

Tool 6: Appreciative Story Telling

Aim of the tool

To document good practice in an organization and to increase positive sharing, coherence and pride among stakeholders.

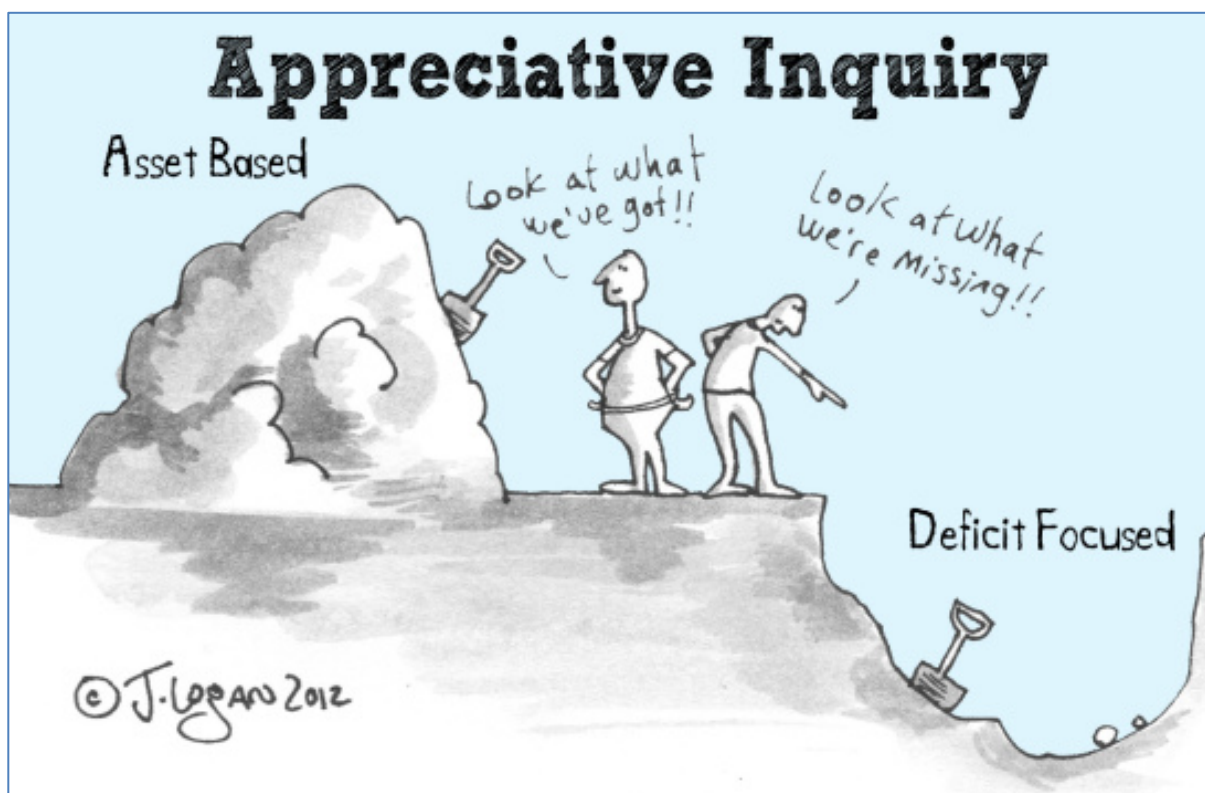
When to use it?

Connection phase, but also in later phases of an MSP.

What is Appreciative Story Telling?

Appreciative Story Telling is a tool which encourages participants to take a positive perspective by rediscovering and reorganising what is going well rather than focusing on problems. At CDI, we use it in various phases of an MSP, but primarily in the Connection phase, where stakeholders interview each other about their contribution to the MSP.

As a tool, the Appreciative Story Telling is part of the Appreciative Inquiry approach, a problem solving method pioneered by David Cooperrider of Case Western Reserve University in the mid 1980s. Appreciative Inquiry is a strategy for purposeful change. It identifies the best of "what is" to pursue dreams and possibilities of "what could be."



Why develop Appreciative Story Telling?

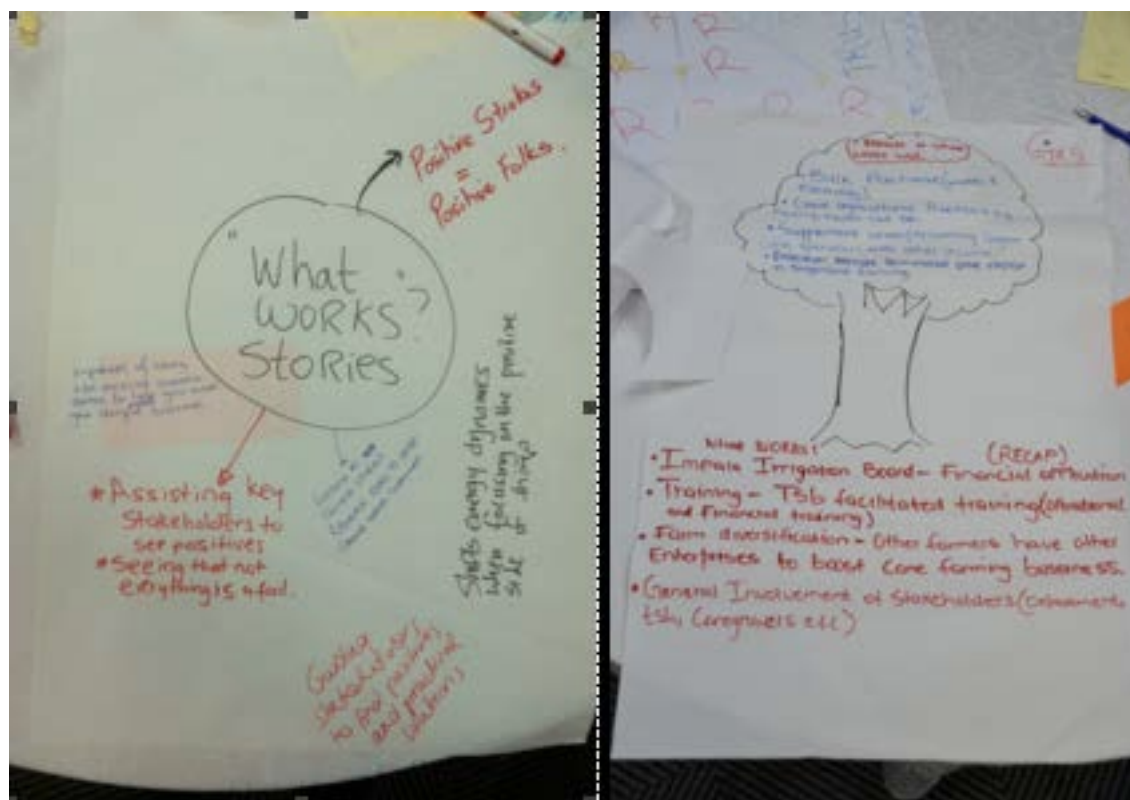
The appreciative approach involves collaborative inquiry. This involves interviews and affirmative questioning to collect and celebrate good new stories. The idea is that each stakeholder knows his or her story better than any outsider. The facilitator's role is to ask questions enabling the understanding required to find solutions from the perceived problems. Discussion based on facts and directives can lead to opposition and resistance. Stories, on the other hand, open up non-adversarial dialogues, still allowing any existing source of conflict and paradox to emerge without defensiveness or vulnerability.

Appreciative Story Telling – Step by step

Participants are asked to interview one another to collect positive stories on a specific topic related to the MSP. To use this tool, interviewing skills are required to draw out a story. The interviewers need to listen with intent in order to identify 'the best of what is there'. It is important that stakeholders are able to articulate their stories and are being listened to. But it is of similar importance that the group reflects together on the implications of those stories, and that stories are documented.

Examples of appreciative questions:

- Best experience. A time when...
- What do you value about... yourself, your work, and your organisation.
- What do you think is your organisations' core life-giving factor or value - that which if it did not exist would make your organisation totally different than it currently is?
- If you had three wishes for this organisation, what would they be?



Example of presentations of appreciative storytelling, Canegrowers/CDI workshop 2015, South Africa.

Learn more

Appreciative Inquiry Commons, hosted by Case Western Reserve University:
<https://appreciativeinquiry.case.edu/>

If storytelling is used as a method for evaluation and data gathering it is valuable to learn more about 'Most Significant Change' by Rick Davies: <http://www.mande.co.uk/docs/MSCGuide.pdf>

The annex provides an example by Lani Peterson of a 2-day leadership conference using appreciative storytelling.

Annex

Example of Appreciative Storytelling – a two-day Leadership Conference for staff of a hospital.

Phase 1: Current Narratives

What do we look like when we are at our best?

Examples of exercises:

1. Identity Stories: stories of who we are.

Participants were invited to choose a partner previously unknown to them and tell a story about their name or family heritage.

2. Founding Stories: stories of how we became who we are and where we are.

Working in cross-functional pairs, participants were asked: Tell about how and why you came to work at this hospital.

3. Defining Stories: stories of what makes us unique and successful.

Individuals within groups of four were asked:

Tell about a time when an individual or group went the extra mile, positively resolved a conflict, or made a valuable contribution to the way that this hospital fulfils its vision and mission.

Employees made lists of evidences from firmly established and practiced values through the stories they had heard that day.

The Interactive Forum, consisted of 3 times 45 minutes' cohort sessions of patients', doctors' and employees' stories respectively.

Phase 2: Future Narratives

What do we want to look like at our best?

Examples of exercises:

4. Vision Stories: stories about where we want to be in the future.

With values drawn from the appreciative narratives gathered in Phase 1 as a starting point, participants worked in cross-functional groups of 8 on creative presentations of their 'ideal' organisation in the future. Teamwork between physicians, nurses, administrators and board members was paramount. A following hour of dramatic presentations including poems, songs, skits and audience game showed challenges, but also provided both fun and fruitful results.

5. Leadership Stories: stories of how we will effectively carry our organisation forward to achieve its ideal goals.

After posting lists of principles and practices on newsprint covering every wall, participants were asked to mark their five highest priorities. Clear patterns emerged as individuals publicly labelled what was most important to them. Leadership teams and functional groups discussed ways of integrating the new information immediately, as well as initiating long-term action steps to achieve the collective vision they had created.

Summary:

In the following weeks, results were sent to all participants. The data from both phases was reduced to nine core principles ordered by priority determined by participants (during the conference, participants were asked during to place a mark next to the principles in order to rank them by priority). Each core principle was further delineated with a series of specific objectives and general competencies necessary to make it effective:

Example:

Principle 1: The patient always comes first.

Specific objectives:

- Establish as a priority for all staff, by meeting expectations and requirements of internal and external customers;
- Get first-hand customer information for improvements in care and services;
- Establish and maintain effective relationships with patients to gain their trust and respect.
- General competencies:
- Listening, compassion, empathy
- Ownership, personal accountability
- Process evaluation and improvement skills

Source: Lani Peterson (2008) Integrating Appreciative Inquiry with storytelling: fostering leadership in a healthcare setting. AI Practitioner February 2008. www.arnzengroup.com/wp-content/uploads/2012/09/appreciative-inquiry-storytelling1.pdf