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Spirituality and Appreciative Inquiry

Edited by

Duane Bidwell, Ph.D.

Katherine Rand, MPP

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Spirituality and Appreciative Inquiry

Inside this issue

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

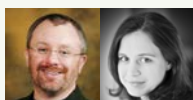
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We would like to thank Joep C. de Jong and JLS for sponsoring this issue.

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Heike Aiello MA, MBA

Heike Aiello MA, MBA is an experienced AI practitioner. She has been working as a process facilitator, organisational change consultant, and trainer for the past ten years. Heike advises and inspires organisations on how to work with an appreciative mindset.

Contact: heikeaiello@coreconnect.nl
www.coreconnect.nl



Prof. Dr. Hetty Zock

Prof. Dr. Zock is KSGV Professor of Religion and Mental Health at the University of Groningen. She has been teaching the psychology of religion and spiritual care for twenty years. Her interests include meaning-making, identity construction and spiritual care in a secularised context. She also works as a trainer/coach with pastoral professionals.

Contact: t.h.zock@rug.nl
<http://www.rug.nl/staff/t.h.zock/index>



Integrating the Spiritual Dimension

Employee Spiritual Care in Dutch Hospitals as an Inspiration for AI Practitioners

What do professional spiritual caregivers do to address spiritual needs of staff members, teams and organisations? And what can AI practitioners learn from them to become more skilled in connecting with and appreciating the spiritual dimension? This is important as many organizations express the need for support on questions regarding sense-making and personal spirituality in order to keep, or restore, employee well-being at work.

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.



Hundreds of employees have participated in these 'fireside talks', from coffee-lady to manager, to talk about their personal passion regarding their work.

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.

Intervention	Effect	Role
Authentic contact	Prevents employee absence	Coach, spiritual worker
Reflection and inter-collegial consultation	Fosters informed professionalism	Facilitator, coach
Taking up a pastoral role	Gives space to life events, which allows them to be processed so that they don't create systemic hindrances or blockages	Spiritual worker
Recognition of employee's religious and spiritual values and beliefs	Sense of belonging and direction among employees	Representative (i.e., presence in the organisation; being a symbol) Spiritual worker
Creating group-space and time for reflection	Renewed energy and focus	Facilitator

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.

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

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.

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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

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Sue Derby, Canada

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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,
London SE1 9JL, England.

Telephone: +44 (0)20 7633 9630

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Shelagh Aitken is the issue editor for AI Practitioner.

shelagh@editorproofreader.co.uk

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