

# The Great Realization: Nurses Are in the Driver's Seat!

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The postpandemic health care environment has reached a pivotal point requiring transformative change among professional nurses working in health care organizations. This article posits that the nurses at the bedside, the true innovators and influencers, are most able to develop solutions that will be effective in this transformation. Appreciative inquiry is offered as a co-creative and possibility-focused model to guide nurses and nurse leaders through the process of holding on to what is good, dreaming of what can be, and charting the course for their future.

**T**he profession of nursing is at a pivotal point to give voice and direction to a perpetual identity crisis that has been brewing for decades. The COVID-19 pandemic provided the perfect storm for nurses to harness their lived experiences, learnings, and personal and professional moments of truth to challenge the status quo of work environment, workforce structure, staffing, and well-being. Nurses on the front lines faced exhaustion, moral distress, mental fatigue, and emotional stress leading to secondary trauma, burnout, and a lack of well-being. In addition, many experienced a sense of disregard or disrespect from those they were serving due to hospital policies and vaccine mandates. Aside from these devastating personal experiences, nurses are also faced with professional concerns about the future of their chosen career. Changes in the workforce and shifts in preferred employment, along with concerns about well-being and mental health, have led to significant understaffing across the country. Multiple research and surveys over the past year indicate anywhere from 11% to 22% of nurses stating their intent to leave their position.<sup>1,2</sup>

With a multitude of problems on the table, how can nurses take the driver's seat to direct the changes and solutions that must take place to ensure the viability of the country's "most trusted profession"? How can nurses demonstrate their value to themselves, their organizations, and their communities? How can nurses take the lead to chart their course for their future on the microlevel, mesolevel, and macrolevel? How can nurse leaders take the driver's seat and set the Global Positioning System coordinates for momentous change in the midst of complexity and chaos? Traditional, hierarchical leaders within health care organizations and outside regulatory or governmental agencies will

attempt to provide solutions. These solutions, however, will be most effective and embraced if they come from those within the profession—nurses and nurse leaders closest to the work. Nurse leaders who channel the positive power of appreciative inquiry (AI) will drive our profession to hold on to what is good, dream of what can be, and determine our own destiny.

## NURSE LEADERS...IT STARTS WITH YOU!

Nurse leaders in the postpandemic health care environment recognize that each of us must embrace personal change before we can influence change in others. As a leader, you may find that your previous style of leadership requires transformation to meet the needs of the current workforce. What worked in yesterday's world may not fit with the complexity and chaos created by the pandemic and its associated shock waves. Nurses now look to leaders to model the way to care for self and prioritize well-being. Nurses also look to leaders to be present in the moment, to demonstrate

### KEY POINTS

- **The pandemic revealed that the time for transformation in nursing is now. Transformation must start with you. Are you ready to take the wheel?**
- **Shifting from problem-focused to possibility-focused solutions offers a new way forward for the practice of nursing.**
- **An appreciative inquiry process may be nurses' solution to driving positive change and transformation for the nursing profession.**

care and concern for their mental health, and value work-life balance. Nurses look to leaders to invest in them professionally and to ensure the work environment is healthy.<sup>3</sup>

Human-centered leadership in health care, a contemporary and evidence-based framework for leading, provides the lens to influence change in self and others. This model, based on complexity and caring science, focuses on developing a culture of excellence, trust, and caring through practicing care for self and embracing a relational leadership style<sup>3</sup> (Figure 1).

### INFLUENCING CHANGE AS A HUMAN-CENTERED LEADER

Within the complex system of health care, the leader, at the center, recognizes that sustainable change begins from inside the organization and radiates outward. This approach, consistent with the science of complex systems, harnesses interprofessional and collateral thinking across the organization and recognizes the professionals and caregivers at the bedside as the true influencers and innovators. The leader acts as an awakener, a connector, and an upholder to develop individuals, unite the team, and recognize the humanity in others. Through this relational leadership approach, the leader and their team co-create a culture

which produces sustainable outcomes related to quality, patient safety, engagement, staff satisfaction, and a positive patient experience.<sup>3</sup>

The human-centered leader embraces the dimension of the “awakener” to ensure there is an invisible architecture in place to support individual and team professional development and effective decision-making. The structure supports professional governance, whether formal or informal, and provides the psychologically safe place for the team to create innovative solutions to improve professional practice. O’Grady states that professional governance emphasizes accountability, professional obligation, collateral relationships, and decision-making.<sup>4</sup> Thus, professional governance provides the structural foundation within a human-centered organization for AI to take root and produce positive transformation.

### AI AS A FRAMEWORK TO DRIVE CHANGE

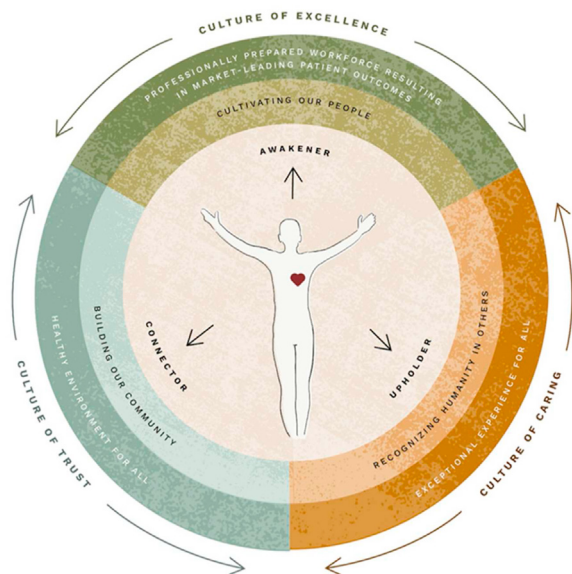
AI is an approach to create solutions that are consistent with human-centered leadership in health care. The approach is used by the innovators and influencers (those at the bedside) to co-create positive change in their environment and practice. AI is “possibility-focused” rather than “problem-focused” and explores what gives “life” to living systems and acknowledges the strengths in the individual team members.<sup>5</sup> AI requires a participatory approach, consistent with the science of complex systems.<sup>6</sup> The collective vision and actions developed by the group are considered a vital component in initiating change and transformation.<sup>7</sup>

Since those doing the work are co-creating the solutions, they take ownership of the change process. The changes developed by the team are derived from their collective experience, expertise, diversity, and inclusion. This process gives the team members an equal voice in the planned change and leads to accountability for the solutions.<sup>7</sup>

### UNDERSTANDING AI

AI has been used as an approach within organizational learning, organizational change, and research. It is an effective change process when developing teams,<sup>8</sup> transforming culture,<sup>9</sup> and creating community change.<sup>10</sup> AI embraces a relational constructivist approach, which means it relies on group members interacting together through a co-creative process. It is based on the values of affirmation, appreciation, and dialog.<sup>11</sup> Since nurses in the postpandemic environment must develop and own the solutions and the solutions must represent the team’s vision for a positive future, AI provides a creative process to initiate needed transformation among nurses in health care organizations.

AI builds on the existing aspirations within a group and provides a framework to transform their desires into realistic change. It is founded on five basic principles: constructionist, simultaneity, poetic, anticipatory,



**Figure 1.** Human-centered leadership in health care. The visual framework reflects an innovative approach to leadership in health care that starts with the leader’s mind, body, and spirit as the locus of influence within local and larger complex systems. The human-centered leader realizes success in connecting leadership dimensions of the connector, awakener, and upholder to cultures of excellence, caring, and trust which reflect industry-leading metrics.<sup>3</sup>

and positivity. The constructionist principle suggests that change should begin with those within the organization—at the center of the work. The simultaneity principal recognizes that inquiry and change are simultaneous and suggests that the process of change begins when a question is asked. The poetic principle focuses on the impact of stories which evolve along with the people in the organization. The anticipatory principle refers to the most valued asset of the team members, their unlimited imagination. Lastly, the positive principle recognizes that changing requires “positivity” and building on common goals through social bonding.<sup>7,12,13</sup> These principles are all “human-centered” and value the shared human experience of the team members.

### DESCRIPTION OF THE AI MODEL

The AI model is a cyclical, nonlinear process based on four distinct phases: discovery, dream, design, and destiny. The process is referred to as the 4D cycle and requires an affirmative approach in each phase.<sup>14</sup> Refer to [Figure 2](#). The 4D process is explored below as a proposed guide to lead AI with professional nurses and interprofessional teams toward a transformed practice within an organization.

### APPLYING THE AI MODEL TO TRANSFORMATION OF NURSING PRACTICE

#### Discovery

In this phase, engage the team in dialoguing about what is “the best it can be” in their practice of nursing on their unit and within the organization. Encourage the use of storytelling to prompt shared positive memories and feelings. Ask questions such as the following: What brings them joy at work? What do they

appreciate about the current professional practice model at their organization? When have they felt valued by other nurses, by patients and families, by the organization? Which teams work well together and why? Ask them to share stories that demonstrate the congruence between their values, the values of the profession, and the values of the organization. A qualitative researcher will be helpful in organizing the notes and determining the consistent themes expressed, and a trained facilitator will best guide the discussion. This phase will outline “what is working well” and will help the team carry these ideas forward during the transformative process.

#### Dream

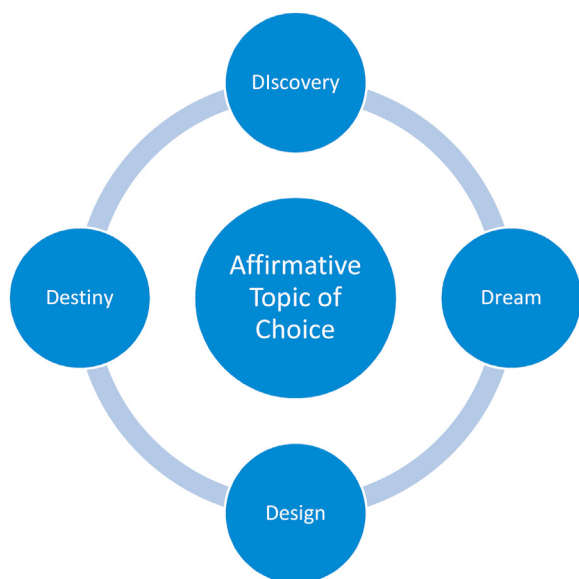
In this phase, engage the team in dreaming of what could be. This is more of a brainstorming session, so all ideas should be welcomed. To prime the pump of creativity, ask questions such as the following: If the practice of nursing changed in the organization overnight, what would that look like? If you could wave a magic wand, what would the new state of nursing look like, feel like, be like? The team will likely need to be prompted to stay focused on the “dream” rather than on existing problems or the barriers to their dream. In this phase, a qualitative researcher and a trained facilitator will be needed. This phase will inspire the team’s vision for their future and will inform the next phase.

#### Design

In this phase, nurses are asked to generate innovative ways to bring about what was envisioned in the dream phase. According to Richer et al.,<sup>12</sup> the objective is to verbalize “provocative propositions.” These statements represent the best of what can be in the organization and describe how everyone can participate in creating more of the best in their practice and in the organization. Questions related to the design phase include the following: What should be the ideal? What should nursing practice at the organization be known for? What does each nurse need to contribute to the whole? What is needed by the interprofessional team to work better together? What will make caring for patients easier? How can the system support nursing and the interprofessional team? The propositions should all be stated in the present tense to symbolize what the “best it can be” looks like. Again, a qualitative researcher and a trained facilitator will be helpful to the process. This phase will inform the final stage of developing action plans around the desired propositions.

#### Destiny

In this phase, action plans are developed by small teams working on each strategic goal (proposition). Interprofessional teams should work together to ensure collaboration and ownership of required processes to bring about the needed changes. This phase takes time.



**Figure 2.** Appreciative Inquiry: 4D Cycle.

## Table 1. AI in Action!

### Discovering Our Strengths

**Goal:** Identify positive core values, strategies, and pillars of excellence.

**Question:** What is currently working well or what has worked well in the past?

**Activities:** One-on-one interviews; small focus groups, entire team discussions

**Example:** In the midst of shifting workforce models and higher than usual numbers of transient/contracted nurses, the nurse manager (NM), along with the unit clinical nurse specialist (CNS) familiar with qualitative research and AI, convenes focus groups on night, day, and weekend shifts to ask staff to share the most rewarding things about working in the orthopedic surgical unit. The nurses (permanent and contract), unit secretaries, and nursing assistants share, through stories and examples, the positive aspects of working with nurses from other parts of the country and with nurses who have had different and unique experiences in orthopedics, that is, models of care, recovery, rehabilitation.

### Dreaming for the Future

**Goal:** Identify dream themes.

**Question:** What would it look like if there was an overnight miracle or if you could wave a magic wand?

**Activities:** Small group and large group discussions (capture themes)

**Example:** The NM and CNS harness the positive stories to ask the team to consider what their world might look like if they could wave a magic staffing wand? The NM reassures the team that this is a psychologically safe space to share and dream. One nurse says it would be a dream to have the travel nurses love the unit and team so much that they would want to stay on as permanent staff. A nursing assistant has a vision for team nursing that would allow the nurse and nursing assistant to work together and “actually get to know each other.” The NM gives the team “homework” to start designing the future for the next focus group.

### Designing our Future

**Goal:** Identify strategic priorities to make dreams a reality.

**Question:** What are the top priorities and strategic opportunities to move us toward our dream?

**Activities:** Small group discussion; create a “wall” of opportunities with post-it notes, share aspiration statements; use facilitated sessions with multivoting to determine ranking of the group’s priorities

**Example:** At the follow-up design focus group meetings, the nurses, nursing assistants, and secretaries are prepared with a list of ideas to “change their world” in a way that creates a positive and healthy work environment. One of the unit secretaries and night shift charge nurse designed a “welcome committee” to celebrate tenured staff alongside new contract nurses. A combination of day and night nurses (permanent and contract) and nursing assistants propose a plan for how team nursing could be operationalized in all shifts. The NM and CNS listen, facilitate, and compile the information and themes. Everyone agrees to another set of focus groups to put the plan into action. Informal leaders from day, night, and weekend shifts volunteer to represent their teams.

### Destiny (Plan)

**Goal:** Develop initial action plans around each strategic opportunity area.

**Activities:** Small group planning and collaboration of key stakeholders; small group and individual commitments; develop time line; design metrics for success; plan to repeat the 4D process.

**Example:** The team’s destiny is realized after multiple small group meetings to iron out the details of team nursing, that is, staffing, budget, full time equivalents (FTEs), and so on. The team maps out a plan to implement the model on a set date with a pilot on day shift during the week. The welcome committee maps out “welcome home” boards to meaningfully recognize tenured staff alongside the new contract nurses with proposed monthly themes ranging from favorite sports teams to baby pictures to “My why...”

*Inspired by Harmon et al.<sup>15</sup>*

It requires individual leaders for each action step. This phase also necessitates a trained facilitator and a project manager to ensure the work of the team comes to fruition. Refer to [Table 1](#) for a summary of the 4D cycle of AI in action.

### Call to Action

AI builds on a human-centered culture led by human-centered leaders. It requires an invisible structure, such as professional governance, to host and nurture the process. It requires leaders to ensure that follow-through is rigorous, that short-term wins are achieved and celebrated, and that the individuals on the team and the team itself grow through the process. AI assumes organizational leadership buy-in and support.

While some in nursing may believe that everything needs to change, AI allows our profession to hold on to what is good, dream of what can be, and determine our own destiny. It is a step in the right direction. It starts with you! Take the driver's seat!

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