

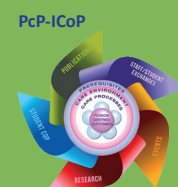
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# Generating insights into what matters to emergency nurses and family members when caring for older people with dementia: how to use generativity as a principle of appreciative inquiry.

WATKINS, S., DEWAR, B., GRAHAM, M., MURPHY, F., KENNEDY, C. and O'REILLY, P.

2020





## ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

### Generating insights into what matters to emergency nurses and family members when caring for older people with dementia: how to use generativity as a principle of appreciative inquiry

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#### Abstract

*Background:* Participatory research approaches aim to hear the voices of those who give and receive services in order to co-create insights into future improvements in care experiences. Appreciative inquiry is one such participatory approach. Its purpose is generativity, which is defined as helping people to see old things in new ways. Generativity shows much potential but there is little research describing the 'how to' of doing this in practice. This article describes the how to of generativity in the dream phase of an appreciative inquiry study.

*Aim:* The aim was to share and co-analyse, with emergency nurses, family member experiences of being in an emergency department with an older person with dementia.

*Methods:* Three critical methods were used to generate data – storytelling, appreciative framing and dialogue, and collaborative sensemaking. The principles of appreciative inquiry provided a framework for data analysis.

*Findings:* In using appreciative inquiry methodology, emergency nurses were able to envision a preferred future based on what people value and what matters in approaches to care. Generativity enabled them to visualise what it would take to bring this new way of nursing to reality.

*Conclusion:* Creative methods, when maximised, can be powerful tools in reframing narratives and helping practitioners to transcend the rut that perpetuates the status quo and obscures hope of future improvement. Generation of new insights and perspectives is critical to identifying and developing strategies for practice enhancement.

*Implications for practice:*

- Generativity is an underexplored concept yet it has the potential to help practitioners to see things with new eyes
- Patient and/or family member stories play an important part in practice development, to determine what matters and is valued in enhancing experiences of care
- Finding ways to integrate the relational aspects of care provides a mechanism for nurses to articulate their skills and contribution in highly technical and task-orientated clinical environments

**Keywords:** Appreciative inquiry, generativity, dementia care, emergency nurses, storytelling, appreciative dialogue, collaborative sensemaking

## Introduction

One of the hot topics in current health debates is how to hear the voices of those who give and receive services and how to co-create future possibilities together through research (Sharp et al., 2018). Participatory research places value on mutual learning, situated understanding and human experience as a platform for the generation of new knowledge from within practice (Dewar and Sharp, 2013; Langley et al., 2018). Appreciative inquiry (AI) is one such participatory approach. It moves through four phases, as illustrated in the 4D Cycle (Figure 1). This methodology seeks to create new practices and knowledge based on appreciative dialogue and generativity (Sharp et al., 2018). Generativity is essential to challenge assumptions and to offer fresh alternatives for future practice and theory development (Gergen, 1978). Generativity is central to AI, yet little published research explains the 'how to' of generativity in practice (Bushe and Paranjpey, 2015; Bushe and Storch, 2015). The purpose of this article is to find out how generativity can be maximised, through the use of three creative methods – storytelling, appreciative framing and dialogue, and collaborative sensemaking. Drawing on my experience and using the principles of AI as the underpinning framework, the process of each of these methods will be described as they were operationalised in this research.

I (SW) am a senior nurse in clinical practice and am also undertaking a PhD to explore the experiences of dementia care in emergency departments. The research was conducted in two phases; this article describes the dream phase, carried out in a large emergency department in southwest Ireland. In the discovery phase (Watkins et al., 2019), family members were interviewed about their experiences of accompanying an older person with dementia in the emergency department, to better understand what people valued and what worked well in approaches to care. The intention in the dream phase reported here was to engage nurses in co-analysing data from family member experiences. The new knowledge would act as a catalyst for future forming work and knowledge development in relation to emergency nursing care for older people with dementia. Nurses were recruited to participate in a learning conversations session, inspired by the Learning and Innovating from Everyday Excellence (LIFE) approach (Sharp et al., 2020). This study complied with research ethics committee standards.

## Study aims

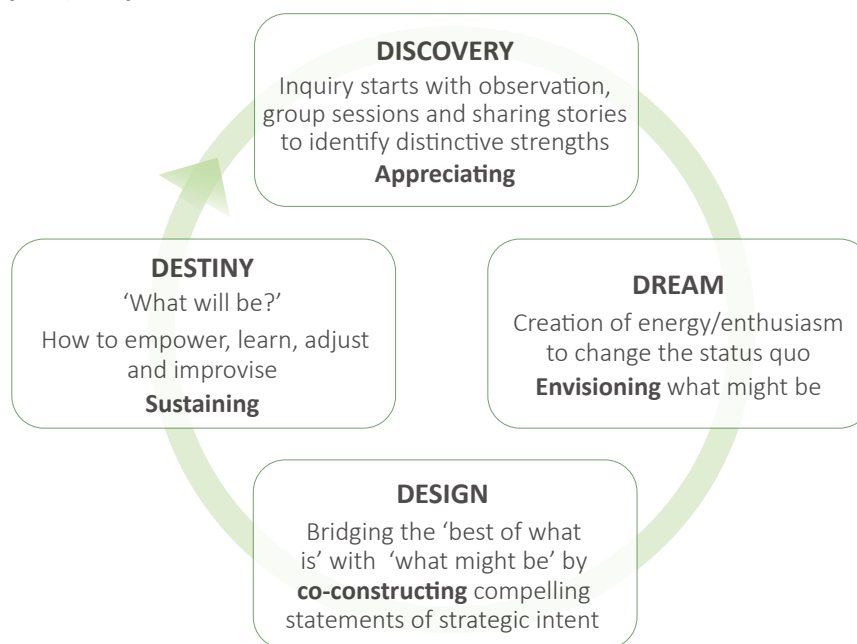
The aims of the dream phase of the study were to:

- Share with emergency nurses the experiences of family members of being in the emergency department with an older person with dementia
- Co-analyse these experiences with emergency nurses and explore the possibilities for future practice
- Test out methods that could enhance generativity
- Generate new insights and compelling ideas for development

## Methodology

AI was the methodology used in this study. Rooted in social constructionism and the teachings of Kurt Lewin and Edgar Schein, AI was conceived by Cooperrider and Srivasta in 1987 as part of the extended family of participatory action research approaches (Grieten et al., 2018). AI calls for collective progression through four distinct phases of inquiry (Figure 1): a grounded exploration of the best of what is; collaborative articulation of what might be; working together to develop what might be; and culminating in experimenting with what can be (Dewar et al., 2016, p 5). When conducted skilfully AI can lead to the crafting of what have been called 'provocative propositions' (Bushe, 2011, p 3) to stimulate the building of generative theory from within practice (Bushe, 2011; Grieten et al., 2018). Watkins et al. (2016) conducted an integrative review of AI as an intervention to change nursing practice in inpatient settings, and a key finding was that previous studies revealed a lack of understanding of how to enact the principles of AI to achieve generativity. The five foundational principles are set out in Table 1.

**Figure 1: 4D Cycle (Sharp et al., 2018)**



**Table 1: Principles of appreciative inquiry**

Principle	
The constructionist principle	<i>Words create worlds</i> The 'future' is generated by the language we use and our relationships with one another. This principle emphasises the role of language and places human communication at the centre of organisational change. Conversations create collective meaning. Stories of success are uplifting
The simultaneity principle	<i>The very first question starts a change</i> Inquiry is intervention – they are not separate. The questions we ask alter how we think and act. The very first question asked influences the engagement process. Appreciative inquiry is about crafting questions that elicit possibility and inspire hopeful images of the future. Emphasis is on questions that are life nurturing, not life depleting
The positive principle	<i>Leads to greater wellbeing</i> Holding a hopeful image of the future can free up creativity by reducing fear and anxiety, encouraging people to move forward in a positive and hopeful direction. Positive emotions contribute to caring relationships and wellbeing. This principle can help to expand thinking and being receptive to others' ideas, as opposed to negative emotions, which can have a shutting-down effect
The poetic principle	<i>What we study or focus on grows</i> An organisation is perceived as an 'open book', with an ongoing and changing narrative being co-authored by stakeholders. There is a choice of what we add to the 'story' through what we choose to focus on, which influences the direction of the organisational narrative. This principle draws attention and energy into cultivating behaviours and attributes that we want to see. The metaphors we use shape our beliefs
The anticipatory principle	<i>Image inspires action</i> The image we have of our future can impact on our current choice of action. By our current actions being a reflection on our current thoughts or images of the 'future', we can create the future we think is probable in our mind. Positive imagery inspires positive action

*Adapted from Preskill and Catsambas (2006); Stratten-Berkessel (2010)*

In building generative capacity, these principles draw attention to what people talk about, dismiss or downplay (Bushe and Marshak, 2016). Topics of conversation can be powerful influencers in shaping how things are done (constructionist). A new future requires new conversations to create new possibilities. Generativity is possible when focus shifts from thinking about negatives and deficits to thoughts about how to work appreciatively and collectively towards a more hopeful future (positive and anticipatory). A focus on uplifting conversation and images of the future (poetic) can provoke 'new thought, excite us with novel perspectives, vibrate with multivocal meanings and enable people to see the world with fresh perceptions' (Barrett and Cooperrider, 1990, p 223). In building generative capacity, the idea is that inquiry is intervention (simultaneity) and questions in this case become less about discovering what is and more about creating what is (Bushe, 2013).

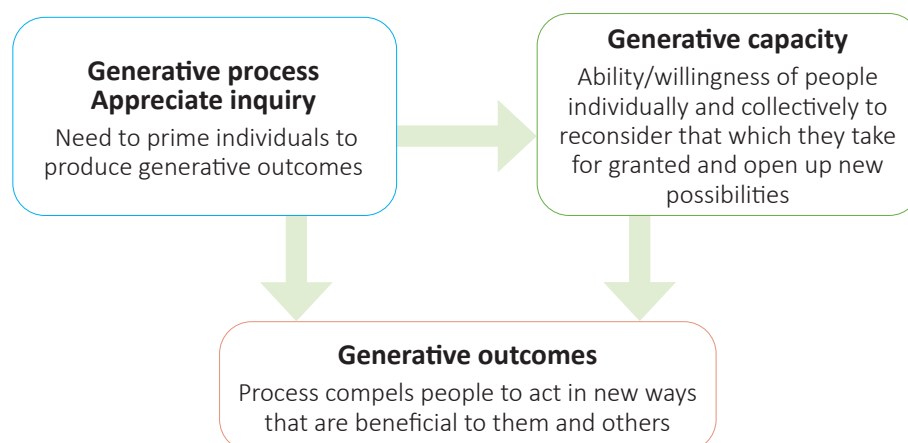
### Generativity

Gergen (1978) described generative capacity as the ability to:

*'Challenge the guiding assumptions of the culture, to raise fundamental questions regarding contemporary social life, to foster reconsideration of that which is taken for granted and thereby furnish new alternatives for social action'* (Gergen, 1978, p 1346).

Dialogue in itself will not engender change (Bushe, 2013; Bushe and Marshak, 2016). Generativity is necessary to move beyond prevailing ways of thinking and doing, to see old things in new ways. This expands future possibilities and increases the likelihood that participants may be compelled to act in new ways that are beneficial to them and others (Figure 2). Generativity is an enticing concept but there is a lack of guidance on how to do it in practice. In this case the researcher was curious about what methods or processes would work best and how they might be maximised for building generative capacity and helping participants to explore and co-analyse perspectives with fresh eyes. These insights may help to inform researchers who want to maximise opportunities working with frontline staff to co-analyse data and develop skills that promote generativity in the research process.

**Figure 2: Facets of generativity (Bushe, 2013)**



### Methods

#### Participants

Purposive sampling was used to invite nurses from the team of 70 working in the emergency department to take part in a learning conversations session to co-analyse findings from the discovery phase (Watkins et al., 2109). Approval was obtained from the local research ethics committee. The session was explained in writing and verbally to each of the nurses taking part. Written informed consent was obtained before the session began. Participation was voluntary and it was explained to participants that they could withdraw from the session at any time. All data were kept strictly confidential and stored in accordance with general data protection regulation (Government of Ireland, 2018). Ten nurses, including early career and senior nurses, took part in a learning conversations session lasting six hours paced over one day.

**Process of learning conversations session: set-up**

Inspiration for the learning conversations session came from the Learning and Innovating from Everyday Excellence (LIFE) approach (Sharp et al., 2020). The location and set-up of the session was critical to building generative capacity. It was important to create a safe space where participants felt they could express their feelings and perspectives. Agreed ways of working were developed with the group and informed by the seven Cs of caring conversations (Table 2), conceived by Dewar (2011). The agreed ways of working were important in establishing what would help participants to feel safe, valued, stretched and stimulated.

Table 2: Seven Cs of caring conversations (Dewar, 2011)

Key attribute	Dimension
Being courageous	<ul style="list-style-type: none"> <li>• Having the courage to ask questions and hear responses</li> <li>• Trying things out</li> <li>• Feeling brave to take a risk</li> </ul>
Connecting emotionally	<ul style="list-style-type: none"> <li>• Inviting people to share how they are feeling</li> <li>• Noticing how we are feeling and sharing this</li> </ul>
Being curious	<ul style="list-style-type: none"> <li>• Asking curious questions about even the smallest of happenings</li> <li>• Looking for the other side of something that's said, and checking things out</li> <li>• Looking for the sense in what other people are saying</li> <li>• Suspending certainties</li> </ul>
Being collaborative	<ul style="list-style-type: none"> <li>• Talking together, involving people in decisions, bringing people on board and developing a shared responsibility for actions</li> <li>• Constantly checking out with others if our interpretation is accurate</li> <li>• Looking for the good in others to encourage participation and collaboration</li> </ul>
Considering other perspectives	<ul style="list-style-type: none"> <li>• Creating space to hear about another perspective</li> <li>• Recognising that we are not necessarily the expert</li> <li>• Checking out assumptions</li> <li>• Being open and real about expectations</li> <li>• Recognising that other perspectives may not be the same as ours and feeling comfortable to discuss this in an open way</li> </ul>
Compromising	<ul style="list-style-type: none"> <li>• Working hard to suspend judgment and working with the idea of neutrality</li> <li>• Helping the person to articulate what they need and want and share what is possible</li> <li>• Talking together about ways in which we can get the best experience for all</li> </ul>
Celebrating	<ul style="list-style-type: none"> <li>• Making a point of noticing what works well</li> <li>• Explicitly saying what works well and asking questions that get at the why</li> <li>• Continually striving to reframe language to the affirmative</li> </ul>

**Process of learning conversations session: storytelling**

Storytelling is a core part of AI and essential to a generative and creative process (Richards, 2016). In research, storytelling can help overcome resistance, reframe narratives and bring small, latent discoveries to the foreground (Lewis, 2011; Richards, 2016). In this context, storytelling became a potent method to generate learning about the good and not so good in care experiences without apportioning blame. Two family member stories from the discovery phase of the study were shared with emergency nurses (Boxes 1 and 2). They are human accounts, depicting details of care experiences that were positive and instances where substandard care compounded distress. In the learning conversations session, one person read the story aloud and then each member of the group was asked to re-read the story to themselves and highlight aspects of it that grabbed their attention or stood out for them. Everybody in the group, including the researcher, shared their response to what was read. This process was followed for both stories.

**Box 1: Excerpt from family member story 1**

*'He was diagnosed with dementia but we really didn't know that's what it was or what it was really. If he went to the loo there might be some splatters on his clothes. He wouldn't be aware of that and my mam would have been very sort of, straighten yourself up and almost that there was a laziness on his part or that he wasn't taking care of himself or the condition of the toilet after him. And she was sort of, didn't really understand that this was not... we thought it was a choice. Like he was choosing to be, you know, not to be careful and everything else' (FMC6).*

**Box 2: Excerpt from family member story 2**

*'My patience is starting to go because nobody has come near my mother. They came and got her name and that was it. It was mobbed there. I know there isn't enough staff there. My mother could start cursing and swearing. And there's a lot of people looking at you. It's the same with a [misbehaving] child [that you see] in a supermarket' (FMC15).*

**Process of learning conversations session: appreciative framing and dialogue**

Group members were then asked to reflect further on the experiences of hearing the story using a framework for appreciative dialogue (Table 3). Each component of the framework was worked through so that each story discussion took approximately 70 minutes to discuss and explore fully. It was important to work through the appreciative dialogue framework logically (starting with discovery) but not in a way that was mechanistic or merely going through the motions. Framing questions appreciatively is a critical element in building generative capacity. It was important to represent authentically the experiences of family members and at the same time not undermine the group of emergency nurses as colleagues. The very first questions asked are fateful (Bushe, 2007), meaning they set the stage for discovery, storytelling and hopeful conversations about the future (Dewar et al., 2016).

Table 3: Framework for appreciative dialogue (Sharp et al., 2017)

<p><b>Discovery</b></p> <ul style="list-style-type: none"> <li>• What feelings does this bring up for you, those you might welcome or struggle with?</li> <li>• What is there to celebrate in this story?</li> <li>• What are you curious about?</li> <li>• What surprises you?</li> </ul>
<p><b>Envision</b></p> <ul style="list-style-type: none"> <li>• What would we like to happen more of the time?</li> <li>• How would we prefer things to be?</li> </ul>
<p><b>Co-create</b></p> <ul style="list-style-type: none"> <li>• Thinking about our vision, what feels real and possible – however small?</li> <li>• What can each of us do to put our vision into practice?</li> <li>• Who can help?</li> <li>• What are the risks and what will help you to take them?</li> </ul>
<p><b>Embed</b></p> <ul style="list-style-type: none"> <li>• If things move in the direction we want, what might people be noticing?</li> <li>• How would we like ourselves and others to judge the quality of our work?</li> </ul>



### **Process of learning conversations session: collaborative sensemaking**

In this context, sensemaking is understood as a social process where meaning is ‘negotiated, contested and mutually co-constructed’ (Maitlis and Christianson, 2014, p 66). This can springboard action that might otherwise be impeded (Hultin and Mähring, 2017). The use of symbolic representation or imagery can help to deepen inquiry, to unleash latent, tacit or unconscious knowledge (Dewar, 2012; Sharp et al., 2018). In this inquiry, a collaborative sensemaking tool developed by the LIFE programme (Sharp et al., 2017; Dewar, 2012) and consisting of 12 images with words was used to promote generativity. Words are provocative prompts and thus have generative potential, provoking reflection or stimulating alternative dialogue, leading to new insights or thinking (Bushe and Marshak, 2016). For the last 45 minutes of the learning conversations session, participants were asked to consider their discussion with the appreciative dialogue. They were asked to view images, such as an owl or fireworks, and words, such as ‘hallelujah’ or ‘unmentionable’, in order to identify those that prompted a response or question from the earlier discussion (Figure 3). The intention was to add a playful and experimental dimension to the session as this is at the heart of AI (Sharp et al., 2018). Each person explained why they had chosen a particular image or images and what feelings or thoughts that image had provoked in them.

**Figure 3: Composite of images chosen by participants**



### **Data analysis**

I audiotaped the learning conversations session and transcribed it verbatim. The first step in data analysis involved reading and re-reading the transcript several times. Each line of text was scanned so that attention was given to statements that stood out, but also to conversation that was seemingly banal. Responses generated by use of the collaborative sensemaking tool were also analysed. Participant statements and commentary were mapped to the principles of AI (Table 1), which were used as the framework for analysis. Key themes were discussed with the second author and refined in discussion with other authors.

### **Findings**

The following section provides examples of participant responses generated in the learning conversation session using the three creative elements – storytelling, appreciative framing and dialogue, and collaborative sensemaking. These responses have been themed under the framework of the principles of AI (Table 1) and illustrate how the concept of generativity and the principles of AI were brought to life. The nurse participants have each been given an N number for their quotations.



### **Constructionist principle – words create worlds**

The constructionist principle amplifies the need to broaden the scope so that language and dialogue become a mechanism for construction of alternatives and more impactful outcomes (Gergen and Gergen, 2008). The learning conversations session focused on the power of stories as a catalyst for change (Richards, 2016). Family member experiences were recounted in a way that generated conversation and interaction, and appeared to strengthen emotional connections within the group: *'We have to stand together and fight for what we believe is right'* (N7). The nurses were able to tap into what was valued and important, to move beyond the here and now to change the narrative so stories could be reframed in the future: *'We don't have enough cubicles to prioritise everybody. We can't knock down walls. We should think about what it is we can do'* (N1).

To begin with, listening to family member stories stirred conversations about feeling demoralised and overwhelmed, of not being able to look after people in an ideal way:

*'There are so many people that it has become a conveyor belt. One in, one out, next one in and next one out. Our nursing part is gone. It has been taken away from us. This is not real nursing though. We are completely lost'* (N3).

By using a series of questions that were appreciative and curious (Table 3), I prompted the group members to think about their feelings in reaction to the family member stories. For example, the question *'What feelings does this bring up for you?'* seemed to provoke potent emotions, such as guilt or inadequacy:

*'I struggle with the fact that nobody came back to her. I am uncomfortable when she says they came to get her name and that was that'* (N6).

It was important to acknowledge these emotions, as this was a critical first step in helping the group to understand the self-limiting effects of negative language and conversation. Further prompting incorporated a repertoire of appreciative questions (Table 3), such as *'What feels real and possible?'* or *'What would you like to happen more of the time?'* This seemed to result in a reframing of language where conversation was buoyed by words such as *'picking up on nuances'*, *'intuition'* and *'gut instinct'* to describe the skills they would like to use more of the time. The group believed the opportunity to work intuitively together could increase the potential for integration of alternative and better approaches to care:

*'When two nurses work well together like this it enhances the possibility of creating options in approaches to care'* (N6).

*'We communicated between us and we created another option between us. She knew exactly where I was coming from'* (N8).

The constructionist principle states that words create worlds. In the learning conversations session, nurses used words such as *'creating options'* and *'communicating between us'*. This produced a sense that nurses envisioned a brighter future where relationships and building collective strengths would be central.

### **Simultaneity principle – the very first question starts a change**

The simultaneity principle states that the very first questions asked determine the shape and direction of an inquiry. Even the word *'simultaneity'* is evocative of a type of inquiry that is fluid and dynamic. Change and inquiry should occur simultaneously (Cooperrider and Whitney, 2001). The learning conversations session integrated methods and processes to help emergency department nurses to consider future possibilities. The inquiry was not about problem solving per se but rather framing questions appreciatively (Table 3). As mentioned previously, the questions posed were curious,

designed to provoke a reaction, to stir exchanges about feelings and future hopes or aspirations. The learning conversations session sought to sow the seeds of change, where small change might manifest as laughter, seeing others' perspectives or using alternative dialogue.

The family member stories (Boxes 1 and 2) were intentionally provocative. As well as describing elements of care that worked well, they also gave accounts of experiences that did not. In story 1, the family member told of a time in the emergency department when her father needed to have a blood test. The approach used by the nurse to take the blood was upsetting for her and her father because the process was rushed and took place in a crowded area with lots of onlookers. In the second story, the family member recalled waiting 45 minutes for her mother to be triaged. She felt nobody in the department cared. Traditional research approaches might have sought to question the group as to what happened, what went wrong or who was responsible. In AI and using appreciative dialogue there is no culture of blame. This cleared headspace within the group for co-analysis of the stories, to really hear about what mattered to family members and to contemplate how similar situations might be approached differently in the future. So instead of perceiving family members as *'people you might want to run away from'* (N9, N10) or *'not make eye contact with'* (N5), the group came to understand that *'five minutes might be so important to them'* (N2) and that *'making a conscious effort to chat about other things such as how things are at home'* (N8) was possible and could make all the difference.

Working through the phases of the framework for appreciative dialogue (Table 3) led to genuine curiosity about how the nurses might augment the value of their contribution, what they would like to happen in their day-to-day practice and how they would prefer things to be in the future. These questions were designed to create a change from life-depleting to life-nurturing dialogue. At first the group found these questions difficult to answer. They were usually consumed in the here and now and not accustomed to being given the space to think about what they would like to happen more of the time or how they would like things to be. In this dialogue there was hope, a recognition within the group that rather than being bound by the current system they could in fact become instrumental in shaping and influencing the future context in which they found themselves (Sharp et al., 2018).

*'Even being able to spend five minutes could make a difference. These five minutes may be so important. I think we are completely under estimating the value of communication'* (N6).

*'I remember being able to spend a few hours getting stuck into basic care. It was one of the best three hours I have ever spent. I had time to be with the patient, to chat to them. They could talk to me about things, their cat or their dog at home. This was something ordinary, hearing about ordinary things'* (N2).

In enactment of the simultaneity principle, the group came to recognise the value of human contact and inquiry as a means of enhancing experiences of dementia care. In this inquiry, emergency department nurses were intrigued by the question *'What surprises you about this?'* (N1, N4). In responding to this question they realised that mundane conversations could be therapeutic for family members and emergency nurses.

### ***Positivity principle – leads to greater wellbeing***

The positivity principle states that positive emotions contribute to caring relationships and wellbeing. In this study, the principle came to life as stories of success and life-nurturing conversation came to the foreground. This was not an attempt to sanitise negative experiences of care. The session was about promoting *'social bonding'* and a sense of caring and wellbeing within the group (Cooperrider and Whitney, 2001, p 17). This was critical to expanding the possibility for creativity, free thinking and receptiveness to alternative points of view.

Initially, the family member stories (Boxes 1 and 2) stimulated discussion about negative depictions of emergency nurses. The literature talks about nurses suspending compassion and disconnecting from patients with dementia, in an effort to prioritise their own needs and to exercise control over those who are vulnerable (Clissett et al., 2013; Digby et al., 2017). Such language and images of nursing and nurses can serve to perpetuate or reinforce negative stereotypes of nurses as uncaring. Inquiring appreciatively (Table 3), enabled me to support the group to work through this. For example, a family member may have stated that they felt abandoned or that nobody cared. The group was encouraged not to take such negative comments at face value and instead reflect on what the family member was really saying about human contact and interaction. The group was asked 'What is there to celebrate in this story?' They found it surprising that there may be a positive in something that was overtly negative; in flipping negatives, the group were able to identify that family members valued conversation and contact with emergency nurses. This propelled the group into thinking about instances when they had made a difference:

*'The family member was very angry with everything. I just asked her how long her mam had dementia. And then she kind of changed. Her whole conversation changed. She became much more open to conversation. The whole shield went down'* (N6).

*'I said to the relative, is this her norm? Is she agitated normally? The relative said she had a lot of pain. So I got her pain relief. I put her into a cubicle and dimmed the lights. Once she had the pain relief and was more comfortable, she actually slept'* (N5).

This approach expanded the group's thinking to consider how opportunities for more positive rapport and dialogue with family members might be created, as opposed to expending negative energy on why this might not be possible. They acknowledged the value and wisdom in storytelling and believed that family member accounts of their experiences could be used to platform future care:

*'So we should be encouraging those family members that are there. At the end of the day the relative knows the person with dementia inside out, far more than we know them. They are the link'* (N3).

Bringing the positivity principle to life enabled the group to see beyond the potential for hostility with family members and focus instead on building connections and using family member insights to enhance nursing care.

### **Poetic principle – what we study or focus on grows and expands**

The poetic principle calls for integration of creative methods, to increase 'aesthetic awareness and heighten sensory perceptions' in the group (Sharp et al., 2016, p 24). In the learning conversations session, participants were drawn to images in the collaborative sensemaking tool (Figure 3).

In choosing 'Spreadable' emergency nurses acknowledged they were spreading themselves too thin. This image led to the realisation that spreading themselves too thin affected their ability to care for older people with dementia and their family members as they wanted to:

*'We are not kind of saying what we are seeing. On most days I do if I'm being honest feel a bit sad for us all, the whole system. Patients are my priority any day and they are not being treated properly'* (N10).

Being able to talk about their feelings in the group, to admit to vulnerability, enabled these nurses to shed some of the guilt of not being able to give the type of care they wanted to give. This was identified as 'therapeutic' (N1). The nurses said they could never really talk about this in day-to-day practice. This was reflected by the choice of 'Unmentionable' (Figure 3):

*'Unmentionable strikes me. We are all thinking things a lot of the time inside in our heads but we don't or we might be too scared to mention it' (N2).*

In this safe space they felt comfortable being open and transparent, as there was no fear of reprisal or saying something wrong:

*'Here in this room, everybody is entitled to state and make their viewpoint known without fear of repercussion. Everybody's opinions are acknowledged and taken into account' (N6).*

The group chose the images 'Words of wisdom' and 'Previously hidden' (Figure 3) to reflect collective wisdom and strengths:

*'We need to take what we have learned today between ourselves and try to make sure this infiltrates the rest of our group. People will stand up and say look we need to stay together, stand together for our patients' (N2).*

They were prompted to consider how, by using collective strengths and wisdom, the narrative could be changed so that the true skills of nursing – which they had hitherto not acknowledged – could come to the fore. The group felt the use of the sensemaking tool with words and imagery led to deeper inquiry and expression of deeper sentiments that may otherwise have not been considered.

#### **Anticipatory principle – image inspires action**

The anticipatory principle is 'bringing the future powerfully into the present as a mobilising agent' (Cooperrider and Whitney, 2001, p 16). A core objective of the learning conversations session was to elicit discourse about what future nursing practice might look like. Participants were primed to think about their future ideal in appreciative questions such as 'What could each of us do to put our vision into practice?', 'Who can help?' and 'What are the risks and what will help you to take them?' These questions were useful in stimulating new meanings and new stories that would in turn 'allow previously impossible or incompatible actions to be seen as not only possible but long overdue' (Bushe and Marshak, 2016, p 7).

Consequently, the group came up with the metaphor 'bucking the trend' to reflect what it would take to get to reach the ideal future. There was a realisation that they could bring about change with self-initiated action. A brighter future could be achieved if emergency nurses supported each other. Barrett and Cooperrider (1990) discuss the power of generative metaphor as a means of cultivating new perspectives and seeing things through a new lens. Metaphor is described as an 'invitation to see the world anew' (p 223).

In the future, the relational aspects of nursing care are likely to be considered just as important as the more technical aspects. Bucking the trend would inevitably disrupt the status quo and change how others judged the quality of emergency nursing work. Participants were asked to expand on what was meant by bucking the trend, to explain what this would involve:

*'As a group, if we are saying that the current practice is wrong, why are we continuing to do it? We are meeting all the targets and everything because we are throwing people into the department zones. We are just flinging them down there. If we were doing it right, waiting would be longer' (N1).*

The group members recognised that changing the way they conducted their practice may upset others within the organisation who had certain expectations of them. There was a growing confidence that they had the capacity to overcome any resistance to make this happen:

*'People would be ticked off higher up the food chain but that's fine. Let them be ticked off. At least we will be able to stand over what we are doing and give a proper rationale for our actions' (N10).*

The learning conversations session resulted in the creation of a generative metaphor and opened the gateway for development of provocative propositions (Box 3) to stimulate the building of generative theory from within practice.

### Box 3: Provocative propositions

We defy stereotypes. We have bucked the trend to create options in care, to experiment, to practice novel and intuitive nursing approaches. For us, this is real emergency nursing.

We believe relationships are at the heart of everything we do. In our relations with each other we celebrate individual and collective strengths. Valuing each other in this way enables us truly to take part in caring for those who need our help, exceeding our own and others' expectations. Of this we are proud.

We appreciate that mundanity can be therapeutic. We recognise the potency in everyday, seemingly banal encounters. Through patient stories we have come to learn that small gestures, a kind word, a simple 'How are you doing today?' soothes anxiety amid chaos and uncertainty.

### Discussion

This article aims to show how creative methods were used to enhance generativity, which is a central focus of AI. Sharp et al. (2018) contend that play, poetics and imagery are essential elements in stimulating emotional and intuitive responses in AI. While many studies purport to use an AI approach (Hung et al., 2018; Martyn and Paliadelis, 2019), they provide little information about whether creative methods were used and if so how they were maximised to achieve generativity. In contrast, this study illuminates the process of storytelling, appreciative framing and dialogue, and collaborative sensemaking to reframe the prevailing negative discourse (Clissett et al., 2013; Dewing and Dijk, 2016) on in-hospital dementia care. Previous literature has suggested that nurses in acute care settings view physical tasks as their primary concern (Digby et al., 2017) and no longer recognise the nursing paradigm (McConnell et al., 2016). However, in working with generative methods, nurses in this study aspired to 'real' nursing, comprising nuanced understanding and creating opportunities for integration of alternative approaches to care.

It was significant that emergency nurses in this study opened up to the prospect of incorporating alternative approaches to care. In nursing there can be compliance with a culture of routine tasks and ways of doing (Dewing and Dijk, 2016; McConnell et al., 2016; Fogg et al., 2018). Hung et al. (2018, p 4) suggest that AI opens the gateway for building 'a new prevailing culture to replace the old'. Similarly in this study, emergency nurses talked about disrupting the status quo, using the generative metaphor 'bucking the trend' to reflect their appetite for change going forward.

To be generative, this inquiry needed to do more than handing out a transcript of a family member story, and asking nurses to talk about it. Incorporating visual inquiry (Roddy et al., 2019) in the form of images with words was intended to be provocative, to open up individual perspective and opinion to group scrutiny. In the learning conversations session, playfulness was used as a strategy to enable participants to explore emotive and sensitive experiences without tension (Roddy et al., 2019). The AI approach is ideal for research on sensitive topic areas where emotions may run high or perspectives may be contested (Clouder and King, 2015). The use of creative methods enabled the nurses authentically to hear both positive and negative experiences of care but also helped them to see the potential for alliances with family members. Trajkovski et al. (2013) also highlighted the potential of AI in building effective partnerships and collaborations.



It is clear that generativity is as much about the development of researchers, their practices and their relationships as it is about research participants (Hibbert et al., 2014). Facilitation can maximise or inhibit the potential for generativity in AI (Watkins et al., 2016) and yet researchers who have used AI in healthcare rarely talk about it. There is an art to facilitation (Miller et al., 1997; Dewar and Sharp, 2013; Balfour, 2016). At the beginning of this research, I was uneasy about running a session that was not prescriptive or pre-packed. Learning about AI prompted understanding and as advocated by Dewar and Sharp (2013), realisation that this experience was intended to be shared and dynamic rather than facilitator imposed or led. As a facilitator, I was compelled to reflexively consider what meanings were being created and what narratives were being 'privileged and marginalised' (Bushe and Marshak, 2016, p 3). This approach gave legitimacy to others' opinions and perspectives, while acknowledging the contribution of my experiential knowledge to the generative capacity of this undertaking.

### Conclusion

Using the principles of appreciative inquiry as a philosophical guide, emergency nurses were able to make sense of contextual challenges, to freely express their feelings and thoughts, to appreciate their nursing strengths and to contemplate how these strengths could positively impact on the wellbeing of older people with dementia and their family members. When maximised, storytelling, appreciative framing and dialogue, and collaborative sensemaking are powerful methods for increasing the potential for generativity. Researcher understanding of the values and principles of AI affects the potency of research findings. More research outlining the 'how to' of generativity is required; as it stands, AI is on the fringe of healthcare research. Perhaps in the growing trend towards participatory research, practitioner-researchers will recognise the untapped merits of collaboration and co-creation.

### Limitations

This was a small study conducted in a single emergency department. Findings may have resonance with other such departments but are not necessarily transferable. Nurse participants self-selected to take part in the study. Their views do not necessarily reflect the views of all nurses working in emergency departments.

### Implications for practice

Generativity is an underexplored concept yet it has the potential to help practitioners to see things with new eyes. Fresh perspectives challenge assumptions and ingrained ways of doing, paving the way for consideration of more innovative care approaches. Stories from care recipients and/or family members play an important part in practice development, as they can help enhance experiences of care through highlighting what matters and is valued in care. Such stories can therefore provide a foundation for the creation of more relationship-centred and contextualised nursing strategies. Finding ways to integrate the relational aspects of care provides a mechanism for nurses to articulate their skills and contributions in highly technical and task-oriented clinical environments. A focus on mutuality and connectedness is central to enhancing therapeutic interactions between family members and nurses.

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