Giving voice to humanity: early findings from using Action Research and Appreciative Inquiry in Qatar's ambulance service

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ABSRACT

In this paper we share findings from an under-researched but rapidly expanding healthcare system, that of a Middle Eastern country where the normal HR challenges are amplified by the fact the majority of employees are immigrants and the workforce is extremely diverse ethnically. We draw on some alternative perspectives to the mainstream discourse around planned change, quality improvement and positivist research and propose that by taking a complexity perspective, and using Action Research and Appreciative Inquiry, new possibilities for improving quality in a sustained fashion may emerge. Specifically these result from co-creating spaces for staff and senior managers to discover their shared humanity through the art of conversation, an everyday skill that had been lost but which can sit alongside the equally important work of improvement science and standard operating procedures. Whilst the findings are still tentative, we believe they offers insights into a tension experienced in many countries between improvement approaches seeking control and standardization on the one hand, and those that are person-centred and humanistic on the other.

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INTRODUCTION

The Museum of Islamic Art in Doha is housed in a stunning building designed by I. M. Pei. A sign explains that in the Islamic World there is no tradition of fine art being elevated above the creation of beauty in everyday objects such as carpets, ceramic pots and painted tiles. In this paper, we offer an exploration of ongoing work to introduce an everyday art form - that of conversation, of listening - into an organisation that has focused historically on the top-down deployment of improvement sciences as the route to enhance healthcare. It is a story of the willingness of a few leaders in a multi-ethnic environment to allow the potential for something different and unknown to emerge, and of a small group of employees giving voice to the hopes and concerns of their fellow workers. We offer this as an interesting development in its own right, but also as a microcosm of a dilemma, seen currently in the UK and more widely between control and empowerment in pursuit of quality (BMJ 2015).

We draw on the organizational change and healthcare literature. We then pay specific attention to Action Research and Appreciative Inquiry as both change and research methods. The resulting account is inevitably partial and unable to represent the full diversity of perspectives and voices that have contributed, with the findings representing an attempt to lightly capture themes from work that is still in process. Nevertheless, the paper offers insights into the wider discussions on improvement and quality taking place in the healthcare organisation field. From a theoretical perspective, it poses questions about the potential of

small scale experiments to shift the dominant discourse in organisations; about the limits as well as the strengths of Action Research; about the conditions required for collaborative ways of working to emerge when the prevailing approach to quality is that of measurement and inspection, using standardised procedures which unwittingly remove the potential for human variation and discretion. From a practical perspective, it raises questions about the challenges of a Western business school working in a multi-ethnic, racially sensitive and ethically complex environment, and the extent to which collaborative action research is possible in this context.

BACKGROUND TO THE RESEARCH

Hamad Medical Corporation (HMC) in Qatar is the largest health provider in the country, providing free healthcare to a rapidly growing population of about 2 million, three-quarters of whom are immigrant workers and their families. HMC's workforce mirrors this racial and ethnic diversity, the large majority being non-Qataris whose residency in the country relies on their continued employment (Goodman, 2015). HMC has ambitious goals: to improve service quality for its rapidly increasing population and introduce leading-edge clinical evidence-based practices, with an expanding multi-disciplinary, multi-national and multi-cultural workforce who need education and continuous professional development. Like other health services globally, it is also under pressure to reduce cost and increase efficiency, particularly in light of recent falling energy revenues.

Early in 2012 a team from Ashridge Business School explored with senior HMC leaders how an action research approach might help establish a more human-centred research perspective on their quality improvement efforts. The head of the Ambulance Service was interested in involving his department. Within the Service, numerous innovations had already been undertaken to improve quality of care, including better equipped ambulances, a systemised

central call centre, a hub-and-spoke model of ambulance deployment, increased staff training and the introduction of a new grade of specialist critical care paramedics. The Ambulance Service had recently been accredited by JCI (Joint Commission International), which had validated their robust and systematic quality processes, following several years of relentless planned change and improvement. The award earned them recognition and a degree of prestige within HMC as a whole. Nevertheless, the Service leaders felt they knew little about what the staff themselves understood was needed from them, how they experienced the changes, or what ideas they might have for further improvements. There was a sense that the easy bits of the change process had been done – changing technology, processes and kit. What was now needed was harder: somehow engaging with the workforce.

The first step was to establish a pilot action research project, which might test the possibilities for approaching quality improvement from the bottom-up rather than the top-down, to offer a new way of 'seeing the system' which might lead to new insights and/or actions.

LITERATURE REVIEW

In this section we briefly review three areas of literature. We begin with the organizational change literature, locating this work in approaches that conceptualise organisations as complex and emergent (Stacey 2011), rather than mechanistic and stable (Morgan 2006; Osherson and Signham 1981). We then relate this to the healthcare quality improvement and HRM literature, before exploring the principles of Action Research and Appreciative Inquiry to explain our rationale for adopting these as our approach to change within the Ambulance Service in Qatar.

The organizational change literature

A wide range of theoretical approaches, supported by different ontological positions, are in evidence in the organizational change literature, from those that see organizations as objective entities in which people reside, to constructivist and interpretivist positions that conceive of them as being in a constant process of creation by their members (Hatch 2011). The models and approaches preferred by change practitioners depend on their chosen ontologies – the 'metaphors' that inform them (Morgan 2006) as well as the circumstances they find themselves in (Dunphy and Stace 1993). But as organizations themselves become more complex – geographically spread, often difficult to specify boundaries, working with increasingly rapid demands for change - attention is turning to models of organisation that draw on complexity science and both 'hard' and 'soft' systems thinking (Midgely 2008; Flood 1999) as a way to respond to VUCA environments (Horney, Passmore, and O'Shea 2010) and 'wicked' problems (Grint 2010; Rittel 1973).

Complexity science suggests that stable states consist of patterned dynamic movement, which can 'tip' into new states on the basis of small, perhaps un-noticed, variations. Furthermore, complex systems have the capacity for emergence – for entirely new properties to be created which cannot be predicted from pre-existing conditions (Midgely 2008). From this perspective, organisations might be thought of as networks of 'complex responsive processes' (Stacey 2011) in which people create the patterns and relative stabilities that are recognizable as 'organisations' in constant interaction with each other and their perceived circumstances. Change, then, is ever-present in the dynamic nature of the interactive process. Complexity, says Stacey, indicates that "the macro emerges in the micro" (2011, p. 292) – if you want to see the 'large system' you need to look at its small interactions. The concept of planned change, according to this ontology, is an illusion: "complex systems display the capacity to change and produce new forms only when they operate in a paradoxical dynamic of stability

and instability at the same time…..small differences can escalate into major, completely unpredictable changes….emergent form is due entirely to the self-organising activity of the agents" (2011, p. 291).

This wide range of theoretical positions and models of practice currently evident in the organisational change field, however, is not well reflected in the healthcare improvement literature. Improvement practice is dominated by an ontology of positivism, in which organisations are objective entities which can be managed, shaped and standardised. Practices lean towards attempting to guarantee agreed processes of service delivery and patient safety, reducing variation and hence risk. This is improvement as science, which places emphasis on clear outcomes, causal pathways and frameworks for measurement (Langley et al. 2009; Lloyd 2004).

For understandable reasons, improvement practice is generally underpinned by a discourse of problems and deficit. It is apparent in government and think-tank papers and policy documents, in the language of assurance and scrutiny and in quality improvement processes such as Lean (Womack and Jones 2003). An unintended consequence of the focus on mistakes and failures, however, is the adverse effects psychologically and motivationally on staff who are not cogs in an organisational machine (Morgan 2006) but meaning-making autonomous human beings.

This problem is one that the healthcare literature recognises and is attempting to address (Cowman and Keating 2013), with increased emphasis on human resource management practices that might help employees to be well-aligned with organisational goals for improvement, well-motivated and high performing (McDermott & Keating 2013; Hyde et al.

2013; Freeney and Fellenz 2013; Leggat, Bartram and Stanton 2011). There is recognition that quality improvement – as Edward Deming knew well (Deming 2013) - requires people to take responsibility, to be engaged.

Is it possible, then, that the co-creation of quality, may require some art alongside the science, some diversity beside the standardisation, even some tolerance of risk amidst the assurance? And how might the healthcare research community engage more with this messy and unpredictable piece of the picture?

As suggested earlier, the organizational change literature offers some other ways of thinking about organisations – as complex, socially-constructed systems (Gergen 2015). This draws attention to the ontological importance of everyday interactions between people, conversations, language as organisation-in-action. From here, detailed micro-practice is not just an interesting 'informal organisation' within the formal, but is precisely something that requires attention of both practitioners and researchers.

Action Research and Appreciative Inquiry

Action research is beginning to find a foothold within healthcare research (Long et al. 2010; Livfvergen, Huzzard and Hellstrom 2015) since "in healthcare, the participatory worldview that underlies action research and the positivist paradigm underlying experimental research are in close relationship with each other" (Hughes 2008).

AR differs significantly from mainstream research in a number of ways: it is reflexive in that it acknowledges the research process will affect what is being researched, and that researchers will be affected by the research. *Participant* researchers notice and think about

the organisational changes they are engaged in whilst in the process of enacting them and, in so doing, reflect on and modify their practice on the ground. In this respect, it is also a form of learning in which participant researchers make sense of and 'theorise' about their own work. The intent is to help bring about positive impact, as defined by participants themselves and as such the research is conducted 'with' people rather than 'on' them. Therein lies a commitment to participative and democratic processes that give rise to 'actionable knowledge' (Coghlan 2011) through disciplined cycles of action and reflection which is similar in some respects to the quality improvement PDSA cycle. The ontological position of AR mirrors that of Stacey's (2011) complex responsive process approach, in that it conceptualises people as 'agents' who are capable of articulating their own sense of their worlds.

One approach within the broad action research field is Appreciative Inquiry (Cooperrider et al. 2000). Now often seen as a change method popular amongst Organisation Development practitioners (Busche 2012), it originated as a research approach (ibid. p. 10) which eschews a problem-centred approach in favour of one that seeks to discover the seeds of a positive future that exist in the present. It takes seriously the social constructionist position that 'words make worlds'– that what is created as a focus for research will at least partly determine what is discovered, and that the research process in itself provides an opportunity to discover and amplify the strengths and generative possibilities of a situation. The approach often follows a '4-D' model of 'Discover, Dream, Design and Destiny' intended to help create new ideas, metaphors and language through which participants describe their current state and future aspirations.

WHAT WAS DONE

Initially a steering group was established consisting of three Ambulance Service senior managers and the Ashridge team. The approach taken drew on Appreciative Inquiry, for a number of reasons: it offered a way to *affirm* the experience of the people who were being interviewed - to give them the message that this research involved a different kind of communication to the sort they were used to, which was consistently problem-focussed; it gave the leaders some confidence that they would hear something other than 'the usual moaning' and it held the possibility, in the conceptual orientation of this approach, that the seeds of improvement were already present in the complex system of the Ambulance Service, that excellent practice and willing people, gifted human resources, were discoverable and waiting to be acknowledged and amplified.

Drawing on the AI orientation, the steering group devised a research question: "*How can we – all the staff in the Ambulance Service – learn from our own and each other's experiences to develop our competence and skills in practice to become a world-class service?*" The aspiration was simple: to talk to people and find out what they made of the changes they were experiencing – in effect, to try and elicit their stories and hear their voices through conducting interviews. Aware that these were people who were not routinely consulted by figures of authority – certainly not by visitors from a UK business school – and that there were significant differences in culture and language to be negotiated, a second key decision was made: to recruit internal co-researchers who would be alongside the external researchers at all times to begin with, and who could before long conduct the interviews themselves. This was a way of beginning to seed co-ownership of the research process, and to embed skills in

AR and AI in the Ambulance Service which could be utilised after the external team had withdrawn.

The 'Discover' and 'Dream' elements of the '4 D' model (Cooperrider et al. 2000) were written into a semi-structured qualitative interview protocol, initially proposed by the Ashridge team but then adjusted in collaboration with the co-researchers. The interview began with questions to the Ambulance Service staff as *people*, migrant workers, who had chosen to come and live in Qatar, and so all had a story to tell about how they had become employees of HMC. This modelled an interest in them as people with lives and backstories, as well as HMC roles so met the explicit intention to allow people to connect as fellow human beings, as equals, a key tenet of Action Research as a collaborative endeavour. In accordance with an appreciative stance they were also asked, at its best, what they found most enjoyable and worthwhile about their work; to think what helped them be at their best and to 'dream' what they would notice if in a year's time the Ambulance Service had become the best they could imagine.

An Ambulance supervisor helped find four volunteers who became the first 'co-researchers'. They spanned the major language and nationality groups amongst the staff – coming from Tunisia, Philippines, South Africa and Yemen. The official working language with each other – and of the Ambulance Service – is English (though few of the patients speak English well, and some staff and patients do not speak Arabic either).

The co-researchers had a day of induction in the ideas behind the project, and piloted the first version of the interview protocol by interviewing each other. After some adjustment to the questions, the following day they sat in on interviews with some of their colleagues and then they interviewed the senior managers, supported by one of the Ashridge team.

The co-researchers quickly became the heart of the process and the key route into the staff community, drawing on their networks and personal social capital (Baker 2001; Johnson et al. 2015) to recruit people to come and be interviewed, in effect a snowball sampling technique – particularly suitable for hard-to-reach populations (Atkinson and Flint 2001). The co-researchers became part of the steering group, which involved them in sitting with senior managers discussing next steps. They took responsibility for getting interview transcripts back to interviewees for them to sign off. They used their contacts and knowledge of the informal system to recruit the next tranche of six co-researchers, and took an active role in helping prepare them to conduct interviews with their colleagues.

This effort is shown in this reflection from one of the second group to become co-researchers:

> "*At the beginning I haven't any idea about the action research …I was being called by a colleague who was co-researcher ….my answer was sorry I'm not interested by such kind of things. He asked me to try and I will not lose anything. I went to the interview I found something different, new attractive experience. After a period of time I was being called by the same colleague if I'm interested to be a co-researcher, I accepted directly I want to have a new experience, I want to be involved, my attitude changes into looking to learn new things.*"

Over a period of 6 months, 65 interviews took place with a wide range of staff across the Ambulance Service. Although each person's experience and story is unique, it was possible to see some common themes and patterns in what was being said, that speak to the research question (discussed below). There are now 20 co-researchers involved with the project.

Action Research is conducted through a series of plan-act-reflect-re-plan-act cycles – sometimes called the AR 'spiral'. Towards the end of this first phase of the project, the Ashridge team designed and facilitated reflection sessions for the co-researchers. An essential part of the AR methodology, this was also initiated to help the co-researchers reflect and learn from the process as well as content, essential if the work was to be self-sustaining.

Reflection sessions were also run for the expanded steering group to begin to make sense of what the interview data said and - as important – what both Ashridge and internal co-researchers and senior managers had heard. Agreeing clear ground rules to enable participation was essential to help the co-researchers speak to their managers, and to promote the aspiration for shared co-listening and inquiry. One of them was 'leave rank at the door'- especially important in this geographic and organizational context, in a uniformed environment that makes rank very visible. The two lead senior managers overtly role-modeled and verbally acknowledged they were indeed attempting to do this. These reflections from co-researchers illustrate how significant this was as a gesture in itself:

> *"Ground rules create a different environment. I am so glad you said about leaving rank outside the door."*

> *"It makes it more open. It feels like a change, an improvement in engagement with the bosses and Ex Committee."*

The co-researchers had the opportunity to present their findings from the interviews to managers and each other through posters and collage, as well as by talking. This was especially important as English was not the first language for most of them (see next section). Action researchers see this process of collective sense-making as, in itself, part of the research process, conducted at the 'second person' level (Reason and Bradbury 2008) from

which emergent knowing is taken into further action cycles. This second-person inquiry was at an early stage when the pilot process reached an end in June 2013.

EARLY FINDINGS:

WHAT WAS SAID? WHAT WAS HEARD?

A recurring question for action researchers is finding ways of 'presenting their inquiries which somehow capture the 'messiness' of the process, and the fact that it was ongoing rather than 'complete' whilst being understandable and of value to those outside the process" (Ladkin 2007, p. 487). Mindful of this challenge, in this section we share early findings from the first phase of the work. These are of two sorts: substantive themes that are drawn from the interviews, and more subtle and emergent differences in manager-staff relationships. What follows is based on interview data, summaries of these through the reflection sessions, and later reflective writing done by the co-researchers and mangers. All quotes are from these written reflections (Note: for most co-researchers English was not their first language. In the interests of hearing their actual voices, these have not been edited for grammar or spelling).

Key content themes relating to improvements to the Ambulance Service form part of the current and ongoing work. They include: a desire for people to improve themselves, through understanding career pathways, and knowing promotion criteria; an acknowledgment that communication is a big issue; a desire to be heard by the managers and have their say, to hear the 'big picture' reasons behind changes, and to be asked for their feedback and suggestions. Staff hear the deficit discourse of improvement in the communications they receive: as well as being reprimanded if they have done something wrong, they want to be recognised for

doing something right. They express a strong attachment to their work: they enjoy saving lives, treating people, and helping them.

Focussing on such findings is a step towards problem-solving or first-order change (Watzlawick et al. 2011) and most of these initial themes were not new information for the senior managers. Acting on them might change some practical things, but it would not address the 'stuckness' that was part of the reason for the work, nor tap into the potential of the appreciative stance.

We were also curious about the impact on co-researchers of being involved in a process as 'temporary equals' in a hierarchical, high power distance system organisationally and culturally (Hofstede 1980; Buda and Elysayed 1998). We wondered whether this research would allow the everyday art of conversation to find a place alongside the science of quality improvement, and how the work might create opportunities to disrupt the top-down dominant discourse about change, by creating different 'gestures' in the system, allowing more space for bottom-up emergence.

In terms of the questions posed in this paper, an additional emergent but discernible 'finding' is of interest – the beginnings of a qualitative shift in relationship between staff and managers, and within the staff group. It can be seen in the reflections on the first phase of the work offered by the co-researchers, and in the posters they produced for the sense-making meetings (posters illustrate in particular the importance of the ground-rules and of being listened to):

"The most incredible part of the process though has got to be the sessions we have had with the Senior Managers and Executive Team. We are able to sit and share ideas and start to work on areas that I heard pop up so many times in the interviews. It feels like we are the voice of the staff and have created a connection between lower and upper levels and rather than present management with problems to fix we are part of the change."

It is there too in the reflections of the senior managers. As one said,

> *"The co-researchers were very different in that space compared to in the normal working environment. As a senior manager I was used to staff being a bit reticent to talk with me or ask questions but they seemed really confident and comfortable. It turned out to be a great conversation."*

It is one of the tenets of action research that the act of researching is also an intervention in what is being researched. In this form of work, the researchers are never absent from the field, and it is recognised that the inquiry process, in itself, changes what in other research paradigms is 'the data'. Taking up the role of co-researcher, has made it possible for some to

see things differently and become actively involved in, and highly motivated by, the possibility of improvement:

> *"I believe I can make a reel [sic] change in our work environment and this research gave me the opportunity to do so. I know that I m a dreamer but big things can be achieved throw [sic] persistence and passion and what we started here can lead to that by bringing a different perspective and finding new ways of improvement."*

They are describing a shift in the dynamic between the co-researchers and senior managers, and pointing to the creation of a space to talk and listen with some confidence and curiosity. In the busy operational environment of the Ambulance Service, talk that is not instrumental is very rare.

There appears to be some shift in the co-researchers' perception of their roles in relation to problem solving and change. They express a sense of responsibility, with the senior managers, for making sense of what they are noticing and for taking action:

> *'The goal of the project is "How to make the Service become better" both for the staff and most specially for the patient. .... i think that through this Research project, the AS (Ambulance Service) can look in its own backyard and try to figure out how to accomplish its goals.'*

Listening to the managers and to each other did not just shift perceptions up and down the hierarchy. In what is a very diverse and multi-ethnic workforce, the opportunity to work together as co-researchers, and to interview employees from other nationalities, has enabled the co-researchers to connect with each other as fellow human beings, beyond the national stereotypes that arguably categorize, standardize and de-humanize:

"I would often stereotype my colleagues … I have come to learn about and appreciate the differences between myself and my colleagues and always walk away from an interview pleasantly surprised. I have even come to realize how many hidden similarities there are between me and my colleagues."

"I was actually impressed by the passion that each and every staff member from different cultural backgrounds have expressed during the interviews. i did not expect that they care a lot about their work and about their patients."

"There are a lot of opinions and ideas from each and everyone involved in the research which are new to me. These ideas would only come from a person of different cultural upbringing which i think is one of the greatest strengths of this project. …. even though the Research group is composed of people coming from a variety of ethnic and cultural backgrounds, there are a lot of common issues that affect how we work and how we feel. I was surprised to know that I could relate to most of the thoughts and ideas that they bring to the table."

Another co-researcher talks of '*the magic of connecting with colleagues*'. At the same time, there is a palpable passion and excitement that stems from a sense of feeling part of improving the ambulance service:

"Deep down, I knew that this research would be special as this was not an ordinary research and this would be a great opportunity for me to learn. I also envisioned that I may be part of something big. I had an opportunity to be a part of a group who can serve as a catalyst for change in our department."

"I feel like a father seeing a small baby growing at this time I think that I'm owning this project and I'm ready to defend it and push it to go whatever the obstacles and the difficulties."

Those in key leadership positions, meanwhile, speak tentatively of employee empowerment and a new-found understanding between staff and management:

> *"It is apparent to me that the action research process has empowered the co-researchers to be part of the services new narrative. I note that those involved are beginning to feel like they have been heard and also that they have had the opportunity to understand the constraints management have to deal with. I guess the next step is a test. Will we as the leadership of the organisation take on board the insights of our staff made apparent through this process and on the flip side will staff involved be more tolerant of management's response due to a new found understanding this process has given them?"*

DISCUSSION

A social constructionist approach to research holds that what you look for will to some extent determine what you will find (Alvesson and Skoldberg 2009). Indeed, some would further claim that, far from 'mirroring' an external objective reality, research can take a role in helping shape the emergent future (Gergen 2015 In Press; Reason and Tobert 2001). In the researching of healthcare improvement, this offers interesting possibilities for seeking and 'finding' diverse humanity and positivity rather than (only) deficient human resources and problems – which in turn gives rise to 'different' action implications.

Bringing the relational into view

The approach taken in this project sought to supplement the knowledge generated by the top-down improvement efforts by applying an alternative lens, which might address some of the

'stuckness' (Watzlawick, Weakland and Fisch 2011) experienced by the Ambulance Service, not by adding new first-order solutions, but by seeding new relationships and foregrounding aspects of daily practice and experience that could not find expression in other ways. Situating itself with a different starting place – that of seeking out personal stories, aspirations and ambitions for self and workplace that they give rise to – this process is beginning to connect colleagues in a more relational way. It is offering the possibility for conversation about aspects of work and life that do not otherwise get surfaced but do connect to quality improvement. Indeed one senior manager reflected that he now sees staff as part of the quality improvement effort. The appreciative approach has helped point towards a strong, positive core of staff who are ready and willing to make changes towards the goal of a world-class service. This, together with the use of an Action Research methodology, seems to have begun a process of helping certain employees experience themselves as collaborators in something future-oriented, rather than being passive recipients of management initiatives.

> *"Action research project is now for me a commitment for success and development. I hope we all together reach the stage of delivery to ambulance service a relevant evidence based result that it can build on for a best future."*

There can be little doubt that frontline healthcare workers are engaged in relational practices (Fletcher 1999), as well as science-based medical work. When ambulance paramedics attend an emergency call, they frequently finds themselves handling patients and their relatives in distress, as well as attending to physical trauma. They reassure, offer comfort, give guidance to people who given the high immigrant-to-local population ratios, are likely to be relatively new to the country and frightened. They witness births and deaths, and unlike most medical professionals who at least have the surroundings of the hospital or health centre to contain

them, frequently do so at roadsides or in private homes, where their only support is from each other. Humanity is, in this sense, part of their daily business.

HMC staff report that Standard Operating Procedures give them instrumental connections with each other – whether the right protocol has been followed or not; the process of listening to each other and working together on the inquiry has offered a different sort of connection and led to an appreciation of the diverse lives that sit within the nationality groupings ('the Tunisians', 'the Filipinos', 'the South Africans') and the possibility of learning from each other. As one of the co-researchers said:

"really, many stories from people inspired me and somehow changed me"

Discovering a shared humanity across the nationality divides was part of the appreciative intention behind the conversations that took place between co-researchers, as well as in the interviews with staff and senior managers. This is of particular significance in this Middle Eastern context, given the predominant cultural norms around deference to authority and leadership figures (Buda and Elsayed 1998).

The reflections from the co-researchers testify to their participation in the research having been a meaningful experience for them – as does the fact that when the external team returned for the next phase of the project after a gap of more than eighteen months (funding related) they were ready and extremely willing to continue.

The relevance of this work to the theory and practice of change

In terms of a complexity approach to change, the intervention made by this project might be seen as a small 'difference' or perturbation within a state of dynamic patterned stability

(Stacey 2011). It is not possible to claim that this will lead to some kind of 'tipping' into a new changed state – such cause-effect prediction has no place in this conceptual schema. But at the same time, neither is it possible to say that perturbation makes no difference – because at the level of micro-practice discussed above, every different 'gesture' (such as listening, or appreciating) will call forth a different response within the unfolding responsive processes of people acting in conjunction with each other and 'the system' as they perceive it. This perspective would suggest that even small differences, like the emergence of the language of being proud and feeling part of something, offers new generative metaphors and possibilities for interaction and imagination which were not available to these actors previously.

> *"I am very proud to be part of a group where each person should have something they can bring to the table which contributes to the bottom line."*

It is possible that this helps with the co-creation of quality improvement just as much as adherence to agreed operating protocols. Indeed in a review of the 'chaotic logic of organizational transformation', Lichtenstein (1997) draws attention to research that suggests that "even a small number of simple behaviours, when iterated over time, can generate unexpectedly rich complexity" (p. 405).

It is possible that the contrast between the personal, human voices that have been heard through this work and the dominant discourse of improvement science and SOPs may be a source of something new emerging. Within the change literature, a small vein of work adopts an alchemy metaphor to try and understand transformational change. A central idea is that "shadow elements" are the catalysts for the "untransformed essence of the gold to come"

(Stein, 1992, quoted in Lichtenstein, p. 406). From this perspective, the humanity of staff at HMC, their personal hopes and ambitions were indeed in the shadows. This work has allowed senior managers to see and hear them differently, and them to see and hear each other differently, whilst still recognising the value of improvement science to improving quality. We make no claims as to what will happen next and how significant a difference to change there might eventually be at an organizational level through this work. We merely raise the possibility that this work holds for something new to emerge, a potential source of transformation.

Making sense of this as research

How then is good sense to be made from this sort of research? This paper focuses on the pilot phase of what is an ongoing project, so what follows are some initial thoughts on quality and collaboration in this work.

Action Research is not an objective process, and its findings are not generalizable in the normal scientific sense. But Action Researchers do consider quality (rather than 'validity') important. Like all researchers, critical questions are asked about the rigour of practice and the trustworthiness of research outcomes (Reason 2006; Reason and Bradbury 2008). This is done through exercising awareness and transparency about choices, and paying attention to the extent to which key dimensions, such as collaboration and actionable knowledge, have been realised.

There are clear signs that 'actionable knowledge' is beginning to emerge from this work, in that the second phase of the project involves co-researchers and managers working together in small groups on action plans that address some of the operational issues identified through the interviews. The co-researchers' reflections discussed in the findings also suggest they are acting on their experience of the research in how they respond to their colleagues.

"How to learn from each other's experience is a very important question and a wide concept I'm discovering with action research…this made me sure that a single skill of good listening can build my knowledge and competences, can improve a lot my interpersonal skills and communication. A single eye contact can build an important way of trust and respect."

The aspiration for action research to be collaborative, to be research 'with' rather than research 'on', is less easy to assess. The Ambulance Service is a strongly hierarchical, uniformed service, in which operational rank interplays with nationality and culture to produce a complex mix of camaraderie and stratification. When external researchers from the UK, with connections to senior managers, get added to the mix, it cannot be expected that collaboration is easily put into practice. We have noted above the ways in which the co-researchers have begun to take a pro-active part in the project, and their apparent enjoyment. They have self-organized many of the research activities. So, the collaborative 'gesture' has, it seems, been heard and responded to. Nevertheless, we accept that it is not culturally or relationally possible for us to fully understand each other, and that there are differentials of power and status in this situation that cannot be wished away. The co-researchers did not choose the research question or the means by which it was explored. They are now part of the steering group, but were not so at the beginning. Their choice to participate in the project was freely made but may well be laden with insider significance which the external team are unable to read. Several of the co-researchers have achieved promotion since the project began, which would suggest this was a well-informed choice for them.

The use of Appreciative Inquiry has served the process well in some respects: as positive psychology would suggest (Seligman 2011; Csikszentmihalyi 2002) the focus on what works

is experienced positively by interview participants, co-researchers and managers, and seems to have created energy and enthusiasm amongst those involved. Problems and difficulties with the system have still found their way into discussion, without this being seen as 'moaning' and without senior managers resorting to denial and defensiveness. Nevertheless, questions about the appropriateness of AI as research rather than organisational development tool (Busche 2007; Van der Haar and Hosking 2004) are pertinent, as are calls for greater attention to critical thinking within the practice of AI (Grant and Humphries, 2006). These will be questions that will be carried into the next phase of this work.

CONCLUSIONS

The focus of quality improvement is often on planned change initiatives directed towards the solving of problems – trying to correct bad practices and systemic failures. Such approaches tend to be rooted in positivist assumptions about the world, enshrined in notions of scientific method. In this paper we have explored the combination of Action Research and Appreciative Inquiry in a highly complex, ethnically diverse healthcare context where historically the focus has been on improvement through the top down imposition of tightly controlled protocols and investing in new equipment. However in the single-minded pursuit of improvement science, we argue that something gets lost - the appreciation of humanity, the art of conversation, the ability of leaders and staff to listen to each other, to explore their different perspectives, to voice their concerns and their hopes.

At the start of this paper we raised two questions: might the elusive goal of staff engagement in the co-creation of quality require the art of conversation alongside the science of

improvement?; and how might the healthcare research community engage with more messy and unpredictable approaches to health system change?

We believe that the approach discussed here offers a possible form of both research and engagement which can complement the mainstream. In a small way, this project has given an opportunity for some Ambulance Service workers to shift the quality of how they relate to their managers and each other. Complexity thinking tells us, however, that tiny differences are important – and that significant change comes about in no other way. It has opened a window for them to show themselves as humans, with hopes and fears, stories and ambitions, rather than as passive or resistant human resources, and to be met in that new role by their managers. It has raised an opportunity for talking and listening as an art that is valuable in its own right – and one that these people can connect to the improvement of their practice alongside the SOPs.

The struggle between control and engagement has relevance for healthcare improvement far beyond the borders of Qatar. The former CEO Addenbrooke's NHS Trust in Cambridge said in a recent BMJ article: "Grip disempowers and disengages. Unless people fundamentally own what they do it will not make a blind bit of difference." (BMJ, p 15, 10th October, 2015).

If we return momentarily where we began, in the Doha art gallery, there is a room of exquisitely decorated astrolabes. The scientific and artistic endeavours coalesce in these objects. A sign reminds us that the contact between the Islamic World and crusaders from Europe prompted the start of the Renaissance. They offer perhaps a metaphor of the hopes for this work to create something new, recognising that both science and art are present in human endeavour.

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(in alphabetical order by surname)

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