI research could suggest that it is potentially flawed (Carter 2006). However, a plethora of literature exists reporting AI
as a catalyst for positive organizational change and development in organizations and a rise in studies reporting
the application of AI to reframe research practice. This
review seeks to explore the commonalities in approaches
when implementing the AI 4D cycle in the context of health
care.

The review

Aim

The aim of this methodological review was to examine and
critique how the phases of the 4D cycle (Discovery, Dream,
Design, and Destiny) of appreciative inquiry are imple-
mented in a healthcare context.

Design

A methodological review following systematic principles
was undertaken to identify studies that applied AI as a
methodology and that reported in detail the methods used
to implement all four cycles of AI. The review is presented
as a narrative summary (Dixon-Woods et al. 2005) and
critique.

Search methods

A methodological review following systematic principles
was conducted to identify articles that used an AI method-
ology from the inception of AI in 1986 to November,
2011. The search was limited to articles that were pub-
lished in English in peer reviewed journals. Studies were
included if they described how the researcher implemented
the four phases of the 4D cycle of AI in the healthcare con-
text. The following databases were searched CINAHL,
Emerald, MEDLINE, PubMed, PsycINFO, and Scopus. A
boolean/phrase search or medical subject headings (MeSH)
and key words included ‘appreciative inquiry’, ‘appreciative
inquiry phases’, ‘4D cycle’, and ‘health care’. The key terms
were entered both individually and in combination.

Search outcome

The search strategy identified a total of 753 papers
(CINAHL 100, Emerald 46, MEDLINE 59, PubMed 150,
PsycINFO 215, Scopus 183). Duplicates were removed.
Titles and abstracts of these papers were reviewed and
were excluded if they were opinion or discussion papers.
This resulted in 35 papers for inclusion that were then
read in full to ensure their relevance to this review. Papers
were eliminated at this stage primarily because they did
not describe how they implemented the four phases of the
4D cycle, further reducing the number of papers to nine.
A back-chaining (Downe et al. 2009) method was used
where the reference list of papers were read to identify
any additional relevant research, This resulted in three
additional papers, however, these did not meet the criteria
(Figure 2).

Quality appraisal

As all the identified papers reported qualitative data, we
evaluated the rigour, credibility, and relevance of the stud-
ies selected for inclusion using the Critical Appraisal Skills
Programme (CASP) tool for quality assessment of qualita-
tive research (CASP International Network 2012). Papers
included in the study met the majority of the CASP criteria
(see Table S1). Although each paper examined did not
describe the method of data analysis or in some cases com-
prehensve findings, they all did give a clear description of how the four phases were implemented in their studies. When examining the approaches used by the researchers implementing the 4D cycle it was important that the theoretical framework for the study and methods used in each phase of the 4D process were clearly described. Caution was required when reviewing these papers to ensure that the whole 4D process was being described and not just applying the AI spirit. Studies needed to have a clearly identified aim, an affirmative topic choice, and a detailed outline of how the AI phases were implemented. Critical reflection was an important source of rigour of the AI phases (Cooperrider & Whitney 1999). Observations were made about the strengths and weaknesses in interpretation, implementation, validity and reliability. This approach provided a comprehensive and transparent perspective surrounding the topic under review.

Data abstraction

Each paper was individually reviewed to determine how the included studies implemented the 4D phases of AI. A data abstraction table was developed (Table 1). Each column has distinct fields and was arranged in a logical sequence to facilitate the review and analysis process. The table was specifically designed for the review and focused on the AI phases. Once the relevant studies were retrieved, differences and commonalities across studies were highlighted (Dixon-Woods et al. 2005).

Findings

Appreciative inquiry is a process which takes shape differently in different contexts or organizations. The focus of the studies reviewed varied from initiating changes in a specific area of practice in a single unit to ‘whole system’ events including participants across disciplines, communities, and large geographical locations (Table 1). For example, Lazic et al. (2011) describe how AI was used to build multidisciplinary collaboration, nurse education, and development in one unit, while Lavender and Chapple (2004) explored the views of midwives on the system of maternity care sampling across 14 sites in England.

Each study reviewed was examined to determine the sequence and implementation of the 4D cycle in a healthcare context. All studies used a qualitative data method and were grounded in real life experiences. The focus of the study influenced the approaches researchers used in the four phases of AI. Topic choices in each study were limited and precise enough so that it reflected the organizational context from which it is derived. Each of the studies used AI as a way of facilitating change and acknowledged that organizational change is a social process.

Discovery phase

Studies began by using open dialogue to allow individuals to discover or rediscover their strengths, assets, or greatest achievements. They were built on core aspirations that existed in human system to achieve collective goals. Generative questions were used in conversational interviews to encourage storytelling about experiences, values, and shared history. Participants were required to report on peak moments when individuals and groups had experienced successes or high points. For example, Havens et al. (2006) asked participants to think back to and describe peak or high point moments (e.g. ‘Please tell me the story of that high point?’ p98), explaining what made them high point moments (e.g. ‘What was it about you and others around you that made it a peak experience?’ p98).

The most common approach used in the discovery phase was the use of stories to highlight what makes a system work and showcase appreciation and valuing. In line with AI principles, prescriptive interview agendas were avoided by researchers allowing participants to discover their own stories and help develop a comprehensive view of each other’s world view in the context of their organization or setting (Reed et al. 2002).

Positively framed questions were developed by either the researcher or key personnel where participants mostly interviewed each other. Carter et al. (2007a) adapted the AI process in their study where the researchers undertook the interviews rather than participants. While authors noted they did not use AI in its ‘purest’ form suggesting it may have compromised the richness of exchange between participants, they also highlighted that informal contact between researchers and participants are important (Carter et al. 2007a, p. 536). The nature of the interactions allowed the researcher to discuss the research process, develop a shared understanding of AI, and increase disciplinary understanding particularly with the data (Carter et al. 2007a). This can be attributed to increased commitment to research and developing collaborative working relationships between service users. Carter et al. (2007a) reported that while in their study the appreciative interviews were successful, a limitation was the nature of single point in time interviews suggesting there may be benefits in undertaking repeated interviews. The most commonly reported approaches used during the discovery phase were interviews and focus group sessions (Carter et al. 2007a,b, Havens et al. 2006, Lazic et al. 2011, Lavender & Chapple 2004, Reed et al. 2002,
<table>
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<tr>
<th>Study/ location</th>
<th>Aim</th>
<th>Method</th>
<th>Phase 1: Discovery</th>
<th>Phase 2: Dream</th>
<th>Phase 3: Design</th>
<th>Phase 4: Destiny</th>
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<tr>
<td>Carter et al. (2007a), UK</td>
<td>To explore multi-agency working practice with families and people working with children with complex needs.</td>
<td>Interviews, Workshops: five nominal and five consensus groups</td>
<td>Twenty-nine Individual face-to-face narrative interviews (36 trigger statements developed. Positively framed questions used.</td>
<td>Five Nominal group workshops in five different locations. Miracle questions used. Provocative propositions developed.</td>
<td>Five Consensus workshops across two counties. Consensus statements refined into 10 ‘best practice’ guidelines.</td>
<td>Merged phases into 3. Liaised with participants and key stakeholders to ensure envisioned futures were being sustained.</td>
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<td>Carter et al. (2007b), USA</td>
<td>Describe the application and experiences of AI in primary care practices.</td>
<td>Interviews, Meetings</td>
<td>Participants asked to reflect on two positively framed questions and paired with colleagues to share their high point stories.</td>
<td>Participants asked to imagine how practice might look if peak experiences shared in discovery phase occurred. Miracle questions and provocative propositions used.</td>
<td>Two teams formed: (1) team work group and (2) proactive care group. Action teams had 6 weeks to carry out projects and report back at the destiny meeting.</td>
<td>Destiny meeting. Group agreed to report back at monthly meetings and an AI meeting in 6 months. Action plans developed.</td>
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<tr>
<td>Havens et al. (2006), USA</td>
<td>To improve communication and collaboration among nurses and other health professionals.</td>
<td>Interviews, Team meetings</td>
<td>Core staff from each hospital received AI training and identified topics of inquiry. Positively framed questions developed.</td>
<td>Stories and positive core attributes were presented to the hospital team and asked to expand on the positive core and articulate dreams and desires.</td>
<td>Focus on processes and structures that needed to be put in place for dream to become reality. AI principles guided project activities.</td>
<td>Action plans developed. Focus on sustaining AI approach and projects put in place. Follow-up from project team 1–2 times a year.</td>
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<tr>
<td>Lazic et al. (2011), Serbia</td>
<td>To explore and develop working relationships in paediatric oncology.</td>
<td>Meetings, Total sample size: 18 nurses.</td>
<td>Analysis of current practice.</td>
<td>Dream identified and developed by team.</td>
<td>Education session scheduled twice a week. Education programme developed.</td>
<td>Action plans developed. Entire dream not achieved but collaboration established. Not reported.</td>
</tr>
<tr>
<td>Lavender and Chapple (2004), UK</td>
<td>Exploring midwives views of the current maternity system in England.</td>
<td>Fifteen Focus groups, Total sample size: 126 people across 14 sites in England.</td>
<td>One Positively framed question. Phases 1, 2, and 3 merged into a focus group.</td>
<td>One Question used to frame dream phase. Miracle question used.</td>
<td>One Question used to frame design phase.</td>
<td>Not reported.</td>
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<td>Reed et al. (2002), UK</td>
<td>‘Whole system event’ aimed at improving hospital discharge for older people.</td>
<td>Thirty-five Interviews, Three workshops, one focus group, Total sample size: 71 from 37 organizations.</td>
<td>Introduced AI and planned research. 35 Participants interviewed twice. 1 Focus group,</td>
<td>Miracle question used. Provocative propositions developed.</td>
<td>Provocative propositions developed into action plans.</td>
<td>Not reported.</td>
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Table 1 (Continued).

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<th>Study/ location</th>
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<th>Phase 4: Destiny</th>
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<tr>
<td>Seebohm et al. (2010), UK</td>
<td>To increase social inclusion and voice of older people with dementia or mental health problems and their carers.</td>
<td>Interviews and meetings. Total sample size: 12 design groups, 60 interviews, 120 people.</td>
<td>Twelve Design groups 60 people shared stories. Group carers interviewed frontline practitioners.</td>
<td>Participants shared stories and experiences of making choices about care.</td>
<td>120 people met for further inquiry. More discovery stories were shared. Miracle questions and visions created.</td>
<td>Action plans developed.</td>
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<tr>
<td>Yoon et al. (2011), Canada</td>
<td>To determine the impact of an AI approach in nurses facilitating oral care services.</td>
<td>Two Modules. One Questionnaire Total sample size: nine nurses from five care units.</td>
<td>Identified need for best practice oral health guidelines. Participant stories shared.</td>
<td>Didactic presentation of best oral care.</td>
<td>Provocative propositions and visions developed.</td>
<td>Key stakeholders identified for promoting excellent oral care. Action plans developed.</td>
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</table>

It is reported that ideally the discovery and dream phase takes place at the same meeting as the meeting of personal stories reported in the discovery phase can immediately inform the team or organization. Participants were asked to create positive and compelling images for the future. Generative questions known as miracle questions were often used where participants were asked to visualize what things would be like if a miracle occurred. This was the case for most of the studies reported in the dream phase. It is often observed that the most common approach used for data analysis was the use of a miracle question (Reed et al. 2007a). This was the case for most of the studies reported in the dream phase. The dream phase also provided an opportunity to explore collectively their hopes and dreams for the future. It is often observed that the most common approach used for data analysis was the use of a miracle question (Reed et al. 2007a). This was the case for most of the studies reported in the dream phase. The dream phase also provided an opportunity to explore collectively their hopes and dreams for the future.
aggregated so a consensus could be reached. Four studies reported developing provocative propositions in this phase, while others develop provocative propositions in the next phase (design). The most common approaches used in this phase were workshops and group meetings with time frames mostly ranging from 3 (Lavender & Chapple 2004) to 7 hours (Shendell-Falik et al. 2007).

Design phase
The design phase focused on working together to design plans for the future. Building on the previous two phases, the design phase required participants to make choices as to how the envisioned future will be achieved. This often required commitment and involvement of key stakeholders across disciplines and organizations. Action teams were formed and action plans were developed. Building collaborations and partnerships were key features in the aims of the studies reviewed. These collaborations included key stakeholders such as multidisciplinary healthcare service providers, service receivers, policy-makers, managers, and community groups. A review of the studies highlighted that AI was used at both micro and macro levels where collaborations occurred across different disciplines, services, management structures, and across large geographical areas (Lavender & Chapple 2004, Havens et al. 2006, Carter et al. 2007b). Shendell-Falik et al. (2007) suggest AI fits well in healthcare organizations because it uses people’s experiences to help build relationships among key stakeholders. How collaborations were formed and the challenges of building these collaborations were not discussed in detail. Time frames between studies varied considerably between a few hours (Yoon et al. 2011) to days (Seebohm et al. 2010) and months (Carter et al. 2007a).

Destiny phase
The destiny phase allowed participants and researchers to review and celebrate accomplishments. Shendell-Falik et al. (2007); however, used the destiny phase to organize projects and prioritize initiatives to move their vision into daily practice, discuss future projects, staff allocations, and potential impact of project implementation. The group agreed on developing a timeline of activities, communication strategies, and a list of measures to monitor the impact of project efforts. Carter et al. (2007b) met with participants 6 weeks following the implementation action plans and used this phase to monitor group progress. A destiny meeting held used this phase to report their accomplishments and reflections on what they have learnt along the way through the use of the destiny meeting. Carter et al. (2007b) reports that while sustaining transformative change can be challenging, promoting a practice atmosphere that encourages continuous change through AI was considered possible. Encouraging practice members to reflect on past successes and apply the skills learnt to new issues can assist participants to envision new possibilities for the future. Time frames varied between studies from a single follow-up session (Yoon et al. 2011) to monthly meetings with an AI review meeting 6 months later (Carter et al. 2007b) and others with meetings 3 times a year and a 5-year action plan (Havens et al. 2006).

Discussion
Appreciative inquiry is reported to be a powerful tool for facilitating change by crossing boundaries, engaging groups, and promoting a united approach to organizational change (Lavender & Chapple 2004). Key strengths of AI, is the engaging, inclusive, and collaborative nature of this mode of inquiry. It is intended that participants engage in a meaningful process that acknowledges their experiences, skills, and enthusiasm. The power of dialogue and reflection on successes and achievements are key components. It is argued that by focusing on the positive core, there will be a shift from the traditional problem orientated to a blame-free environment.

Overall, AI offers an alternate method for bringing about change in health care and health research (Reed et al. 2002, Carter 2006). AI is reported to have a lot to offer as an exercise for network building (Reed et al. 2002) and is highlighted as an additional and stimulating approach to research worthy of consideration (Reed et al. 2002, Carter 2006).

While participant enthusiasm and commitment have been highlighted suggesting AI is positively perceived by participants (Carter et al. 2007b) some researchers found starting from a positive stance presented challenges as participants were wanting to focus on problems (Havens et al. 2006). The focus on a positive core may also expose AI researchers to being accused of ‘glossing over’ problems (Reed et al. 2002, p. 45). There is also a risk that if researchers leave the setting before the newly created visions are embedded, false hopes may be raised (Carter 2006). Furthermore, success of the dreamed destiny may be at odds with the organizations elements and demands compromising the overall outcomes (Carter 2006).

Lazic et al. (2011) who used AI to implement a nurse education programme in a single paediatric centre, reported their entire dream was not achieved through the AI process. It was also noted in their study, participant enthusiasm declined when staff realized the expectations and increased
workload required to prepare and present education sessions as part of their project. Participants found difficulties in keeping to the twice-weekly time schedule due to shift patterns and staff absences (Lazic et al. 2011). However, they did report success in bringing multidisciplinary professionals to work together with improved communication and a standardization of knowledge. It was expected that this will be sustained in the team.

The lack of methodological consistency in undertaking and reporting AI and reliable methods of measuring change when using an AI approach is a limitation. Certain parts of the AI process were not best explicated and studies were limited in the way in which the four phases were reported. It is important to highlight that every application of AI is unique and the phases were not undertaken in rigid steps but transferred and adapted to the setting and participants. In the included studies, AI phases were not seen as a set of procedures but rather, each phase was built on the previous phase. The cyclical, iterative nature of the AI process suggested that AI should be used as an ongoing process and that AI does not conclude when the phases were completed. Rather, it is an operationalization of AI, stemming from the AI way of thinking about change. This is consistent with the way AI was used in its original context as an organizational development tool (Cooperrider & Whitney 1999).

Limitations

Limitations of this review are while several studies reported valuable information in the use of AI, many studies were excluded from this review as they did not describe in detail how they implemented the 4D phases. This may be due to limited journal word length resulting in these articles being excluded. Additional information may be gained by looking at detailed executive reports and thesis’s using AI.

Conclusion

This article highlighted the diverse application of AI in a healthcare context. Overall, there are no single means of applying the AI phases, as it needs to be specific to the needs of the participants and the organization. As an organizational development strategy and research method AI is an approach worth considering. The 4D cycle offers a flexible framework that may be used by facilitators and participants to assess their progress. This article can be used as a guide for researchers and managers who may be considering using the AI approach to guide research and bring about organizational change.

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Conflict of interest

No conflict of interest has been declared by the authors.

Author contributions

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the IC-MJE (http://www.icmje.org/ethical_1author.html)]:

What is already known about this topic

- Appreciative inquiry is an organizational philosophy that has been found to be an effective approach to changing organizational culture and has recently been used as a way of reframing research.
- Appreciative inquiry shifts the focus from problems to be fixed to celebrations of successes while acknowledging the power of dialogue.
- There is growing literature highlighting the potential of applying appreciative inquiry principles commonly associated with business to health care and health research.

What this paper adds

- Provides an overview of the approaches used by researchers when implementing the 4D cycle.
- Highlights the varied time frames used by researchers when implementing the 4D cycle
- Provides guidance for novice appreciative inquiry researchers when working in the flexible appreciative inquiry framework.

Implications for practice and/or policy

- Adopting an appreciative inquiry approach can contribute to creating a more affirmative future for individuals and organizations
- Appreciative inquiry offers an interesting, creative, and stimulating way of researching
- Appreciative inquiry provides a positive way forward shifting from problems to solutions offering a new way of practicing in health care and health research.
• substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
• drafting the article or revising it critically for important intellectual content.

Supporting Information Online

Additional Supporting Information may be found in the online version of this article:

Table S1. Critical appraisal of included papers.

References


Cooperrider D. (1986) Appreciative Inquiry: Toward a Methodology for Understanding and Enhancing Organizational Innovation. Western Reserve University, Cleveland, OH.


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