

## **Appreciative Inquiry in Psychiatry Peer Groups**

### **Abstract**

**Objective:** The purpose of the study was to explore the feasibility of using appreciative inquiry in a peer group of psychiatry residents.

**Methods:** A peer coaching exercise using appreciative inquiry was modelled to a group of psychiatry residents who practiced the approach. The topics discussed in separate sessions one month apart were values and identity as a psychiatrist, dealing with conflict and working within the psychiatric system. Following each session, the residents participated in focus group interviews. Transcripts were thematically analysed and independently coded.

**Results:** Four themes were identified: (i) connectedness; (ii) a structure for dialogue; (iii) reflection; and, (iv) generative conversations.

**Conclusion:** Appreciative inquiry is a feasible method to facilitate focused and meaningful encounters and develop connection between members of a peer group.

**Key words:** appreciative inquiry, psychiatry, peer group

When residents are training in psychiatry, they deal with immense pressures: tensions between training and service delivery, on-call rosters, complex cases and finding an optimal work-life blend. Peer groups are a valuable source of support (1) as a forum (2) for professional growth, collegiality, professional education, emotional support, and enhancing reflective practice. (3, 4)

Two of the authors (academic psychiatrists) were asked by senior psychiatric residents to assist them to facilitate their peer group. The residents identified inconsistent attendance and a lack

of structure within the group. The residents were released from clinical duties to attend weekly peer group meetings to discuss clinical cases and other issues to prepare them for entering the workforce as psychiatrists. The group had open membership, with variable attendance. The role of facilitation was taken up by the first and second authors (both psychiatrists and former members of the peer group) who were aware of issues facing residents in transitioning from being a trainee to becoming a psychiatrist.

The objective of the research was to explore the feasibility of using appreciative inquiry to facilitate a peer group of psychiatry residents. Appreciative inquiry is a framework based on appreciation and dialogue that focuses on discovering what is working well, analysing why it is working well and using this knowledge to make decisions to sustain work and manage our resources, assets and energy. It is an appealing framework to study the phenomena of human interactions as it starts with a premise that communities are central to how we relate to one another. (5, 6)

Appreciative inquiry is also an established action-research method that prompts participants to generate new perspectives on how they view themselves and the broader systems of patients, other clinical staff and management they work within. (5, 6) Appreciative inquiry focuses on generativity instead of problem solving based on the idea that people have common problems and issues. (18) Appreciative inquiry generates a collective agreement about possibilities within systems and relationships. It enables people to mobilize resources to act and build a shared vision to sustain complex and challenging work within organizations.(7)

The authors sought a structure to engage residents and enable them to discuss challenging issues with each other. The structure of appreciative inquiry contains four “D” elements: *Discovery* of collective strengths; identifying common aspirations (*Dream*); generating ideas (*Design*) and envisioning change (*Destiny*). (10) Topics were proposed that would be relevant

to the residents' career stage and clinical practice, with a broader purpose of envisaging how they might contribute to change within their organisations.

## **METHODS**

The participants were senior residents in a psychiatry training program based in an urban city (population approximately 1.5 million). In 2018, there were 20 senior residents in the training program, who had completed 36 months of accredited training with the Royal Australian and New Zealand College of Psychiatrists (RANZCP). They attended a weekly peer group as part of their formal education program. Approval was gained from the University of Auckland Human Participation Ethics Committee to conduct the study.

The residency program administrator invited all senior residents to participate in the study. Three separate 90 minute sessions were scheduled over a period of three months. Prior to the commencement of the peer group, the first author explained the study to participants and gained their written consent. The three sessions were facilitated by the first and second authors, both vocationally trained psychiatrists. At the start of each session, appreciative inquiry was introduced as a method to guide conversation. Following this, the first and second authors role-modelled a 15 minute exercise (one as coach, the other as coachee). The exercise comprised 10 minutes of coaching and five minutes of bidirectional feedback. The residents were divided into pairs. Each pair was given a prepared sheet that outlined the same 15 minute exercise, the topic and prompt questions to guide conversation and feedback. The topics covered in the three sessions were: 1) the identity and values of a psychiatrist, 2) dealing with conflict in the workplace and 3) identifying systemic issues in psychiatric services (details regarding the outline content and structure of the sessions is available from the authors upon request). Following each session, residents participated in a fifty minute focus group which was audio-

recorded and professionally transcribed. The data were thematically analysed and independently coded. (8)

## **RESULTS**

Ten residents participated in the study across the three sessions. All residents that participated in the coaching exercise took part in the focus group interviews that immediately followed that session. Four themes were identified: (i) connectedness, (ii) a structure for dialogue, (iii) reflection, and (iv) generative conversations.

### ***Connectedness in the coach-coachee dyad***

The exercise enabled participants to swiftly develop rapport with each other.

“I think that the ice is very quickly broken and you quickly get to the heart of the matter.”

The participants described a sense of trust, authenticity, empathy, reciprocity and depth of connection:

“We were able to have a very in-depth conversation very quickly, which I think is quite unusual.”

### ***A structure for dialogue***

Observing the two facilitators coaching each other orientated participants to the format of the session.

None of the residents had prior experience with using appreciative inquiry and valued having a set of prompts to guide the conversation. They particularly described dynamics and conflict within the psychiatric system as a frequent source of negative complaint:

“I think it's really helpful to be given a broader question about what's positive in the system. Frankly there's little or no time to think about that. We dwell on negatives particularly when we get tired and rundown. It's great to be given an opportunity to think about what's positive.”

The participants were surprised that adhering to a formal structure allowed a sense of freedom in their conversations.

### ***Opening space for reflection***

The participants valued having the opportunity to reflect and receive feedback and validation.

They found it helpful to deliberately reflect on team culture and how their personal values and training could influence change:

“As time goes on [we] get through hurdles in our training, less focus on our exams, and more of a chance to think more about the system. You get very caught up in all the hoops you have to jump through. I think this is an opportunity for you to think more about what the system is, what does it look like, how do you change it if you find that there are deficits or gaps.”

### ***Facilitating generative conversations***

The participants found that the deliberate use of positive dialogue constructive in shifting the focus of discussion from a default mode of negativity and complaint:

“Shifting the objective away from a complaining kind into something that's positive, something that's working. I don't know if its human nature, it's less effortful to just carry on complaining without any active thought.”

They contrasted their experiences of being in unstructured peer groups when engaging in unhelpful dialogue and less productive in terms of meeting their needs as senior residents:

The participants described how they would use appreciative inquiry in other contexts:

“I was thinking on a practical level how I might use this going forward. I recently supervised a medical student... asking in a different way with these kinds of deeper questions would be a lot more useful.”

## **DISCUSSION**

The objective of the study was to explore the feasibility of using appreciative inquiry as part of a structured activity in a peer group of psychiatry residents. Our results suggest that appreciative inquiry provides an opportunity for reflection and can be learnt by residents through modelling.

Residents developed rapid relational trust by sharing their experiences (9) and learning. (11) They expressed a desire to be more engaged with their work and within their organisations, (12) and to realise their own solutions to challenging issues. As a consequence of the study, the third author (a psychiatric resident) continued to use appreciative inquiry in other sessions when the peer group was self-facilitated. (13) In other training programs, residents have designed and implemented their own peer group programs with input from medical staff. (14)

Appreciative inquiry opens up space to explore learning between facilitators and members of the group. In the context of a group it also allows people to develop their skills as facilitators. (15) Residents acknowledged they would use appreciative inquiry in other settings such as teaching medical students. This might encourage the transfer of tacit knowledge and empowerment of individuals in training as they observe how inquiry is modelled and come to view their own contributions as valid and important.(7)

The focus on positive experiences in organizational life should not suppress expressions of dissent or negative dialog.. Two of the topics covered were experiences of collegial conflict and systemic issues. Appreciative inquiry is a mindset that builds connection, increases generativity and the ability to draw on ideas as a catalyst for change.(11,16) Co-constructing a

shared narrative based on shared values and aspirations may shift the way people feel about working within their organizations..(10)

In group settings where members are less familiar with each other, the use of appreciative inquiry may enable a sufficient degree of connection and psychological safety to challenge each other as well innovate and envision the future. (11,17) This challenge may foster professional growth, particularly when critical review has a positive focus. (4) Using appreciative inquiry may be a counter to detrimental dynamics when members are anxious or defensive or a group is dysfunctional. Where there is a regular membership within a peer group, there are ideally elements of self-regulation and self-discipline (1) such that the structured use of appreciative inquiry would be unnecessary.

Limitations of the study included the small number of participants as only half of the eligible senior residents participated. The attendance of various participants varied between the three sessions. This was due to shift work, leave and attending to other study and training tasks such as examinations and supervision. The research oriented nature of the sessions may have discouraged attendance. The facilitators chose to share their own personal values and experiences which may have influenced group dynamics and cohesion and may limit generalisability of findings.(16) The 90 minute timeframe was not sufficient to enable coach and coachee pairs to swap roles which may have enhanced feedback from the focus group.

In conclusion, appreciative inquiry is a technique that facilitates focused and meaningful encounters in a psychiatry resident peer group setting. It can be learnt by residents through modelling and provides a structured opportunity for reflection. Residents using appreciative inquiry build rapid relational trust and connection which may be particularly beneficial in developing group cohesion.

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## REFERENCES

1. Theaman M. The impact of peer review on professional practice. *Am Psychol.* 1984;39(4):406-414.
2. Beatson J, Rushford N, Halasz G, et al. Group peer review: A questionnaire-based survey. *Aust NZ J Psychiatry.* 1996;30:643–652.
3. Balla M, Knothe B, Lancaster J, et al. Group peer review in psychiatry: The relationship to quality improvement and quality care. *Aust NZ J Psychiatry.* 1996;30:643-652.
4. Robertson S, Parker G, Byrne S, et al. An exploration of the quality of peer review group activities within Australasia. *Aust NZ J Psychiatry.* 1996;30:660–666.
5. Cooperrider DL, Srivastva S. Appreciative inquiry in organizational life. In: Woodman R and Pasmore W, Editors. *Research in organizational change and development.* Vol. 1. Emerald Group Publishing Limited; 1987. p129-169.
6. Boyd NM, Bright DS. Appreciative inquiry as a mode of action research for community psychology. *J Community Psychol.* 2007;35(8):1019-1036.
7. Trajkovski S, Schmied V, Vickers M, Jackson D. Using appreciative inquiry to transform health care. *Contemporary Nurse.* 2013;45(1):95-100.

8. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77-101.
9. Clossey L, Mehnert K, Silva S. Using appreciative inquiry to facilitate implementation of the recovery model in mental health agencies. *Health Soc Work*. 2011;36(4):259.
10. Ballatt, J. & Campling, P. *Intelligent kindness*. London: The Royal College of Psychiatrists; 2011.
11. Grieten S, Lambrechts F, Bouwen R, Huybrechts J, Fry R, Cooperrider D. Inquiring into appreciative inquiry: A conversation with David Cooperrider and Ronald Fry. *J Management Inquiry*. 2018;27(1):101-114.
12. Bright D, Cooperrider D, Galloway W. Appreciative inquiry in the office of research and development: Improving the collaborative capacity of organization. *Public Performance & Management Review*. 2006;29(3):285-306.
13. Bushe F. *Appreciative Inquiry: Theory and Critique*. In: *The Routledge Companion to Organizational Change*. Oxford: Routledge, 2011.
14. Patel M, Hardy DW, Chand R. Peer review for residents. *Acad Psychiatry*. 2005;29(5):490-494.
15. Macneill F, Vanzetta J. Appreciative leadership: Delivering sustainable difference through conversation and inquiry. *Industrial and Commercial Training*. 2014;46(1):16-24.
16. Trajkovski S, Schmied V, Vickers M, Jackson D. Implementing the 4D cycle of appreciative inquiry in health care: A methodological review. *J Adv Nurs*. 2013;69(6):1224-1234.

17. Cooperrider DL. A contemporary commentary on appreciative inquiry in organizational life. In: Cooperrider DL, Zandee DP, Godwin LN, Avital M & Boland B, editors.

Organizational Generativity: The Appreciative Inquiry Summit and a Scholarship of Transformation. Vol 4. Emerald Group Publishing Limited; 2014:3-67.

18. Bushe, GR. Appreciative Inquiry is Not (Just) About The Positive. OD Practitioner 2007; 39(4): 30-35.