Spirituality and Appreciative Inquiry

Edited by
Duane Bidwell, Ph.D.
Katherine Rand, MPP

Sponsored by
JLS International BV
Welcome to November 2014 issue of AI Practitioner

Spirituality and Appreciative Inquiry celebrates the spiritual dimension by exploring its connections with AI theory and practice. Editors Duane Bidwell and Katherine Rand bring together articles that reflect on how spirituality, spiritual practice and AI flow together to shape the experiences of practitioners and participants. Articles highlight new practices, offer case studies and provide insight into ways of integrating spirituality and AI principles.

Kristen Crusoe, Annette Garner, Kathlynn Northrup-Snyder and Sarah Wallace describe an innovation in nursing education in the Feature Choice article “Using Motivational Interviewing in Nursing for Improved Professional Development: Moving from Appreciative Inquiry’s Dream to Destiny Phases.”

In Research Review & Notes, Ottar Ness highlights first-person perspectives in dual recovery and discusses what Appreciative Inquiry has to offer the mental health field.

We would like to thank Joep C. de Jong and JLS for sponsoring this issue.

Anne Radford
Editor, AI Practitioner
34 Voices, Values and Vision
Claiming the Best of a National Faith Tradition
Amanda Trosten-Bloom

52 Appreciative Inquiry of the Inner World
Cleaning the Windows of Perception
Hans Uijen

65 Appreciative Inquiry Research Review & Notes
Highlighting first-person perspectives in dual recovery and discussing what Appreciative Inquiry has to offer the mental health and addiction field.
Ottar Ness

39 An Appreciative Inquiry into the Next Chapter of the Bryn Athyn Church
Meaning through Spiritual Living, Connection through Community and Trust through Transparent Governance
Ray Wells, Page S. Morahan, Erik Buss and Jennifer Pronesti

56 Integrating the Spiritual Dimension
Employee Spiritual Care in Dutch Hospitals as an Inspiration for AI Practitioners
Heike Aiello and Hetty Zock

61 Appreciative Inquiry and the Beloved Community
Power of Stories, Witnessing, Intuition and Language in Shaping Pastoral Leadership
Vicki Hammel

69 About the sponsor of this issue
JLS International BV has been using AI to facilitate change and innovation in organizations since 1995.

70 Advertisements
The Center for Appreciative Inquiry
AI Practitioner Subscriptions 2014

71 IAPG Contacts and AI Practitioner Subscription Information
Management experts argue that tapping into spirituality at work benefits not only individual employees, but also the systems around them. But interventions and conversations that touch this realm are not regularly part of the workplace. How can organisations create a work environment that supports employees to connect with and consequently operate from their intrinsic motivation, which is how we personally understand spirituality?

To answer this question, we used AI methodology to identify and understand the ways that spiritual caregivers in Dutch hospitals help employees “make deep connections with the core of what gives life to a human system” (Zandee and Cooperrider 2008, 194).

**Spiritual caregivers**

Spiritual caregivers hold a historically established position in healthcare institutions (Smeets 2006, Haart 2007, Doolaard 2009), the armed forces, the police and penitentiary institutions. Caring for the staff of such institutions has been a part of the spiritual caregiver’s function for more than 30 years (Professional Standard for Spiritual Caregivers in Care, 2005). In the Netherlands, spiritual caregivers integrate care for hospital staff into their work in a variety of ways, including giving ethical advice, participating and/or facilitating moral deliberation, and providing training in the domain of meaning, ethics, worldview and religion. However, their involvement with staff goes further than ethical training, as evidenced by our study of seven spiritual caregivers in six Dutch medical facilities.
To clarify how spiritual caregivers facilitate environments that encourage spirituality and intrinsic motivation, we asked them to “locate a story that illustrates when you had the feeling you were making a difference to (a) staff member(s) with regard to their intrinsic motivation”.

Two stories in particular illustrate how spiritual caregivers help create an environment that accesses and encourages intrinsic motivation to benefit their institutions.

**University Hospital-Utrecht – ‘Fireside talks’**

A spiritual caregiver at University Hospital-Utrecht told us about the institutional practice of “fireside talks”, an initiative that creates space for employees to reconnect with their passions and commitments in relation to their work. The spiritual caregiver said:

“This initiative started in 2010 with a group of employees who were concerned about the human side of our hospital. The common question was “How can we react to the increasing focus on functionality in our work?” The members of this diverse think tank started talking about their personal passion at work, and before long the idea was born to start a series of “fireside talks”.

To date, hundreds of employees have participated in meetings of 8–12 persons lasting one and a half hours each, “from coffee-lady to manager”. The meetings take place in the hospital’s boardroom, with a fireplace projected on the wall. The meetings are opened by reframing the situation: “Imagine you are in the lobby of a nice hotel in a far-away country; we all have met there by chance, and discovered that we happen to work for the same employer: our hospital. Now lean back, relax and have something to drink.” The participants subsequently talk about their personal “fire,” higher passion, and feelings and hopes regarding their work. Afterwards, they are asked to give the name of one co-worker who would be interested in joining the next fireside talk. This word-of-mouth “fire” has been spreading for years now.

The strength of these meetings is that there are no decisions, no minutes, no agenda. People often report afterwards that they feel inspired and re-connected to their passion. The setting is “totally unusual”; people are used to functional meetings, especially in the boardroom. We also link to the diversity of the hospital organisation: the meetings are open to everybody (10,000 employees). This initiative is backed by the directors: they allow us to use the boardroom.

**UMC St. Radboud Hospital-Nijmegen – ‘Safeguarding the human dimension’**

At a religiously affiliated hospital in Nijmegen, a spiritual caregiver reflected on the reflective dimension that is intrinsic to the department’s work:

“We bring another dimension into our hospital, just because we “are there”. We try to make the dimension of “deep compassion” and “appreciation” visible, be it in personal contact, teaching or ethical deliberation. This goes beyond questions...
In addition to mere content transfer, we create space in our (teaching) module on ethics in the training for doctors to process their own experiences of death and dying. Such as “When should we stop respirating the patient?” We represent values like love, meaning and appreciation.

In all we do, we try to enforce this dimension; for example, in consciously paying compliments to nurses, doctors and managers. In addition to mere content transfer, we create space in our (teaching) module on ethics in the training for doctors to process their own experiences of death and dying. Nine out of ten participants cry. Another small example is that we greet people with their name, like, “Hello Hans”, instead of the common “hoi”. Small things like these change the atmosphere. We end meetings, for example, with asking, “What gives you pleasure in your work?” and “What gives you displeasure?”

Categorising ‘life-giving factors’: Analysis of spiritual caregivers’ activities
The activities and interventions identified through the stories of spiritual caregivers can be clustered into three levels of intervention (cf. Smeets 2006):

- **Micro-level**: Activities directly with individual staff (e.g. spiritual and emotional support of an employee who is experiencing bullying);
- **Meso-level**: Activities regarding the department and inter-departmental activities; (e.g. facilitation of inter-collegial consultations of first-line staff as a neutral facilitator);
- **Macro-level**: Activities regarding the organisation (e.g. co-crafting the core values of the organisation).

For each level we first distilled the “life-giving factors” (Cooperrider et. al. 2005) of the interventions. These are key elements that spiritual caregivers say contribute to the success of their interventions. Then we associated a role with each intervention.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effect</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authentic contact</td>
<td>Prevents employee absence</td>
<td>Coach, spiritual worker</td>
</tr>
<tr>
<td>Reflection and inter-collegial consultation</td>
<td>Fosters informed professionalism</td>
<td>Facilitator, coach</td>
</tr>
<tr>
<td>Taking up a pastoral role</td>
<td>Gives space to life events, which allows them to be processed so that they don’t create systemic hindrances or blockages</td>
<td>Spiritual worker</td>
</tr>
<tr>
<td>Recognition of employee’s religious and spiritual values and beliefs</td>
<td>Sense of belonging and direction among employees</td>
<td>Representative (i.e., presence in the organisation; being a symbol)</td>
</tr>
</tbody>
</table>
The spiritual caregiver seems to be an expert in slowing down the pace and creating space for employees to connect with themselves and their intrinsic motivation.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effect</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridging function (between employees, departments, interest groups)</td>
<td>Fosters understanding, smooths work-flow, prevents conflict</td>
<td>Connector</td>
</tr>
<tr>
<td>Expertise on ethics, worldview and religion</td>
<td>Places the separate professional activities in a context, enhances “Quality of Care”</td>
<td>Expert</td>
</tr>
<tr>
<td>Conducting research on aspects of spiritual counselling in a hospital</td>
<td>Adding to professionalisation of the care process</td>
<td>Researcher</td>
</tr>
</tbody>
</table>

Interventions are characterised by different roles, which attain different effects. The choice of roles varies among the interviewees, and not all interviewees take up all roles. A common pattern, however, is that the preferred interventions are often small (micro-practices, such as authentic contact), slow (the effect might take years) and implicit (doing research, representing). The spiritual caregiver seems to be an expert in slowing down the pace and creating space for employees to connect with themselves and their passions, i.e., their intrinsic motivation. The interventions seem to allow employees to connect with a part in themselves that generates positive action. The majority of stories conclude that as a result of the intervention people are able to execute their function more effectively and report feeling more “connected”.

**Conclusion**

Our small sample suggests that the spiritual caregiver may function as an expert in the field of discovery and appreciation of the life-giving core of human beings. Interventions such as: presence (Baart 2008); authentic contact; reflection and consultation; creating bridges; recognising a person’s spiritual dimension; creating time and space; displaying expertise and conducting research are likely to allow spiritual caregivers to enhance the intrinsic motivation of employees. Further research on the conditions, the effects and the methods of spiritual caregivers is necessary.

AI practitioners might find the preferred practices of spiritual caregivers recognisable to some degree, such as the focus on story-telling and appreciation of “what is”. At the same time, spiritual caregivers use a distinctly different repertoire than AI practitioners. They commonly abstain from result-driven practices, but stimulate change through micro-practices such as being present as a representative of the spiritual dimension of life and creating time and space for employees. These interventions can seem unassuming at first; it is interesting that spiritual caregivers primarily use small, slow, implicit interventions. This insight might be inspiration for AI practitioners to reconsider the impact of micro-practices if the goal is to connect to intrinsic motivation.
References


http://dx.doi.org/10.4135/9781848607934.n18
IAPG Contacts and AI Practitioner Subscription Information

International Advisory Practitioners Group IAPG
Members of the International Advisory Practitioners Group working with AIP to bring AI stories to a wider audience:

Dhruba Acharya, Nepal
Anastasia Bukashe, South Africa
Gervase Bushe, Canada
Sue Derby, Canada
Sara Inés Gómez, Colombia
Lena Holmberg, Sweden
Joep C. de Jong, Netherlands
Dorothe Liebig, Germany
John Loty, Australia
Sue James, Australia
Maureen McKenna, Canada
Liz Mellish, Australia
Dayle Obrien, Australia
Jan Reed, United Kingdom
Catriona Rogers, Hong Kong
Daniel K. Saint, United States
Marge Schiller, United States
Jackie Stavros, United States
Bridget Woods, South Africa
Jacqueline Wong, Singapore
Margaret Wright, United Kingdom

AIP Subscriptions
Individuals
Small organisations
Large organisations
http://www.aipractitioner.com/subscriptions

Issues and Articles
http://www.aipractitioner.com/issues
http://www.aipractitioner.com/articles

Change of subscriber details
http://www.aipractitioner.com/customer/account/login

Publication Advertising/Sponsorship
For the advertising rates, contact Anne Radford.

Purpose of AI Practitioner
This publication is for people interested in making the world a better place using positive relational approaches to change such as Appreciative Inquiry. The publication is distributed quarterly: February, May, August and November.

AI Practitioner Editor/Publisher
The editor-in-chief and publisher is Anne Radford. She is based in London and can be reached at editor@aipractitioner.com

The postal address for the publication is:
303 Bankside Lofts, 65 Hopton Street,
Telephone: +44 (0)20 7633 9630
ISSN 1741 8224

Shelagh Aitken is the issue editor for AI Practitioner.
shelagh@editorproofreader.co.uk

Disclaimer: Views and opinions of the writers do not necessarily reflect those of the publisher. Every effort is made to ensure accuracy but all details are subject to alteration. No responsibility can be accepted for any inaccuracies.