Exploring How a Dialogic Mindset Might Foster Collective Thriving Within Southern Alberta’s Clinical and Metabolic Genetics Program

by

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COLLECTIVE THRIVING AND A DIALOGIC MINDSET

Committee Approval

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Collective Thriving and a Dialogic Mindset

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Abstract

Healthcare contexts are increasingly characterized by complexity and change. The socially embedded model of thriving at work offers employees insight into how feelings of learning and vitality can promote a number of positive outcomes at work such as productivity, innovative behaviors, adaptive capacity, and health and wellbeing, especially during times of high demand and environmental turbulence. This action research engagement study employed a dialogic mindset to engage members of Southern Alberta’s Clinical and Metabolic Genetics Program (SACMGP) in a series of liberating structures to appreciatively inquire into how they have experienced thriving at work, and how they would imagine a thriving future. This process discovered that SACMGP employees are experiencing collective thriving during challenging times, characterized by strong interpersonal relationships, supportive and inclusive leadership, and staff and physicians who genuinely care about each other, the service they provide, and their patients. Recommendations focused on supporting team enablers and employee vitality, and recognizing the potential for members of SACMGP to leverage thriving within interdisciplinary relationships to collectively achieve aspirations for the future.
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Chapter One: Focus and Framing

Southern Alberta’s Clinical and Metabolic Genetics Program (SACMGP) is a public healthcare service responsible for delivering clinical genetic care to the population of Southern Alberta, as well as some residents of Saskatchewan and British Columbia. Informal conversations with system partners (administrative staff, nursing and allied health, physicians, leadership, patients, and external care providers), regarding the service's most pressing challenges revealed an overarching theme that SACMGP is currently unable to effectively fulfill clinical mandates given limited resources amid increased service demand and complexity (J. Gill, personal communication, May 17, 2016; F. Bernier, personal communication, May 19, 2016; L. MacLaren, personal communication, May 20, 2016; M. Anderson, personal communication, May 25, 2016). The stakes are high. SACMGP’s challenges are not only compromising patient-care by waitlist and care delays that exceed years in some cases, but also significantly impacting the wellbeing of SACMGP employees (R. Kohut, personal communication, May 18, 2016; F. Bernier, personal communication, May 19, 2016; L. MacLaren, personal communication, May 20, 2016).

I am an employee of SACMGP and am passionately devoted to the ongoing growth and success of the program. I have provided direct patient care as a certified genetic counsellor with SACMGP for over a decade. More recently, I have been given the designation of Operations Lead which affords me the privilege of collaborating with members of SACMGP towards improved processes and procedures. As a Masters of Arts in Leadership student, I have articulated my core values, which include growth, wellness, and kindness. I have identified

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¹ All personal communications are cited with permission.
authenticity as an aspirational value (Lencioni, 2002). I have also contemplated my personal leadership philosophy, which includes celebrating the growth of people, building community, valuing others, displaying authenticity, and sharing leadership (Ferrier, 2016). Stringer (2014) stated that "effective action research is accomplished by enacting a set of working principles that focus on relationships, communication, participation and inclusiveness" (p. 35). Lewis, Passmore and Cantore (2008) discussed the power of approaching organizational change through appreciation that aims to grow desirable behaviors, rather than achieving change through criticism. I was enthusiastic to embark on this appreciative action research journey due to the alignment of this methodology with my values and philosophies.

As an insider action researcher for this project, I possessed substantial preunderstanding (Coghlan & Brannick, 2014) of SACMGP, which simultaneously presented advantages and limitations to performing effectively as a researcher. For example, by drawing on my own experiences, the interview process may have been enhanced; however, any assumptions on my part that I understood an issue may have prevented me from probing deeply enough to uncover my participants' full perspectives. Similarly, as a front-line care provider, operational lead, and researcher, there was potential for confusion and conflict to arise as a result of my competing organizational roles (Coghlan & Brannick, 2014). By embracing the role of inquirer and collaborator, as well as practicing authenticity (self-awareness, self-compassion, humility and courage), I endeavored to learn, develop, grow and find balance in my role of action researcher.

Thriving at work has been conceptualized as combined sense of learning and vitality that leads to several positive outcomes for employees and organizations including health and wellbeing, work performance, adaptive capacity and innovative behaviours (Spreitzer, Sutcliffe,
Dutton, Sonenshein & Grant, 2005). This theoretic framework served as a basis for this inquiry project as the purported outcomes of thriving offered potential for members of SACMGP to address their current organizational challenges.

The inquiry topic for this project was: How might a dialogic mindset foster thriving within the Southern Alberta’s Clinical and Metabolic Genetics Program (SACMGP)? Sub questions for this inquiry included:

1. How have SACMGP employees experienced thriving at work?
2. What do employees see when they imagine a thriving SACMGP?
3. What existing qualities of SACMGP support employee thriving at work?
4. What new qualities might emerge within SACMGP to support employee thriving at work?
5. What actions might SACMGP take to promote employee thriving at work?

Significance of the Inquiry

This project aimed to foster a valuable change process for SACMGP. Through inquiry, members of SACMGP (staff, physicians, leadership) had the opportunity to collaboratively discover new ways to enhance performance and cultivate a positive workplace environment, to identify improved approaches to managing and leading change, and to strengthen their overall capacity to continually adapt to emergent external challenges. It has been my observation that members of SACMGP are deeply compassionate and possess a high level of integrity. They are fiercely dedicated to patient-care excellence and the reasonable expectations of external system partners (care providers, patients, and senior leadership). This inquiry provided an opportunity
to leverage the strengths of SACMGP toward supporting sustainability, adaptive capacity, and system partner growth and wellness.

The pressure for SACMGP to address current challenges is pronounced. The potential for patient harm due to waitlist and care delays is grave, and there is a looming risk for legal ramifications (Alberta Genomic Health Program, 2015). The current organizational climate is compromising system partner wellbeing (L. MacLaren, personal communication, May 20, 2016), and external system partners are growing understandably dissatisfied (N. Alvarez, personal communication, February 24, 2016; J. Gill, personal communication, May 17, 2016). This project offered an opportunity for members of SACMGP to come together and collaboratively dialogue, explore, learn and develop (Coghlan & Brannick, 2014; Rowe, Graf, Agger-Gupta, Piggot-Irvine & Harris, 2013; Stringer, 2014). Through engagement and inquiry on an issue that is of critical importance to the organization, members of SACMGP had the opportunity to create positive change.

Organizational Context

SACMGP was established as a regional center of the Alberta Hereditary Disease Program (AHDP), which was founded in 1979 with a mandate to "provide comprehensive clinical and laboratory genetic service for the people of Alberta" (Soltan, 1992, p. 127). Pillars of the program included clinical services, laboratory services, research, and education. Clinical services were divided between two regional centers, Northern Alberta’s Clinical and Metabolic Genetics Program (NACMGP) in Edmonton, and SACMGP in Calgary. Outreach clinics were provided at 27 public health units in communities across the province in collaboration with the regional centers. Clinical services were supported by Genetic Laboratory Services (GLS), which
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included cytogenetic, biochemical genetic and molecular genetic laboratories. In 2009, the delivery of genetic services in the province through Province Wide Services was terminated (Alberta Genomic Health Program, 2015). NACMGP and SACMGP were transferred to pediatric hospital based operations, while GLS were transferred to Provincial Laboratory Services. Although no longer belonging to the same program, SACMGP maintains close relations with GLS, as well as NACMGP. The provincial AHDP was considered distinctive in scope and extent of collaboration, and heralded as an exceptional model of patient-centered service delivery with potential for adaptation worldwide (Lowry & Bowen, 1990).

SACMGP employs a team approach to providing healthcare services, training and education, operating at multiple sites in Southern Alberta. The team consists predominantly of medical geneticists, certified genetic counsellors, and administrative support, as well as other allied health care professionals, registered nurses, leadership, volunteers, residents, and fellows. In addition to a general service, SACMGP offers care in eight sub-specialty areas of practice, often in collaboration with external specialists. Service is predominantly out-patient, located at the Alberta Children's Hospital (ACH). Exceptions include outreach services, offered in Lethbridge, Medicine Hat and Red Deer; in-patient services, provided at five tertiary hospitals in Calgary; the Prenatal Genetic Program, located at the Maternal Fetal Medicine Centre; and the Hereditary Endocrine Disorders Clinic, offered at the Tom Baker Cancer Center. The Alberta College of Physicians and Surgeons governs the practice of medical geneticists, whereas genetic counsellors are unregulated health care professionals. Members of SACMGP are involved in clinical research, education, and precepting, and medical geneticists hold academic appointments with the University of Calgary. The complex service model that characterizes SACMGP has
arisen in the interest of family-centered care, optimizing practitioner expertise and collaboration, and growing the next generation of service providers.

This inquiry project aligns with the strategic priorities of Alberta Health Services (AHS). Since 2009, SACMGP has provided clinical care as a service under AHS, which is a province-wide, fully-integrated health system (AHS, 2016a). AHS has articulated four foundational strategies, including Our People Strategy (AHS, 2016b), with an objective to create a culture in which AHS staff, physicians and volunteers feel safe, healthy, valued, and can reach their full potential. Our People Strategy is built on the rationale that change is constant, that our environment is rapidly evolving, and that by working together and building on the good work already underway in the organization, AHS staff, physicians and volunteers can achieve quality and sustainability. This inquiry project aligns with Our People Strategy priorities (AHS, 2016b), including incorporating front-line input into the operational planning processes (p. 27), providing inclusive work environments that protect and support wellbeing (p. 28), developing leadership competencies (p. 29), and empowering people (p. 30). This action research project may assist AHS in achieving Our People Strategy as it engaged members of SACMGP in collaboratively exploring how organizational strengths can be leveraged toward change that is well defined, manageable and positive, aligning with the belief that employees who are valued and healthy foster improved services for patients and their families.

Moreover, this inquiry project aligns with the strategic priorities of SACMGP. SACMGP's leadership, Ms. Ruth Kohut and Dr. Francois Bernier, are currently advancing a provincial Alberta Genomic Health Program (AGHP) (see Appendix A). Staged objectives of this program include strengthening current capacity by "addressing clinical shortfalls and
meeting current National standards", with priorities that include "enhancing clinical capacity to improve wait times and enhance scope of service" and "implementing a provincial service model that strengthens service accessibility, responsiveness, coordination, effectiveness and innovation" (Alberta Genomic Health Program, 2015, p. 3). This action research project supports the vision of SACMGP leadership by engaging internal system partners in inquiry regarding how organizational strengths can be leveraged to cultivate a service that is sustainable, adaptive, and promotes system partner wellness.

The Clinical and Metabolic Genetics Program is currently a small service within AHS; however, the long-term vision of the AGHP is to expand towards "the integration of genomic medicine into routine clinical care" (Alberta Genomic Health Program, 2015, p. 2). Should SACMGP leadership prove successful in their efforts to grow genetic services in Alberta and reincorporate a provincial program, this would present a substantial change for the strategies, structures and processes of SACMGP, not to mention NACMGP and GLS. This inquiry project provided an opportunity to improve SACMGP's capacity to optimize performance, lead change, and adapt, positioning them to offer support to leadership in their efforts to improve genetic health services for Albertans.

Systems Analysis of the Inquiry

The demand for clinical genetic services in Southern Alberta is growing at a rapid pace, (see Appendix B), as is complexity of care in the fields of medical genetics and genetic counselling. This is due to a combination of factors, including population growth and increased cultural diversity; advances in genetic knowledge and technology; rising awareness of genetic services among healthcare providers and patients; as well as associated legal, ethical and societal
implications (Cohen et al., 2012; Evans et al., 2014; Heald et al., 2016; Manolio et al., 2013; Ormond, 2013; Shelton & Whitcomb, 2015). As a partner in collaborative initiatives such as The Centre for Health Genomics and Informatics (ACHRI, n. d.) and the Cumming School of Medicine Pan-Institute Initiatives in Precision Medicine (University of Calgary, 2015), SACMGP has positioned itself to be a clinical, research and innovation leader in the emerging era of personalized medicine (Genome Canada, 2016). The need for clinical and diagnostic expertise that meets the complex genomic healthcare demands of Albertans will continue to grow across all medical disciplines, and with it, the need for SACMGP to provide a high performing and sustainable service in genomics and personalized care is essential.

Members of SACMGP have identified limited resources in the face of increased demand and complexity as a primary cause of the service's challenges (R. Kohut, personal communication, May 18, 2016; F. Bernier, personal communication, May 19, 2016; L. MacLaren, personal communication, May 20, 2016). Alberta is currently experiencing an economic recession, and the provincial government's fiscal plan is focused on controlling costs, limiting the rate of growth in health spending and calling for AHS to continue to identify operational efficiencies and other savings opportunities (Ceci, 2016, p. 32). It has been my observation that the fiscal realities in Alberta are leading internal system partners to express feelings of helplessness regarding the SACMGP's capacity to overcome current challenges, and hopelessness regarding the future.

Senge (2006) defined systems thinking as "a discipline for seeing wholes. . . . a framework for seeing interrelationships . . . for seeing patterns . . . it is the antidote to this sense of helplessness that many feel" (pp. 68-69). Numerous authors (Cabrera & Cabrera, 2015;
Meadows, 2008; Richmond, 1993; Senge, 2006; Williams & Hummelbrunner, 2010) have discussed feedback loops, or causal loop diagrams, as a systems thinking tool to permit visualization of interrelationships and patterns underlying events. Performing a systems analysis of SACMGP's current challenge offers an opportunity to better understand the complex interrelationships that are contributing to this issue (see Figure 1). Performing a systems analysis of SACMGP's challenges has revealed numerous internal and external influences. AHS has undergone repeated cycles of organizational restructuring in recent years in response to political interests (NDP, n.d.), leading to disruptions in care and efforts expended on short lived initiatives and priorities, compromising employee satisfaction and trust (R. Kohut, personal communication, September 1, 2016). As well, I have firsthand knowledge that the growing workload backlog feeds back onto itself as staff's time is spent dealing with complaints and errors and crises that emerge due to delays in care as well as pressure to complete tasks quickly. Finally, the compromised wellbeing, morale and effectiveness of SACMGP employees detract from the team's willingness and capacity to collaborate towards new ways of conducting business. Time is precious and invitations to come together as a group to discuss change are infrequent and, in my experience, may be met with resistance. Identifying examples for how SACMGP employees have overcome internal challenges has the potential to uncover opportunities to leverage SACMGP's strengths toward innovating, collaborating and learning.

Various authors have proposed distinct but overlapping paradigms for understanding systems. Constructing a picture of interrelationships is a common step in systems analysis
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(Cabrera & Cabrera, 2015; Oshry, 2007; Senge, 2006; Snowden & Boone, 2007; Williams, 2011). Recognizing the role for perspectives (Bolman & Deal, 2013; Cabrera & Cabrera, 2015; Cady, 2016; Williams, 2011) is also key, as "systems thinking is not best conducted as a solitary practice, because each person brings new insights and new perspectives about the reasons for these underlying dynamics " (Senge et al., 1999, p. 38). In reflecting on this systems analysis with my project sponsor (R. Kohut, personal communication, September 1, 2016) as well as an internal system partner (L. MacLaren, personal communication, September 9, 2016), I was fascinated to discover the impact that our core values of compassion, accountability, respect, excellence, and safety (AHS, 2016c), are having on our current challenge. Our values are at the

![Figure 1. Systems analysis of SACMGP's current challenges. Green box encompasses internal influencing factors. Blue box encompasses external influencing factors. Blue solid lines demonstrate positive causal links. Red dashed lines demonstrate negative causal links. See text for a detailed description.](image-url)
heart of everything we do. They are "the deeply ingrained principles that guide all of [our] company’s actions; they serve as its cultural cornerstones" (Lencioni, 2002). This causal loop diagram (Figure 1) could be relevant in any industry, for example, a bank or a construction site; however, the fact that this issue exists in a healthcare setting within a culture of caring professionals adds a further layer of burden, reward and obligation. Certainly, the systems analysis I have offered would need to be shared widely among SACMGP system partners to incorporate their perspectives as we seek to understand our current situation.

**Overview of the Thesis**

This initial chapter provided an overview of the organizational context that frames this inquiry project. In Chapter Two, I will provide an overview of the literature pertaining to employee thriving at work, including associated outcomes, individual behaviors and resources that fuel thriving, as well as an overview of how leaders and organizations might enable employee thriving at work. The intention of Chapter Two is to provide the academic context for this inquiry project. Chapter Three will describe the methodology I employed to answer my research questions, including the project participants, data collection methods, study conduct, data analysis and ethical considerations. In Chapter Four I will provide a summary of my study findings, conclusions, and comment on the scope and limitations of the inquiry. In the final Chapter Five, I will outline recommendations that emerged from this inquiry, including organizational implications, implications for future inquiry, and end with a summary of the body of the thesis.
Chapter Two: Literature Review

Chapter One provided an overview of the organizational context that frames this inquiry, highlighting the challenges that high demand and complexity are producing for the performance, health and wellbeing of SACMGP employees. Thriving at work is a construct that has been theorized and empirically substantiated in the literature to support employee health and wellbeing, work performance, innovative behaviors and adaptive capacity, and has been selected as the focus for this inquiry project. This chapter will explore relevant literature pertaining to thriving at work, including the positive outcomes that arise when employees thrive at work, as well as the individual behaviors and resources that fuel thriving. This body of literature provides a justification for employing the thriving at work construct for the current inquiry, as well as insight into the individual behaviors that may foster a thriving state among SACMGP employees. This chapter will shine a light on collective thriving and the role for employee attunement to the state of thriving to permit self and team adaptation, especially in settings of high work demands and environmental turbulence. This focus on collective thriving in settings of high demand and change is particularly relevant to the current inquiry given the team approach to providing care that characterizes SACMGP, and well as the nature of SACMGP’s current challenges, as described in Chapter One. This chapter will conclude with an overview of how leaders and organizations might enable employee thriving at work, providing some theoretic and empiric basis for the recommendations offered in Chapter Five.

Thriving at Work

The first section of this Chapter will provide an overview of the theoretic model of thriving at work that was proposed by Spreitzer et al. (2005), which has served as the basis for
subsequent research on the topic, and which sets the foundation for this inquiry project. Thriving at work is defined as “the psychological state in which individuals experience both a sense of vitality and a sense of learning at work” (Spreitzer et al., 2005, p. 538), where vitality refers to having available energy, passion, excitement and enthusiasm for each new day, and learning refers to continually acquiring and applying new knowledge and skills to grow, develop, build capabilities, and improve (Spreitzer & Porath, 2012; Spreitzer & Porath, 2014). The positive interaction of learning and vitality that characterizes thriving at work leads to feelings of growth, progress and forward momentum (Carmeli & Spreitzer, 2009; Paterson, Luthans & Jeung, 2014; Porath, Spreitzer, Gibson & Garnett, 2012). Spreitzer et al. (2005) emphasized that thriving requires the joint experience of both learning and vitality, suggesting that individuals who are learning but lacking energy are at risk for burnout, whereas those who experience vitality without growth may be stagnating. This model has been empirically evaluated among workers across several industries, with both learning and vitality characterizing participants’ experiences of thriving, supporting this two-factor model (Porath et al., 2012). This combined learning and vitality framework served as a reference for understanding how thriving has been experienced and is aspired to by SACMGP employees who participated in this inquiry project.

This inquiry aimed to capture how SACMGP employees have experienced thriving at work. It has been argued that thriving is not an individual disposition (Spreitzer, Lam & Fritz, 2010), and that all employees have the potential to experience thriving at work (Spreitzer, Porath & Gibson, 2012). Thriving is a state that can be developed in each individual depending on how they experience and carry out their work, shaped by context, relationships, choices, behaviors and motivations (Keister, 2014; Spreitzer & Sutcliffe, 2007; Spreitzer et al., 2005; Wallace,
Butts, Johnson, Stevens & Smith, 2016). Thriving is conceptualized along a continuum, and individuals may experience more or less thriving in certain settings or at particular points in time (Porath et al., 2012; Spreitzer & Porath, 2014; Spreitzer & Sutcliffe, 2007). Occupation type, employee background and place of employment are not significant predictors of thriving (Liu & Bern-Klug, 2013; Spreitzer & Sutcliffe, 2007) and “everyone has had thriving experiences at work” (Spreitzer & Sutcliffe, 2007, p. 76). The assertion that all employees have experienced thriving at work was fundamental to this inquiry project’s design, as the methods were grounded in each participant’s best story of a thriving experience with SACMGP, which allowed participants to identify organizational strengths that could potentially foster future thriving. Moreover, as a state that can be developed in any employee, thriving offers the opportunity to foster a number of positive outcomes for both individual members of SACMGP, as well as the organization as a whole.

**Outcomes of thriving at work.** The positive outcomes that have been empirically associated with employee thriving at work were the basis for choosing this construct as the focus for the current inquiry. Improvements in the areas of employee health and wellbeing (Carmeli & Spreitzer, 2009; Porath et al., 2012; Walumbwa, Muchiri, Misati, Wu & Meiliani, 2017), adaptive capacity (Jiang, 2017; Keister, 2014), work performance (Carmeli & Spreitzer, 2009; Gerbasi, Porath, Parker, Spreitzer & Cross, 2015; Porath et al., 2012), and innovative work behaviors (Abid, Zahra & Ahmed, 2015; Carmeli & Spreitzer, 2009; Wallace et al., 2016) were identified in Chapter One as relevant to SACMGP’s current challenges. Thriving at work additionally has been shown to promote career development initiative (Carmeli & Spreitzer, 2009; Paterson et al., 2014; Porath et al., 2012), organizational citizenship behaviors (Carmeli &
Spreitzer, 2009; Li, Liu, Han & Zhang, 2016), affective commitment (Jenkins, 2010; Walumbwa et al., 2017), and collaborative relationships (Jenkins, 2010; Keister, 2014), as well as decreased turnover intention (Abid et al., 2015; Abid, Zahra, & Ahmed, 2016). The thriving at work construct was of interest in the current inquiry given the potential that promoting SACMGP employees’ sense of learning and vitality at work might energize staff to develop ongoing knowledge, skills and competencies, might support resilience in the face of challenges, might motivate employees to work more collaboratively, and might engender enthusiasm to improve self and workplaces.

Each positive outcome associated with thriving at work is postulated to result from the joint experience of learning and vitality. For example, learning may enhance employees' acquisition of new knowledge and skills, and foster opportunities for professional growth (Porath et al., 2012; Walumbwa et al., 2017). Learning may also improve awareness, understanding and decision-making in complex and uncertain situations (Spreitzer et al., 2010). Thus, learning may support employee's feelings of competence and efficacy (Porath et al., 2012; Spreitzer et al., 2010; Walumbwa et al., 2017) and their ability to problem solve and offer helpful ideas to improve work contexts (Abid et al., 2015; Carmeli & Spreitzer, 2009; Li et al., 2016; Wallace et al., 2016). Conversely, vitality may enhance employee motivation to devote energy and effort toward promoting and championing new work (Abid et al., 2015; Carmeli & Spreitzer, 2009; Wallace et al., 2016), may enhance creativity (Wallace et al., 2016), may provide enthusiasm to set goals and seek out career development opportunities (Porath et al., 2012), may enable employees to be more heedful, open-minded and flexible (Spreitzer et al., 2010), and may lead to more emotional attachment and involvement with the organization (Walumbwa et al., 2017).
These positive employee behaviors can be leveraged by work units towards ongoing success and sustainability (Abid et al., 2015; Carmeli & Spreitzer, 2009; Paterson et al., 2014; Wallace et al., 2016), suggesting that a sense of learning and vitality at work would be of value to both individual SACMGP employees as well as the broader organizations.

**Engine of thriving.** The socially embedded model of thriving at work articulates behaviors that employees can choose to exhibit; that is, *agentic behaviors*, which are the direct antecedents of thriving (Spreitzer et al., 2005). These individual behaviors produce resources in the doing of work, which, in turn, fuel further agentic work behaviors (Niessen, Sonnentag & Sach, 2012; Spritzer & Sutcliffe, 2007; Spreitzer et al., 2005). In this way, agentic behaviors are said to comprise the *engine of thriving*, by promoting the experience of thriving and resources, which both feedback to promote further agentic behaviors (Jenkins, 2010; Spreitzer et al., 2005).

As outlined in Chapter One, a number of external systemic influences were identified by members of SACMGP as contributing to their current challenges. Interestingly, this model suggests that by choosing to exhibit certain behaviors, SACMGP employees could not only foster their own thriving experiences at work, but also produce resources internal to SACMGP that fuel further thriving. This dimension of the thriving construct may offer the potential for SACMGP employees to shift their perspective from external factors which may be outside their control, to internal behaviors that they may choose to exhibit, offering insight for how SACMGP employees might contribute to their own thriving.

**Agentic work behaviors.** When individuals are intentional, exercising choice, and in control of their behaviors they are said to be acting agentically (Keister, 2014; Paterson et al., 2014; Spreitzer et al., 2005). Three agentic work behaviors (task focus, exploration, and heedful
interrelating), which each foster a sense of learning and vitality, have been demonstrated to contribute to a state of thriving at work (Keister, 2014; Niessen et al., 2012; Spreitzer et al., 2012). When employees are thriving, they are likely to produce agentic work behaviors through a feedback loop between thriving and behavior, thereby sustaining thriving (Spreitzer et al., 2005). These agentic work behaviors served as a reference for the current inquiry in evaluating the actions and conduct that participants described in their stories of, and aspirations for, thriving with SACMGP.

**Task focus.** Employees who are attentive, alert and fully engaged in work, who meet job demands and fulfill responsibilities, are demonstrating task focus (Keister, 2014; Liu & Bern-Klug, 2013; Niessen et al., 2012; Paterson et al., 2014; Spreitzer et al., 2005). Individuals exhibiting task focus should be energized by work, and feel a sense of accomplishment, promoting vitality (Paterson et al., 2014; Spreitzer et al., 2005), and should develop new skills and more effective and efficient ways of working, promoting learning (Paterson et al., 2014; Spreitzer et al., 2005). By promoting both vitality and learning, task focus leads to thriving.

**Exploration.** Employees who are experimenting, innovating and taking risks, who are open to new ideas and ways of working, and who seek out new information and experiences, are demonstrating exploration (Keister, 2014; Niessen et al., 2012; Spreitzer et al., 2005). Exploration should stimulate individuals' curiosity and energy, increasing vitality, and should uncover new ideas, strategies, knowledge, and skills, increasing learning (Spreitzer et al., 2005). Exploration may be particularly valuable in a changing environment as individuals exhibiting this behavior see difficulty and ambiguity as a challenge, not a threat (Kiester, 2014). By promoting both vitality and learning, exploration leads to thriving.
Collective thriving and a dialogic mindset. Employees who are conscientiously interacting with, looking out for, and being mindful of others towards accomplishing systemic goals and a collective vision are demonstrating heedful interrelating (Abid et al., 2016; Kiester, 2014; Niessen et al., 2012; Paterson et al., 2014; Spreitzer et al., 2005). Heedful interrelating permits individuals to help, support and work more effectively with one another, promoting vitality, and interactions should permit the acquisition of new strategies, behaviors, approaches and skills, promoting learning (Abid et al., 2016; Paterson et al., 2014; Spreitzer et al., 2005). By promoting both vitality and learning, heedful interrelating leads to thriving.

Reflecting on the systems analysis offered in Chapter One, task focus, exploration and heedful interrelating seem relevant to SACMGP’s current challenges. As depicted in Figure 1, SACMGP employees are challenged to meet demands, fulfill responsibilities, innovate, collaborate and build relationships due to high levels of stress and resulting consequences. In the current inquiry, recognizing contexts where SACMGP employees have demonstrated these thriving antecedents offered an opportunity to consider agentic behavior enablers, thereby providing insight into the root of SACMGP thriving experiences.

Resources. Employees demonstrating task focus, exploration and heedful interrelating are said to create resources while they work (Spreitzer et al., 2005). Resources include knowledge resources; that is, improved knowledge of how the work gets done; positive meaning resources; that is, a sense of purpose and significance for the work, colleagues and organization; positive affective resources; that is, feelings of joy, contentment, gratitude, peace and hope; and relational resources; that is, high-quality relationships or bonds between individuals (Niessen et al., 2012; Spreitzer et al., 2005). Resources are said to fuel further agentic work behaviors, thus
sustaining thriving through a positive feedback loop (Jenkins, 2010; Niessen et al., 2012; Spritzer & Sutcliffe, 2007; Spreitzer et al., 2005; Wallace et al., 2016). For example, Niessen et al. (2012) showed that workers who found purpose and significance in their work were more likely to exhibit task focus and exploration in supporting their clients. Similarly, Patterson et al. (2014) found that workers with high levels of hope, efficacy, resilience and optimism were more likely to exhibit task focus and heedful interrelating. Resources can be depleted and renewed (Niessen et al., 2012) and rather than consuming resources, thriving individuals produce resources that enhance and sustain thriving over time (Spreitzer et al., 2010). Similar to agentic work behaviors, resources produced in doing the work served as a reference for the current inquiry in evaluating what might be fueling the agentic work behaviors that participants described in their stories of thriving experiences with SACMGP.

**Broaden-and-build theory.** The positive feedback relationship between thriving, agentic work behaviors and resources produced during the work suggests an upward spiral (Spreitzer et al., 2005), which is explained by the broaden-and-build theory of positive emotion (Fredrickson, 2003; Fredrickson, 2004; Fredrickson, 2013). This theory describes how positive emotions broaden an individual’s cognition, awareness and attention, widening the repertoire of thoughts, action urges and relationships that can be accessed in a given moment, promoting increased flexibility, creativity, openness and acceptance (Fredrickson, 2003; Fredrickson, 2004; Fredrickson, 2013). This broadened mindset in turn has the potential to build an individual’s social, physical, intellectual and psychological resources, producing long-term benefits to individual functioning, resilience, resourcefulness, and social relations (Fredrickson, 2003; Fredrickson, 2004; Fredrickson, 2013). Moreover, Fredrickson (2003) has suggested that the
broaden-and-build theory applies beyond the individual, arguing that individual’s experiencing positive emotions have the potential to transform groups of people.

In line with this theory, as a positive affective state, fostering thriving among employees of SACMGP might serve to broaden employee’s thought-action repertoire, and build resources that have a longer duration than the positive emotional consequence of thriving itself, which in turn might foster further thriving and collective thriving, fueling, building and sustaining thriving and associated positive consequences over the long term for members of SACMGP.

Summary. Thriving at work has been associated with a number of positive outcomes relevant to the current challenges within SACMGP (employee health and wellbeing, work performance, innovative behaviors and adaptive capacity), and is the theoretic framework that shaped the current inquiry. Employee thriving at work has been conceptualized as a state, comprised of vitality and learning dimensions. Individuals who exhibit agentic work behaviors (task focus, exploration and heedful interrelating) are said to have a greater likelihood of experiencing thriving at work. Moreover, thriving creates individual resources (knowledge, positive meaning, positive affective and relational), and these resources, as well as the state of thriving, feedback to foster further agentic behaviors, sustaining the thriving state. This framework served as a basis for analyzing and understanding the experiences and aspirations shared by this study’s participants. The potential for these individual behaviors and resources to be extended to the work unit will be explored next.

Collective Thriving

Most literature on thriving at work has focused on employee-specific behaviors and resources; that is, the thriving person (Jenkins, 2010). Although collective thriving was
conceptualized (Spreitzer & Sutcliffe, 2007) shortly after the original model was published (Spreitzer et al., 2005), subsequent research on collective thriving has been limited to a few publications (for example, Jenkins, 2010; Keister, 2014; Walumbwa et al., 2017). This second section of Chapter Two will showcase collective thriving, which may hold particular relevance for SACMGP’s current context given the team-based approach to care that characterizes their program, as described in Chapter One.

Collective thriving is said to occur in groups where individuals are experiencing a sense of learning and vitality together, which is greater than the sum of individual thriving experiences; in other words, the learning and vitality experienced by high-thriving teams is made possible by the collective relations within the team (Jenkins, 2010; Keister, 2014; Spreitzer & Sutcliffe, 2007). For example, Keister (2014) found that teams which were collectively thriving described experiences where they were in relationship with one another, where knowledge was generated together through creativity and innovation, and where challenges were exciting and solvable due to complementary strengths of team members. A sense of community and high-quality relationships with colleagues and leadership characterizes high-thriving teams (Jenkins, 2010; Keister, 2014). Teams experiencing collective thriving have a culture of trust and respect, curiosity, thoughtfulness, enthusiasm, and positive energy (Keister, 2014). Members of teams experiencing collective thriving are more likely to provide assistance to one other (Walumbwa et al., 2017) and to cooperate mindfully (Keister, 2014). Moreover, the thriving states of individual members of a team are contagious, and have the ability to spread to other members of the team (Keister, 2014).
Collective thriving has the potential to enhance employee’s feelings of learning and vitality beyond that experienced by the individual thriving employee, due to the nature and quality of the relationships between team members. Identifying such examples within the stories shared by participants in the current inquiry may offer insight into issues relevant SACMGPs current challenges, such as enhancing unit performance and change agility.

**Unit performance.** Employees who are members of teams experiencing collective thriving demonstrate an emotional attachment to, identification with, and involvement in their organization (Walumbwa et al., 2017) and are more likely to feel a strong connection to the organization’s mission, vision, values, culture, and leadership (Jenkins, 2010). As a result, employees experiencing collective thriving are more likely to exert considerable effort on behalf of the organization, increasing overall team performance, including innovation, personal initiative and self-direction (Jenkins, 2010; Walumbwa et al., 2017). The affective commitment demonstrated by employees who are exhibiting collective thriving mediates unit performance (Walumbwa et al., 2017).

**Change agility.** Team thriving is a viable way to foster change agility within organizations (Keister, 2014). Individual members of high-thriving teams are learning, engaged, responsive, resilient and flexible (Jenkins, 2010; Spreitzer & Sutcliffe, 2007), and groups experiencing collective thriving are growing, developing cognitive and behavioral complexity, identifying opportunity in challenge, demonstrating persistence and innovation despite obstacles, setbacks and failures, and creating the future for themselves and their organization (Keister, 2014; Spreitzer & Sutcliffe, 2007). Work units that are experiencing collective thriving offer
COLLECTIVE THRIVING AND A DIALOGIC MINDSET

organizations greater change agility, of particular relevance in an increasingly turbulent environment (Keister, 2014; Spreitzer & Porath, 2012).

**Summary.** Team that are experiencing collective thriving are generating learning and energy from their interactions with one another, with outcomes surpassing what might be possible by individual thriving team members. At the root of high-thriving teams are high-quality relationships that offer support to members of the work unit and sustain the collective thriving state. Although collective thriving is relatively under described in the literature, it is relevant to the current inquiry as participants provide a team based model of care that is grounded in relationships. Enhanced team performance and change agility have been associated with collective thriving, positioning high-thriving teams to have favorable outcomes during times of high job demands and environmental turbulence, which may hold potential for SACMGP to address current challenges within a context of limited resources, increased demands and mounting complexity. The next section of this Chapter will review the literature pertaining to thriving during times of high demand.

**Thriving on High Demands and Environmental Turbulence**

This third section of Chapter Two will consider the literature pertaining to employee thriving at work in settings of high demands and change, with a specific focus on the essential role for high levels of vitality in these contexts. This body of literature was an area of interest in the current inquiry given that SACMGP’s current challenge, as described in Chapter One, is characterized by increasing demand and complexity, and the focus of this inquiry is exploring how to foster thriving within this environment.
Settings of high job demands and environmental turbulence have been shown to characterize worker’s thriving experiences (Bakker, van Veldhoven & Xanthopoulou, 2010; Jenkins, 2010; Kiester, 2014; Wendt, Tuckey & Prosser, 2010). Spreitzer et al., (2010) speculated that high job demands may generate thriving by creating opportunities for learning and stimulating cognitive and emotional arousal, and this assertion has been supported empirically. For example, Wendt et al. (2010) identified that workers who felt challenged, self-confident, and that their work was making a difference or connected to a bigger cause, or who had positive role models or were role models themselves, experienced thriving despite high emotional work demands. Similarly, Bakker et al. (2010) demonstrated that employees thrived on highly demanding jobs in settings where they had task autonomy, participation in decision making, skill utilization, learning opportunities, performance feedback, as well as support from colleagues and leadership.

The value of relational resources in settings of high work demands and environmental turbulence in particular has been emphasized. For example, Kiester (2014) found that high-thriving teams demonstrated agility, a positive mindset, and actually flourished in times of environmental turbulence, relying on the strength of team relationships to adapt to changing circumstances. Likewise, Jenkins (2010) demonstrated that workers’ thriving experiences were characterized by challenging projects, with success made possible by support from colleagues and leadership, and an innovative company culture. These studies highlight the role of enabling conditions and resources during times of challenge and demand to sufficiently foster employee thriving at work.
High job demands can generate productivity, performance and efficiencies, or can be debilitating and overwhelming (Walinga & Rowe, 2013). Indeed, the potential for burnout among genetic service providers has been underscored in the literature (for example, Allsbrook et al., 2016; Bernhardt et al., 2009; Dexter, Shannon, Wangh & Rintell, 2003; Johnstone et al., 2016; Lee, Veach, MacFarlane & LeRoy, 2015; Martiniuc, 2016). The role for vitality in settings of high demands appears to be particularly relevant, as too many job demands may deplete energy and cause overload, leading to decreased performance, health, and capacity for creative problem solving, as well as an increased tendency to make mistakes (Spreitzer et al., 2010; Spreitzer & Porath, 2014; Spreitzer et al., 2012). For example, Prem, Ohly, Kubicek and Korunka (2016) considered the effects of time pressure; that is, “the extent to which employees feel that they need to work at a pace faster than usual or have insufficient time to finish their work tasks” (p. 110) and learning demands; that is, the requirement of “employees to acquire knowledge and skills that are necessary to perform their jobs effectively” (p. 110), on thriving, and showed that these challenges promoted learning, however did not increase vitality, even in the presence of positive meaning resources, and therefore did not lead to a thriving state.

Niessen, Mäder, Stride and Jimmieson, (2017) provided additional insight into the role for vitality is settings of high demands, finding that a challenging leadership style promoted learning and vitality in employees with energetic resources; however, led to decreased thriving in employees with low energy and emotional resources. In the emotionally exhausted employee, challenge and pressure may lead to overload and fatigue (Niessen et al., 2017), highlighting the critical role that vitality has for thriving in demanding settings.
This body of literature suggests that feelings of vitality among SACMGP employee would be relevant to their sense of thriving within their current context. Spreitzer et al. (2012) recommended that workers be mindful of energy levels, especially during times of learning, and diligent about adjusting behavior to recover and restore vitality. Employee attunement to their sense of thriving and self-adaptation, discussed next, may offer an approach to regulating vitality levels within SACMGP towards maintaining a thriving state.

Attunement and adaptation. Thriving is said to offer employees and teams an affective state that they can tune into to gauge and regulate growth, development, wellbeing, and progress, adjusting to changing work conditions in ways that promote vitality and learning (Carmeli & Spreitzer, 2009; Keister, 2014; Paterson et al., 2014; Porath et al., 2012; Spreitzer & Porath, 2014; Spreitzer & Sutcliffe, 2007). These authors have suggested that employees and teams who are attuned to the emotional and sensory cues of thriving can self-adapt their context and behaviors to permit more thriving.

A person’s sense of thriving was theorized to both influence and be influenced by their environment (Spreitzer et al., 2010), and thriving employees will actively shape and influence their context based on their energy and learning needs, creating work environments that enable more thriving (Spreitzer et al., 2012; Spreitzer et al., 2005). One strategy is referred to as job crafting (Spreitzer et al., 2010; Spreitzer & Porath, 2012; Spreitzer et al., 2012), where employees make small and large changes in the ways they do their work so that their work is more in line with their needs for learning and vitality. Examples include changing task-related boundaries and mindsets, modifying job responsibilities, and changing the quality and amount of interaction with others while working (Spreitzer & Porath, 2014). By self-regulating their
thriving, workers can shape work environments that sustain and promote their thriving over time (Spreitzer et al., 2012).

The literature offers several strategies employees can take to recover vitality, which may have relevance to individual employees within SACMGP depending on their particular needs and contexts. Some strategies that have been proposed include engaging in relaxing activities outside of work, taking regular breaks that clear the mind and get the body moving during the work day, scheduling daily activities to balance resource requirements and avoid vitality depletion, spending time with friends, spending time in nature, engaging in moderate exercise, maintaining healthy sleep and eating habits, staying hydrated, and engaging in fun activities, among others (Gerbasi et al., 2015; Spreitzer et al., 2010; Spreitzer et al., 2012). The current inquiry evaluated the data collected from participants for evidence that these strategies may promote SACMGP employee thriving experiences or aspirations for a thriving future, as recognizing and attending to somatic factors that influence vitality may offer SACMGP employees opportunities to restore energy depleted during challenging work days.

Ryan and Deci (2008) explained that vitality is influenced by both somatic factors, as well as psychological factors, such as exerting self-control, suppressing thoughts or feeling, and resisting urges and temptations. The self-determination theory offers insight into psychological factors influencing vitality, and served as a lens in evaluating the root causes of inquiry participants’ thriving experiences, as well as organizational enablers in their aspirations for the future.

**Self-determination theory.** At the core of the socially embedded model of thriving at work (Spreitzer et al., 2005) is self-determination theory (SDT), which purports that every
person is has the intrinsic need for autonomy (i.e., feeling volitional), competence (i.e., feeling capable), and relatedness (i.e., feeling connected) (Ryan & Deci, 2000; Spreitzer & Porath, 2014). Activities which satisfy these psychological needs maintain and enhances vitality (Ryan & Deci, 2008), and each dimension has been linked to employee thriving (Spreitzer & Porath, 2014; Wallace et al., 2016). Feelings of autonomy, competence and relatedness were evaluated within the stories and dreams of study participants to evaluate if these intrinsic needs might have relevance to thriving within SACMGP, especially in demanding situations.

**Autonomy.** Autonomy is defined as "the self-endorsement of one's actions, or the extent to which one feels a sense of choice concerning one's own behaviors" (Ryan & Deci, 2008, p. 707). Of the three SDT psychological needs, autonomy is the most strongly associated with increased vitality (Spreitzer & Porath, 2014). Performing work requires self-regulation, and, according to SDT, work that is extrinsically compelled, imposed and controlled is energy depleting, whereas work that is intrinsically motivated and within the choice, volition and autonomous control of the individual requires less inhibition, creates less conflict, and thus is vitalizing (Springer & Porath, 2014).

**Competence.** Competence is described as "a sense of efficacy in dealing with the environment and making effective use of surrounding resources" (Spreitzer & Porath, 2014, p. 252), and feelings of competence have been linked to improved vitality (Spreitzer & Porath, 2014). Spreitzer and Porath (2014) specifically highlight the potential impact that environmental turbulence may have for employees’ feelings of competence, by creating uncertainty and reducing feelings of efficacy. Moreover, Wallace et al. (2016) showed that employees who have
opportunities to enhance feelings of effectiveness at work by updating knowledge and skills and developing their competencies experienced more thriving at work.

Relatedness. Relatedness has been referred to as "feeling connected to others and having a sense of belongingness" (Spreitzer & Porath, 2014, p. 252). Relatedness is associated with vitality as having a network of relationships, feeling connected to others, and having meaningful interactions increases vigor, energy, and enthusiasm for work (Niessen et al., 2012; Spreitzer & Porath, 2014). High-thriving teams have the strength of team relations to support and sustain them in times of environmental turbulence (Keister, 2014). Conversely, some relationships are de-energizing, and Gerbasi et al. (2015) suggest that de-energizing interactions should be limited or else buffered by energizing relations.

Summary. When sufficient enablers and resources, in particular, relational resources, are available, employees identify situations of high demands and environmental turbulence as contexts where they experience thriving at work. In challenging and changing contexts, employee and team attunement to vitality levels, and adaptation of behavior and work context to promote vitality, is critical to maintaining ongoing thriving. Enhancing employee's feelings of choice and volition, supporting them to feel competent and effective in their role, and fostering a sense of community and belonging within work units may enhance employee vitality during times of high learning demands, supporting ongoing thriving at work. Recognizing the potential role for employee vitality in supporting the thriving state within SACMGP’s current context framed strategies for how the team unit and leadership might foster ongoing thriving within the program.
Organizational Enablers of Thriving

Spreitzer et al. (2005) proposed a socially embedded model, rooting thriving in the dynamic social interactions that occur at work. Work contexts influence the likelihood that employees will exhibit agentic work behaviors, and a central premise of this model is that “when individuals are situated in particular work contexts, they are more likely to thrive” (Spreitzer et al., 2005, p. 539). “The organizational system can be a powerful force in fueling or depleting thriving” (Spreitzer et al., 2012, p. 158), and a number of organizational enablers pertaining to team environment and leadership have been demonstrated. This last section of Chapter Two will consider how organizational contexts have been shown to enable employee thriving at work, through proximal team and leadership attitudes and behaviors.

Team enablers of thriving. In their original model of thriving at work, Spreitzer et al. (2005) proposed three unit contextual features that would fuel individual agentic behaviors: decision making discretion, broad information sharing, and a climate of trust and respect. Since then, the list has been refined and re-conceptualized (Spreitzer & Porath, 2012; Spreitzer & Porath, 2014; Spreitzer et al., 2012). In this section the original three unit contextual features are discussed, along with empiric evidence, as well as a fourth team-level enabler: a culture of connectivity and diversity. In each, self-determination is the key mechanism (Ryan & Deci, 2000).

Decision making discretion. Decision making discretion refers to the authority individuals have to make decisions that directly affect their work (Spreitzer & Porath, 2012; Spreitzer et al., 2012; Spreitzer et al., 2005). Decision making discretion enables employee thriving at work by providing opportunities for learning, including from mistakes, and bolstering
energy by empowering people with a sense of autonomy, control, and choice (Spreitzer et al., 2012). Autonomy in completing work, and a heightened sense of self-determination, volition and freedom from organizational constraints and pressure are important enablers of employee thriving at work (Liu & Bern-Klug, 2013, Wallace et al., 2016).

**Broad information sharing.** Broad information sharing refers to communicating information about the performance and strategies of a work unit to individual employees (Spreitzer et al., 2012; Spreitzer et al., 2005). Broad information sharing supports learning about how work has a meaningful impact and fits within the larger organization, and builds energy and excitement as employees uncover problems, make decisions, innovate solutions and contribute effectively (Spreitzer & Porath, 2012; Spreitzer et al., 2012). Access to the informational resources needed to undertake work successfully, as well as the opportunity to share information, are enablers of thriving at work (Wallace et al., 2016).

**Climate of trust and respect.** A climate of trust and respect refers to feelings of confidence, appreciation, and a willingness to be vulnerable between colleagues (Carmeli & Spreitzer, 2009; Koçak, 2016; Spreitzer et al., 2005). Trust and respect increases vitality to engage, participate and contribute, and enables learning by supporting and encouraging innovation and risk taking (Carmeli & Spreitzer, 2009; Koçak, 2016; Spreitzer et al., 2012). Being treated with trust and respect by colleagues and leadership augments relational connections at work and is among the most important enablers of thriving (Carmeli & Spreitzer, 2009; Koçak, 2016; Liu & Bern-Klug, 2013).

**Culture of connectivity and diversity.** A culture of connectivity and diversity refers to encouraging relationships that are open and generative, characterized by inclusiveness, dialogue,
and the perspective that variety enhances an organization (Carmeli & Spreitzer, 2009; Spreitzer et al., 2012). Connectivity and diversity facilitates thriving by enabling learning from dynamic and varied interactions, and fosters vitality by encouraging employees to be their authentic selves and by supporting deep relational connections (Carmeli & Spreitzer, 2009; Spreitzer et al., 2012). Indeed, collaboration between workers from diverse backgrounds (disciplines, organizations, or ethnicities) is among the strongest predictor of thriving (Spreitzer et al., 2012).

**Leadership enablers of thriving.** Although leadership enablers of thriving were not explicitly articulated in the original model of thriving at work proposed by Spreitzer et al. (2005), various leadership strategies for fostering thriving employees and thriving teams have been offered in the literature, such as providing a safe and supportive climate, minimizing incivility, offering performance feedback, enhancing employee involvement and autonomy, clarifying role ambiguity, building individual awareness of the state of thriving, adjusting work contexts to optimize thriving, and being a role model. This chapter will close by offering a number of leadership strategies towards enabling employee thriving at work.

**Provide a safe and supportive climate.** A safe and supportive climate promotes employee thriving (Abid et al., 2015; Abid et al., 2016; Jenkins, 2010; Paterson et al., 2014; Walinga & Rowe, 2013; Walumbwa et al., 2017). Leaders provide a safe and supportive climate when they demonstrate they care, value contributions, display listening, empathy and respect, build confidence, encourage development, and support exploration (Abid et al., 2015; Paterson et al., 2014; Spreitzer et al., 2010; Walumbwa et al., 2017). A safe and supportive climate conserves energy and fosters learning as workers are not preoccupied by negative emotions (Spreitzer et al., 2010).
**Foster civility and belongingness.** Workplace incivility refers to rude and discourteous behavior at work that demonstrates a lack of regard for others in violation of workplace norms, and undermines collaboration, trust and respect (Gkorezis, Kalampouka & Petridou, 2013; Spreitzer et al., 2012). Employees who experience incivility may avoid risk-taking, thereby limiting learning opportunities, and may expend energy avoiding offending team members (Spreitzer & Porath, 2012; Spreitzer et al., 2012). Social belongingness mitigates the detrimental consequences of incivility, and by supporting a sense of community, belonging and relatedness, leaders can minimize incivility and enable employee thriving (Gkorezis et al., 2013; Spreitzer & Porath, 2014).

**Offer performance feedback.** Performance feedback provides information to employees about their work conduct, progress, accomplishments, and expectations (Spreitzer & Porath, 2012; Spreitzer et al., 2012). Performance feedback enhances employees’ sense of vitality by fostering engagement and proficiency, and directing energy away from uncertainty towards work-related activities, goals, and priorities (Spreitzer & Porath, 2012; Spreitzer & Porath, 2014; Spreitzer et al., 2012; Walumbwa et al., 2017), and creates opportunities for new learning by developing new skills and improving competence (Spreitzer et al., 2010). Indeed, Walumbwa et al. (2017) demonstrated that leaders who provide feedback and nurture employee potential foster collective thriving.

**Enhance employee involvement and autonomy.** Enhancing employee involvement and autonomy may be one of the most powerful strategies promoting thriving at work (Spreitzer & Porath, 2014; Wallace et al., 2016). Heightened autonomy and encouraging employees to take part in decision making has been shown to promote employee vitality and learning, and enhance
trust between leaders and employees (Li et al., 2016; Wallace et al., 2016). These authors have suggested that leaders might establish norms of autonomy in the workplace by extending authority, information and acknowledgement to employees, empowering them with the freedom to make decisions and contribute to decision making.

**Clarify role ambiguity.** Role ambiguity refers to employees’ feelings of uncertainty regarding other’s expectations (Spreitzer et al., 2010). Role clarity has been identified as an important factor contributing to thriving as determining role responsibility requires cognitive energy, and unclear roles lead employees to feel underappreciated and undervalued, and heighten feelings of uncertainty and self-consciousness, depleting vitality (Liu & Bern-Klug, 2013; Spreitzer et al., 2010). Also, a lack of role clarity limits employee utilizations of skills, decreasing learning (Liu & Bern-Klug, 2013). Spreitzer et al. (2010) suggested that leaders who clarify roles, responsibilities, boundaries and accountabilities enable employee thriving at work.

**Build individual awareness of the state of thriving.** Kiester (2014) suggested that building an awareness of the state of thriving is essential to foster individual and collective thriving. Individuals who recognize thriving experiences can choose those behaviors that contributed to thriving more often in the future. Leaders can support an awareness of the thriving state by educating employees about what thriving looks and feels like, encouraging self-reflection about past and present moments of thriving to identify associated behaviors, and discussing the power of choice that individuals can use in future contexts to regulate their own experience of thriving (Kiester, 2014).

**Adjust work contexts to optimize thriving.** Leaders who evaluate employee levels of vitality and learning can adjust job assignments, workloads, or training to enhance thriving when
ether dimension is low (Paterson et al., 2014; Walumbwa et al., 2017). In particular, leaders can regulate job demands that are over-stimulating, overwhelming, and limit employees’ capacity to develop competencies, as these deplete vitality (Spreitzer et al., 2010). Employees have different needs and priorities, and leaders should empower employees to shape, influence and provide input into the development of their work context to optimize their own conditions for workplace thriving (Spreitzer et al., 2010).

**Be a role model.** Having positive role models and thriving leaders spreads positive emotions in groups, and enables employee thriving at work (Keister, 2014; Porath et al., 2012; Spreitzer et al., 2010; Spreitzer & Porath, 2014; Wendt et al., 2010). Employees emulate the behaviors demonstrated by their leaders and see them as role models for how work can be done (Spreitzer et al., 2010; Spreitzer et al., 2012). If leaders lack energy and enthusiasm for their day-to-day work, and are not demonstrating innovative behaviors, it will be difficult for their employees to feel comfortable doing so (Spreitzer et al., 2010).

**Summary.** The proximal work environment including team culture and climate, as well as leadership attitudes and behaviors, can have a powerful role in enabling individual employees to exhibit agentic work behaviors that promote a sense of thriving at work. Strategies that are rooted in supporting employees’ feelings of autonomy, competence and relatedness at work have been shown to both enable a sense of learning and vitality. By supporting cultures where employees feel appreciated, valued and effective, and where a balance of learning and vitality are prioritized, teams, leaders, and organizations have the potential to enable thriving employees, work-units and workforces. In the current inquiry, these contextual factors were considered as potential root causes of thriving in participants’ past experiences, as well as key organizational
elements in participants’ future aspirations, and were foundational to the recommendations that emerged from this inquiry, as described in Chapter Five.

**Conclusion**

The socially embedded model of thriving at work was described just over a decade ago and provided a framework for a number of theoretic and empiric publications, which have been summarized in Figure 2. Thriving at work is comprised of an affective dimension, vitality, and a cognitive dimension, learning. Thriving is a state rather than a trait, and every employee has the potential to experience thriving at work.

*Figure 2.* Summary of literature regarding employee thriving at work. Thriving is visualized as a gauge, influenced by feelings of learning and vitality, where an imbalance in either can cause a shift in state towards stagnation or burnout. Organizational contexts enable agentic work behaviors, which antecede thriving. Agentic work behaviors produce both thriving and resources, which both feedback to produce more thriving. High vitality is fostered by self-determination. Demands and change can promote learning. Thriving produces a number of positive outcomes. Employees and teams may benefit from attunement to the state of thriving and self-adaptation. See body of document for further details.
Thriving at work has been shown to promote a number of positive outcomes for employees, teams and organizations including fostering health and well-being, sustaining employee job performance and supporting the capacity of work units to innovate and adapt when faced with a changing environment. Thriving employees are committed to their own growth and career development, and feel connected to their colleagues and their organization. Inquiring into how thriving is experienced within SACMGP offers an opportunity to identify the current strengths that characterize SACMGP’s experiences of thriving, towards supporting ongoing thriving in the future.

Employees can generate a thriving state by being focused on their work and accomplishing their responsibilities, by exploring new ways of working, and by conscientiously and mindfully interacting with colleagues. When employees choose to exhibit these behaviors, they create feelings of learning and vitality, leading to a sense of thriving. Agentic work behaviors also produce dynamic resources including knowledge of how the work gets done, a sense of purpose and significance, positive feelings, and high-quality relationships. These resources, as well as the sense of thriving itself, both feedback to fuel further thriving, contributing to ongoing thriving sustainability. This positive feedback loop can be explained by the broaden-and-build theory of positive emotion which explains that positive emotions broaden one’s thought-action repertoire, and builds resources. The prospect that thriving might be generated by individual behaviors may offer a new way for SACMGP employees to perceive their current context, and dimensions where they may have an influence.

Although the majority of thriving research has focused on the thriving person, the potential for collective thriving on teams offers an opportunity for the positive effects of thriving
to be amplified as the achievements of high-thriving teams surpass those of the individual. High quality relationships are particularly relevant in settings of high demand and environmental turbulence, as is employee and team attunement and adaptation to the state of thriving to support feelings of vitality and prevent employee burnout. This may be particularly relevant to SACMGP’s team atmosphere.

Teams and leaders that support worker’s feelings of choice and control, feelings of efficacy and competence and feelings of belonging and connection enable employees’ sense of thriving at work. It behooves organizations such as SACMGP to prioritize employee learning and vitality towards supporting positive outcomes, not only for the benefit of the work unit and organization, but for the sake of employees as well.
Chapter Three: Methodology

Chapter One has provided an overview of the current organizational context within the Southern Alberta Clinical and Metabolic Genetics Program (SACMGP), and Chapter Two has introduced the theoretic framework of thriving at work. Together, these two chapters provided contextual and academic justification for the current study. Chapter Three will describe the methodology that was employed to explore how a dialogic mindset might foster thriving within the SACMGP, and answer the inquiry sub questions:

1. How have SACMGP employees experienced thriving at work?
2. What do employees see when they imagine a thriving SACMGP?
3. What existing qualities of SACMGP support employee thriving at work?
4. What new qualities might emerge within SACMGP to support employee thriving at work?
5. What actions might SACMGP take to promote employee thriving at work?

Methodology

Action research (AR) is a process of collaborative co-inquiry that integrates theory and action to investigate everyday issues together with those who experience them, with a goal to increase understanding of systemic issues, improve effectiveness and efficiency, and enhance the well-being of system partners (Coghlan & Brannick, 2014; Stringer, 2014). Coghlan and Brannick (2014) briefly touch on an AR pre-step that involves building collaborative relationships with system partners to understand why AR is needed, and the desired future state. In articulating an Action Research Engagement (ARE) model, Rowe et al., (2013) elaborated on how to collaboratively discover the need, direction and strategies for change, towards enhancing
meaningfulness, motivation, and commitment in the development of an organizational change action plan. The current project employed the ARE model to build this foundation for engagement and organizational readiness within SACMGP.

This project's ARE methodology incorporated an "appreciative stance" (Agger-Gupta & Perodeau, 2016, p. 242), which was developed from the process of appreciative inquiry (AI). AI is based on the premise that every organization has something that works well, and inquiry into the positive core of the organization can be the starting point for creating positive change (Cooperrider & Whitney, 2005; Cooperrider, Whitney & Stavros, 2008). ARE with an appreciative stance fit the organizational context and goals of this inquiry project to collaboratively discover new ways for SACMGP employees to thrive. As discussed in Chapter Two, the socially embedded model of thriving at work (Spreitzer et al., 2005) has roots in the broaden-and-build theory of positive emotions (Fredrickson, 2004), which maintains that positive emotions expand individual’s mindsets and thought-action repertoire, leading to increased creativity, novel ideas and new social bonds. Similarly, AI has five foundational principles, including the “positive principle” (Cooperrider et al., 2008, p. 9), which maintains that momentum for change requires large amounts of positive affect and social bonding. AI is based on the premise that human systems within organizations move in the direction of what they study, and therefore, studying the best of organizations brings out the best in the organization (Cooperrider et al., 2008). By appreciatively studying SACMGP’s best examples of thriving, this inquiry project aimed to create conditions that nudged the program in the direction of participant’s highest aspirations.
A multimethod approach was employed toward "trying to understand all available perspectives and their contexts" (Glense, 2016, p.45). The methodology consisted of three parallel large group methods. This study sought to understand how SACMGP employees experience thriving, towards enhancing thriving throughout the system. This goal relied on fostering dialogue between participants to uncover their varied and multifaceted views, and providing an opportunity for participants to construct meaning of their perspectives and experiences together (Creswell, 2007; Creswell, 2014). Furthermore, accessing internal system partners' social constructions of this issue aimed to reveal underlying cultural patterns of thought and behaviors for SACMGP (Glense, 2016). This complex research question required a detailed exploration of the perspectives of SACMGP employees, as well as the opportunity to create meaning through social interactions, necessitating a qualitative research design.

The approach included three parallel group methods differentiated by peer-groups to mitigate potential power-over issues. A series of liberating structures (Lipmanowicz & McCandless, 2013), were used at each stage of the ARE model. Liberating structures seek to fully engage all members of a group in contributing ideas, discussing options and shaping next steps, distributing the control of content and permitting participants to influence direction together as action unfolds. The ARE model seeks to engage with relevant system partners to collaboratively explore a key issue of common interest, and liberating structures offered an approach to engage with a large group of SACMGP participants to dialogue, learn, and reflect on the issue of interest together.

Finally, the methodology aimed to maintain a dialogic organizational development mindset (Bushe & Marshak, 2015). Dialogic OD is an inquiry based change process that aims to
support groups and teams meet adaptive challenges and complex contexts (Bushe & Marshak, 2015; Heitfez, Grashow & Linsky, 2009; Snowden & Boone, 2007). Bushe and Marshak (2015) suggest that organizations are conversations, and producing transformational change in an organization requires changing conversations in a way that change the prevailing stories and images that shape how people understand their contexts, that allow people to see old situations from new perspectives, and that disrupt the status quo sufficiently to allow more complex ways of organizing to emerge.

AI is an example of a dialogic OD method, and liberating structures are methods that draw from dialogic practices (Bushe & Marshak, 2015). This study's methodology aimed to support emergence by using liberating structures and an appreciative stance to create a container for dialogue (welcoming, possibility-oriented, involving all interested SACMGP employees), offer an opportunity for individual expression and connection, and foster collective reflection towards discovering patterns, meaning and coherence. By focusing on participants' best examples of thriving at work, this methodology aimed to intervene on a prevailing narrative which, as described in Chapter One, may characterize SACMGP as a clinical service that is unable to effectively fulfill clinical mandates given increased complexity and demand in the face of limited resources. Finally, by employing generative images, such as thriving, as well as others discussed in Chapter Five, this methodology aimed to touch participant's hearts and provide new ways of seeing reality.

Additional detail regarding the method is presented in the Data Collection Methods and Study Conduct sections below.
Project Participants

A total of 51 SACMGP employees were invited to participate in one of three methods, distinguished by peer group. Any invited employee who was interested in participating was eligible. A total of 37 employees expressed an interest in participating, and 27 ultimately did participate in one method (53% participant rate). Inclusion and exclusion criteria varied slightly by peer group, as described below.

**Peer group 1: Nursing and allied health care professionals.** 24 nursing and allied health care professionals (15 genetic counsellors, six nurses, two dieticians, and one pharmacist) were invited to participate in Method 1. 17 expressed an interest in participating, and nine were available to participate on the day that the method was scheduled (38% participant rate). All nurses and allied health care professionals with any assigned full-time equivalent to SACMGP were eligible to participate. At the time of the methods, 16 potential participants from this peer group worked predominately or exclusively out of the ACH. One worked half time at the ACH and half time at the Royal Alexandra Hospital in Edmonton. The remaining seven worked off-site, including elsewhere in Calgary and elsewhere in Southern Alberta (Lethbridge, Medicine Hat, Red Deer), and two were on maternity leave.

**Peer group 2: Administrative professionals.** 15 administrative professionals (12 administrative support, one health information management professional, and two medical transcriptionists) were invited to participate in Method 2. 10 expressed an interest in participating, and 9 were available to participate on the day the method was scheduled (60% participant rate). Any administrative professional who reported to the Sponsor was eligible to participate. At the time of the methods, 11 potential participants from this peer group worked
predominately or exclusively out of the ACH. Three worked off-site, elsewhere in Calgary, including from home, and one was on a medical leave.

**Peer group 3: Physicians.** 12 physicians (clinical geneticists and metabolic physicians) were invited to participate in Method 3. 10 expressed an interest in participating, and 9 were available to participate on the day the method was scheduled (75% participant rate). Any medical staff appointed to SACMGP was eligible to participate. At the time of the methods, nine potential participants from this peer group worked predominately or exclusively out of the ACH. Two were semi-retired and one worked predominately out of the University of Alberta Hospital in Edmonton.

Five trainees (medical genetic residents) were excluded from peer group Method 3 given potential power-over issues. A fourth peer group for medical genetic residents was considered and rejected given time limitations of the study. Likewise, a peer group method for SACMGP volunteers was considered and rejected given time limitations. Also excluded from participation were SACMGP's patient care manager, Ms. Ruth Kohut, given that she is the Sponsor for this inquiry project, and Department Head and Clinical Director, Dr. Francois Bernier, as Co-Sponsor for this inquiry. Ms. Kohut and Dr. Bernier are jointly in a position to authorize the implementation of the recommendations that arose from this inquiry.

Inviting all SACMGP employees to participate in this ARE project aligned with the “assumption that all people who affect or are affected by the issue investigated should be included in the process of inquiry” (Stringer, 2014, p. 6). Employing group methods aligned with the "wholeness principle" (Whitney & Trosten-Bloom, 2010) of AI, which maintains that engaging the entire system in the process of inquiry creates a setting that enhances creativity and
resilience, fosters trust and respect, and renews relationships and community (Cooperrider & Whitney, 2005). Inviting employees to participate in a method along with other members of their peer groups aimed to circumvent potential power-over issues.

Three RRU classmates who are also AHS employees were members of my inquiry team. Each assisted me in co-facilitating one method, and participated in a Core Group meeting along with my Sponsor, Co-Sponsor and six volunteer representatives from each method, as described in Chapter Five. Inquiry Team duties are further described in the Inquiry Team Member Letter of Agreement (see Appendix C).

**Data Collection Methods**

The five stages of the ARE model (see Appendix D) can be aligned the 5-D cycle of the AI process (Agger-Gupta & Perodeau, 2016). For this study I applied an appreciative stance to the ARE model, with a slightly modified alignment to that offered by Agger-Gupta and Perodeau (2016) (see Appendix E). Step one of the ARE model (Focus and Framing) was discussed in Chapter One. Steps three, four and five are detailed in Chapter Five. Step two, System Partner Engaged Inquiry Methods, (Rowe et al., 2013), comprised my data collection methods. I aligned this method with the approaches of the discover and dream phases of AI (Cooperrider et al., 2008; Ludema, Whitney, Mohr & Griffin, 2003).

I framed this ARE project (Rowe et al., 2013) by "choosing the positive as the focus of inquiry" (Watkins, Mohr & Kelly, 2011, p. 111), and offer a generative image (that of a thriving service) as the focus for the inquiry (Barrett & Cooperrider, 1990; Bushe, 2013). For each group method, a sequence of three liberating structures were employed: impromptu networking, appreciative interviews, and 1-2-4-All (Lipmanowicz & McCandless, 2013). The questions
employed for each method are described in the Study Conduct section of this chapter and can be found in Appendix E. Liberating structures were employed as they are based on theories of complexity science and emergence, and "have a basis for action" (Kimball, 2011, p. 8). They permitted SACMGP internal system partners to collaboratively discover stories of SACMGP at its best, leverage the collective wisdom of the group, build energy and ownership from the beginning of the project, and co-generate images of the future (Bushe, 2013; Cooperrider & Whitney, 2005; Watkins, Mohr & Kelly, 2011; Weisbord, 2012).

Each data collection method began with a 15 minute impromptu networking activity (Lipmanowicz & McCandless, 2013). This process was selected to begin each peer group method as a strategy to initiate participation immediately from everyone, establish a productive pattern of engagement, help shy participants “warm up”, build connections between participants who may have been less familiar with one another, give participants some exposure to a liberating structure before launching into the formal data collection methods, encourage a learning mindset, and generate some energy for the rest of the time together. By creating a welcoming, positive, possibility oriented setting for productive conversations that involved all interested employees, this method aimed to promote new conversations, new relationships, and set the stage for new ideas to emerge (Bushe & Marshak, 2015).

The second liberating structure employed was a 45 minute appreciative interviews method (Lipmanowicz & McCandless, 2013), aimed to address the “discover” phase of AI (Cooperrider et al., 2008; Ludema et al., 2003). This process was selected to promote participant learning and enthusiasm around stories of times when SACMGP was at its best, and to analyze the forces, factors and root causes of success, offering participants social proof of local solutions
and success patterns (Lipmanowicz & McCandless, 2013). This process was supported with an interview guide (Cooperrider et al., 2008; Ludema et al., 2003) (see page 4 of Appendix F), and sought to create new and exciting storylines and narratives about how SACMGP is thriving despite demands and turbulence (Bushe & Marshak, 2015; Lipmanowicz & McCandless, 2013). Dialoging about thriving at work aimed to offer a new and different narrative of how employees with SACMGP think and talk about how work gets done and how challenges are overcome.

The final liberating structure employed was a 45 minute 1-2-4-All method (Lipmanowicz & McCandless, 2013), aimed to address the “dream” phase of AI (Cooperrider et al., 2008; Ludema et al., 2003). This process was selected to promote participant learning and enthusiasm around what might be possible for a future thriving SACMGP, building a shared understanding of how participants characterize thriving, and leverage the collective creativity and insight of the group to generate novel ideas and suggestions (Lipmanowicz & McCandless, 2013). This process was supported with an interview guide (Cooperrider et al., 2008; Ludema et al., 2003) (see page 10 of Appendix F), and sought to generate new and compelling ways of seeing thriving within SACMGP to foster new ways of thinking and acting (Bushe & Marshak, 2015).

The concept of thriving at work itself may have offered participants a generative image in that by asking employees to consider a thriving future, new ways of thinking and talking about SACMGP were created.

The data generated from these three peers group methods informed reflection on action (Rowe et al., 2013), which engaged a sub-groups of system partners (Barrett & Fry, 2008, Cooperrider et al., 2008) towards collectively designing and evaluating the best strategies to move forward. Finally, the whole system was invited to come together once more for a so called
“Make-It-Happen” meeting (Agger-Gupta & Perodeau, 2016) to evaluate action and engage forward.

**Study Conduct**

This project received RRU Research Ethics Board approval and AHS operational approval. Once conference rooms at the ACH were secured, each potential participant was e-mailed a study invitation (Appendix G) and information letter (Appendix H) by the Sponsor’s administrative assistant, as per AHS operational approval. Potential participants were asked to contact me with questions, and to indicate their interest. A poster was also placed at the nutrition station of SACMGP’s clinic at the ACH (Appendix I). Upon expressing an interest, participants received a consent form (Appendix J), and signed consent was obtained from all participants prior to the commencing the relevant method. Potential participants who were unavailable for the group method were offered the option to participate in one-on-one interviews, which were ultimately not performed given time limitations. Potential participants were thanked for their interest and provided an explanation for why interviews would not be performed by e-mail (Appendix K).

Method 1 and 2 took place in conference rooms with telehealth equipment to permit easy audiorecording. A telehealth room was not available for method 3, and audio was recorded on my and my co-facilitator’s mobile phones. Participant notebooks were developed, providing interview templates and space for note-taking, (Appendix F). PowerPoint slides were also developed to guide the methods. Healthy refreshments were provided. Flipchart paper, markers and pens were supplied by myself and/or SACMGP. Each method was designed to be identical, although slight adjustments were made given learning from preceding method(s), as well as
differences in group dynamics. Each method was adapted from the ARE cycle (Rowe et al., 2013) to incorporate the philosophies of AI (Cooperrider et al., 2008; Ludema et al., 2003), and approaches of liberating structures (Lipmanowicz & McCandless, 2013). My attempt to pilot my research questions with my inquiry team was unsuccessful due to scheduling difficulties.

Each method commenced with a welcome, method overview, and review of consent. Participants were oriented to the notebook and directed to the relevant sections at each stage of the method. A tingsha bell signaled transitions between each activity phase.

The first activity was impromptu networking (Lipmanowicz & McCandless, 2013). Participants reflected silently on two questions:

1. Why did you volunteer to participate in this gathering today?
2. What do you hope to learn from and offer to others today?

Next, participants formed "improbable pairs" (Whitney, Trosten-Bloom & Rader, 2010, p. 108), including the co-facilitator given the odd number of participants. For two minutes, one member of each pair shared their reflections while the other member listened. After two minutes, members switched roles. This process was repeated twice more, with new sets of partners, and more rapid timeframes (three and then two minutes total). Then, the group came together and collectively shared.

The second and third activity followed a similar format, adapted from the discover and dream phases of AI, respectively (Cooperrider et al., 2008; Ludema et al., 2003). Appreciative interviews and 1-2-4-All were employed (Lipmanowicz & McCandless, 2013). The questions were:
1. What is your best example of thriving with Genetic Services, even if only in a modest way?

2. What would Genetic Services look like 10 years from now if it was designed in every way to thrive?

Initially, participants spent one minute in silent reflection. Participants spent the next six minutes in pairs (with one group of three) conducting interviews. Next, pairs/threesomes joined, forming two small groups, and spent five minutes collectively sharing the highlights of their interviews. An additional nine minutes was dedicated to small group dialogue about themes, patterns, unique elements, and root causes, all recorded on flipchart paper. Finally, the group came together and collectively shared. At the end of the method, audiorecordings, flipchart paper and participant notebooks were collected.

Data Analysis and Validity

My analysis of the data followed the process outlined by Taylor-Powell and Renner (2003). To gain a solid familiarity with the data I transcribed the audio recordings from each of the three large group methods myself, which required listening to them several times. I limited the transcriptions to the three instances in each method where participants shared summaries of the conversations they had had in small groups with the larger group, and the ensuing large group dialogue about themes, patterns and root causes; that is, the last phase of impromptu networking, appreciative interviewing and 1-2-4-All, as it was impossible to make out individual content from the pair and small group conversations. In three instances I followed up with participants to ensure I had understood the meaning of their comments, or to allow them to elaborate on an experience that had been referenced in the large group dialogue. I also
transcribed flipchart notes and reviewed participant notebooks to consider perspectives and responses that may not have been captured in the large group dialogue. I also considered my own notes and that of my co-facilitators regarding our subjective experiences and impressions of the group dynamics.

In analyzing the data, I opted to omit the transcripts pertaining to the initial impromptu networking activity as this dialogue was intended to generate energy and build relationships between participants as opposed to answer the research question and sub-questions. Some theming of the data took place with participants as part of the group methods, and in considering the data I first reflected on what topics participants focused on in their conversations, identifying recurring experiences and ideas, as well as similarities and differences between participant responses across all three large group methods. Next, I coded the audio transcripts into themes, and then organized the themes into emergent categories and subcategories. This process revealed relationships and connections between themes, and suggested that certain themes may have been contributing to others. This lead to the identification of eight findings, each with three sub-findings, which served as the basis for reflection and further inquiry with a core group of 11 internal system partners, as outlined in Chapter Five.

Employing three independent methods enhanced the validity of the data. Validity is "the extent to which an account accurately represents the social phenomena to which it refers. . . . the degree to which the research provides a true picture of the situation and/or people being studies" (Validity, 2016). By performing aspects of the data analysis with the research participants as a component of the data collection method, followed by a core group that included study sponsors, co-facilitators and six volunteers who has been research participants, I sought to enhance the
reliability, trustworthiness and authenticity of the process. Reliability has been defined as the "the degree to which different observers or researchers . . . make the same observations or collect the same data about the same object of study" (Reliability, 2016). Glesne (2016) offered trustworthiness as a more appropriate construct for qualitative research than validity, and proposed strategies including prolonged engagement, triangulation or use of multiple methods, debriefing with peers and supervisors, member checking on data collected and on interpretations, as well as others (p. 152). Glesne (2016) also described authenticity as "extent to which participants are co-constructors of learning and benefit through the research process" (p. 54).

Finally, I recognize that as an insider action researcher (Coghlan & Brannick, 2014), I bring certain biases to this study. Utilizing the aforementioned strategies of triangulation, member checking, peer debriefing and collaborating with an external inquiry team, I sought to limit research bias and increase trustworthiness of data analysis. Finally, by incorporating reflexivity into the study; that is, reflecting about and explicitly identifying how my biases, values, personal background, culture and experiences shape my interpretations during the study (Creswell, 2014), I aimed to create an open and honest narrative that recognizes this dimension of qualitative research.

**Ethical Issues**

Three federal research agencies, the Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and the Social Sciences and Humanities Research Council of Canada, have jointly published a Tri-Council policy statement on ethical conduct for research involving humans (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2016).
This framework articulated three core principles: respect for persons, concern for welfare, and justice. These principles centered on respect for human dignity and provided key guideposts in developing the methodologies of this project.

**Respect for persons.** I endeavored to respect participant's autonomy in this inquiry project by taking steps to seek their free and informed consent. By providing study information in advance of the inquiry method, I aimed to provide ample opportunity for potential participants to deliberate possible risks, benefits, and clarify concerns, to support informed decision making. I indicated that invited participants’ decisions to participate or not would not impact our relationships, and I conducted my behavior in accordance with that assurance. By excluding individuals who have reporting relationships with potential participants, I aimed to limit controlling influence and coercion.

**Concern for welfare.** I endeavored to demonstrate concern for participant welfare by bringing participants together within their peer groups, to limit possible hierarchical influences and power-over dynamics. I employed a strengths-based positive organizational studies approach, with the intent of generating positive affect towards supporting participants' mental and spiritual health. I did not collect any overtly identifying information in an effort to maintain participant privacy and confidentiality, and have sought explicit permission from participants prior to using any direct quotes in subsequent meetings. I also addressed recording, retention and destruction of data in the information sheets and introductory comments (Appendix H).

**Justice.** I aimed to ensure that no members of SACMGP was denied the benefits of this whole system engagement by inviting all staff and physicians to participate in the data collection methods, as well as engaging with system partners in the reflection on and evaluation of action
phases of the ARE process (Rowe et al., 2013). I aimed to address potential issues of inequality by employing a whole system method that permitted participation of SACMGP employees who do not work at the ACH, as this group of employees may more often be excluded from initiatives due to their off-site location.

The ARE model (Rowe et al. 2013) provides a humanistic approach to change as it engages with those internal system partners who are directly impacted by an issue, and seeks to involve them in bringing about a meaningful resolution in the interest of their ongoing wellbeing. By employing the ARE model with an appreciative stance, and adhering to the core principles of the Tri-Council policy statement (Canadian Institutes of Health Research et al., 2014), I aimed to conduct myself as a researcher in a manner that fostered my humanistic and ethical obligations to my study participants.
Chapter Four: Inquiry Project Findings and Conclusions

This research project aimed to explore how a dialogic mindset might foster thriving within the Southern Alberta Clinical and Metabolic Genetics Program (SACMGP). The sub-questions of this inquiry included:

1. How have SACMGP employees experienced thriving at work?
2. What do employees see when they imagine a thriving SACMGP?
3. What existing qualities of SACMGP support employee thriving at work?
4. What new qualities might emerge within SACMGP to support employee thriving at work?
5. What actions might SACMGP take to promote employee thriving at work?

In this Chapter, I will describe in detail the findings of this inquiry project, present the project’s conclusions, and discuss the scope and limitations of the inquiry.

Study Findings

As described in Chapter Three, my analysis of the data followed the process outlined by Taylor-Powell and Renner (2003), which led to the emergence of one overarching finding, as well as four main findings for each topic, each with three sub-findings:

Topic 1. What is: SACMGP’s best examples of thriving.

Finding 1.1: Shared success.

Finding 1.2: Strong interpersonal relationships.

Finding 1.3: Supportive and inclusive leadership.

Finding 1.4: Staff and physicians who care.

Topic 2. What might be: The ideal thriving SACMGP.
Finding 2.1: Successful inter-professional collaboration.

Finding 2.2: Exceptional patient experience.

Finding 2.3: Optimized systemic factors.

Finding 2.4: Normalization and integration of genetics.

**Overarching Finding:** A dialogic mindset produced learning and vitality among study participants.

Although the findings and sub-findings described here have been organized into discrete categories, this was primarily to permit a concise description and inspection of the data collected in this inquiry project. It should be acknowledged that all themes presented are interrelated to varying degrees, and the organization scheme presented here is influenced by my own perspectives.

Herein I will describe each finding in detail using a combination of descriptive summaries and direct participant quotes.

**Topic 1. What is: SACMGP’s best examples of thriving.** Within each peer group stories of SACMGP’s best examples of thriving ranged from recent experiences, to experiences from over a decade ago. Some participants shared personal accounts of the same experience, whereas others shared stories and experiences that were uniquely theirs.

**Finding 1.1: Shared success.** Many thriving experiences depicted shared accomplishments. For example, participant 3.6 recounted a celebration after a trainee won an award, remembering “it felt like Calgary had just done something awesome . . . one person won but that’s not what it felt like . . . there was this feeling . . . of shared success.” Similarly, a story of a colleague’s retirement stood out for participant 3.7, as it led him to “reflect on what the
success of one individual in the organization has been, and how everybody else has contributed. . . there was one individual we were all honoring, but everybody’s a part of that.”

*Innovation, growth and learning.* Experiences that provided opportunities to innovate toward successful outcomes were valued, especially those that contributed to growth and learning. For example, participant 1.3 summarized that in her small group, participants shared “stories where people . . . felt successful . . . because we had actually done something and it had worked . . . we were growing . . . we could adapt.” Indeed, the value that participants gave to the learning that accompanies opportunities to innovate was articulated by participant 1.4 who offered that “even if you’re not successful you can learn from that, and it’s that learning and growth that’s important in that thriving environment.”

*Positive patient outcomes.* A number of stories focused on successful outcomes for patients. For example, participant 1.9’s story was "an innovative and new idea . . . [that] got patients’ results three months sooner . . . we weren’t sure if it was the right thing to do but we gave it a try." Similarly, participant 3.8 shared a successful multidisciplinary collaboration involving “a fairly complex but clear plan for post-delivery management and testing . . . everything worked.” In reflecting on common themes participant 3.1 offered that “a high degree of value was put on the outcome for patients . . . a theme of success is that patients do well.”

*Overcoming challenges through collaboration.* As participant 3.6 summarized, many stories of success were focused on “tackling a challenge in the clinic and working as a team to arrive at a solution.” For example, participant 1.1 shared her experience “dealing with this crisis situation, but as a team . . . if I had ever felt like I was alone . . . I don’t know if I could have done it.” Similarly, participant 3.8’s story of success highlighted that “things really worked
because of clear planning, organization and good communication between multiple different members of the clinic team, lab services, and even a center outside Calgary.”

**Finding 1.2: Strong interpersonal relationships.** Many thriving experiences highlighted a collaborative team dynamic, whether within SACMGP, or between members of SACMGP and external system partners. For example, participant 1.9 shared a thriving experience where “there was collaboration between our team, genetics, the gyne-oncologists, nurses and I really liked the multidisciplinary aspect.” Indeed, participant 3.6 offered that perhaps there was something intriguing about the collaborative relationships within SACMGP, commenting that “we all support each other, we’re not competitive . . . people have a drive that they want to do well . . . and somehow we’ve created this group of people . . . that ends up almost synergized.”

**Valuing diverse contributions.** Valuing all team members was emphasized. For example, participant 1.4 summarized that, in stories of thriving, team members were “feeling heard and feeling that [their] opinion was valued,” and participant 2.6 offered that individuals had the “freedom to express [themselves and didn’t] feel uncomfortable or constricted.” Similarly, 1.7 spoke of an experience where “our colleagues and multidisciplinary team valued everyone in that everyone came with something.” Likewise, participant 1.4 offered that “in a situation where you were sharing expertise with other people . . . you had something to bring and the other person brought something, and . . . together was better.”

**Trust, respect, and appreciation.** In exploring the root cause of thriving in participants’ stories, an underlying climate of “trust” (participant 1.9 and 3.1), “respect” (participants 1.1, 1.3, 1.7 and 3.8) and “appreciation” (participants 1.3 and 1.7) were identified as important factors. These qualities were said to foster the successful relationships that characterized participants’
stories. For example, participant 2.7 discussed that members of her peer group “enjoy working together [and] enjoy going to lunch with each other,” and offered that this was related to respect that is present within this team, stating “I think we respect each other and it shows.”

*Autonomy, self-determination, empowerment and freedom.* Autonomy (or a similar concept such as self-determination, empowerment or freedom) characterized several participants’ stories. For example, participant 1.3 summarized that examples of thriving included “times where we felt things like flexibility and autonomy, and where we were able to self-determine what we needed to do,” while participant 1.4 summarized that examples of thriving included “feeling empowered . . . being able to have something that you can bring to the situation . . . not feeling judged when you make changes,” and participant 3.1 shared his own account of a thriving experience which included ‘hav[ing] the freedom to make decisions.”

*Finding 1.3: Supportive and inclusive leadership.* The positive and supportive role of SACMGP leadership was highlighted in participants’ stories of thriving. For example, participant 1.9 stated that “it wouldn’t have been possible without the efforts of our leaders . . . having your leaders invested in your clinic and your success is really important.” In contrast, participant 1.1 offered that she and others had taken the role of leadership for granted, disclosing, “we didn’t come up with supportive leadership at all here which is interesting . . . maybe it’s part of the waters we swim in . . . if you had really bad leadership you’d be complaining.”

*Encouraged to innovate.* Participant 1.1 went on to share that leadership had served a significant role in her example of thriving, recounting that, “the permission to try out new ideas from [management] was great, she was always encouraging us, ‘ok, how can we change, what can we do differently?’”, the permission to throw out the old way, and start new things, and fail.”
Similarly, participant 1.4 offered that, without supportive management, the innovative and successful experiences that participants had shared may not have been possible, saying “good management was important because it supported [us] . . . to do all those different things.”

_A sense of heterarchy._ Times when participants felt they had an influence on decision making and producing change was described. For example, participant 2.2 described resolving a staffing challenge with input from administrative support, genetic counsellors, physicians, and leadership, recounting that “we all worked on it together . . . and it was good because everybody’s opinion was given equal weight and everyone was working on it together and we figured it out.” Similarly, participant 3.8 offered that leadership is shared within SACMGP, arguing “everybody in this room plays a leadership role in certain settings, and then not a leadership role in others.”

_Safe and respectful environment._ Participants offered that thriving experiences were rooted in a safe and respectful environment, fostered by SACMGP leadership. For example, participant 2.2 discussed “the willingness of management to actually listen . . . actually feeling like they value your opinion . . . management respects our opinions actually, you feel like you’re respected.” Likewise, participant 3.8 discussed “mutual respect,” in the context of the relationships between staff and leadership, and participant 3.6 described a lack of a “power imbalance,” suggesting that “all the disparate perspectives are at the table . . . we feel like there’s a safe environment, a chance for everyone to be heard.”

_Finding 1.4: Staff and physicians who care._ In reflecting on the root causes of thriving experiences, participants highlighted the role of individual members of the SACMGP team. As stated by participant 1.4, “the quality of the people that we are working with is really important,”
and, similarly, participant 3.6 reflected, “it is about the people that we work with.” Indeed, participant 2.2 shared her perception that, “there are at least a few of us who wouldn’t be here if it wasn’t for the people,” and, reflecting on a colleague’s positive contributions, participant 2.6 offered, “one person can make a difference.”

Helpful and considerate colleagues. As articulated by participant 2.2, “everybody’s constantly thinking of other people . . . how what we’re doing affects other people.” For example, participant 2.4 shared her experience of being welcomed as a new employee and how “everybody stepped up to the plate . . . everybody tried to help . . . nobody complained . . . if you have a problem you just ask anybody . . . and they just help you.” Similarly, in reflecting on a different participant’s story of how he had contributed to an improved process, participant 2.2 pointed out that “it wasn’t directly impacting him . . . he was thinking of other people on the team.”

Passion about service. Several participants articulated that members of SACMGP are genuinely invested in the work they do and the service they provide. For example, as stated by participant 2.4, “I think people care about the clinic, like the actual services we provide,” and participant 2.5 offered, “we care, we want to do a good job, we’re proud of what we do.” Similarly, participant 3.6 said “people care . . . I don’t feel that there’s too many people here that are just punching a time clock . . . I think there is this passion about what we do, and about doing the right thing.”

Collective purpose and goals. Finally, it was suggested that individual members of SACMGP are motivated to work together towards a collective purpose and goals. For example, participant 3.6 stated “we don’t feel that this is a very competitive place or that success in this
place is not defined usually by someone’s personal success,” and similarly, in considering what made thriving experiences possible, participant 1.4 suggested that they “all had common goals in whatever the endeavor was.” Likewise, participant 1.5 offered her reflection that “I think for the most part . . . we do have shared values . . . that we’re there for the patient.”

**Topic 2. What might be: The ideal thriving SACMGP.** Within each peer group aspirations for a thriving future for SACMGP’s were more varied between peer group as compared to the previous activity, presumably reflective of differences in participant’s roles and the boundaries they perceive are relevant to their work environments.

**Finding 2.1: Successful inter-professional collaboration.** Participants’ aspirations for a thriving future were characterized by strong inter-professional relationships, particularly with external system partners. For example, participant 1.1 said, “this is a continuing thing that I think we already have, respect and excellent relationship internally, but [we] also [want these externally more [often].” Insightfully, one co-facilitator shared her observation with participants that their stories from the first activity were predominately focused on relationships, while interpersonal dynamics were not mentioned in discussing future aspirations, to which participant 2.6 replied, “we just assumed that the relationships would be just as positive in the future.”

**Complementary competencies.** A future characterized by teams of individuals with complementary competencies was mentioned by a number of participants. For example, participant 1.7 offered that her aspirations for a thriving future included multidisciplinary teams where “we have all the right people doing the right things.” Similarly, participant 3.5 offered that multidisciplinary teams might include “people who can interpret [the results of advanced molecular genetics technologies], and maybe that’s part of our staffing.” Participant 3.1 had a
complementary dream where "there are people dedicated to reviewing [a patient's sequencing data] that do it a lot faster than let’s say I do."

Clear, valued, and autonomous roles. Participant 1.1 shared that in her small group “the theme of multidisciplinary came up in different people’s dreams in different ways . . . some people had a dream where it was teams . . . but remove the hierarchy and people would be operating autonomously.” Similarly, participant 1.7 shared the idea that teams would be set-up such that all members would, “really understand the scope of practice of everyone in the team [with] clear and valued roles so that there isn’t duplication or redundancy, making sure that people aren’t veering into something that maybe someone else would be better at.”

Collaborative learning. Participants also shared a desire for increased opportunities to participate in ongoing learning, including in collaboration with one another and other professions. For example, participant 1.7 summarized that one theme from her small group was that, “learning is encouraged . . . there’s no barriers to getting educated and updating,” and participant 1.5 offered that ongoing learning would occur in partnership with other disciplines to foster opportunities to learn from one another’s expertise, suggesting “encouragement and availability of more workshop type learning sessions on a regular basis . . . more collaboratively with people in the labs [on subjects where they have an expertise].”

Finding 2.2: Exceptional patient experience. Numerous participants across methods articulated aspirations where they could offer patients exceptional care. For example, building from the themes discussed in the first activity, participant 3.2 shared her dream, which was that, “all the collaboration and positive energy we’ve been talking about would really be focused towards solving the real problem: what is affecting this patient, how do we help them with it,
Prompt patient care. Proving prompt care was emphasized across all methods. As summarized by participant 1.1, “we all wanted to have minimal or no waitlist.” Similarly, participant 2.2 summarized that dreams included “the quick delivery of service . . . no wait time . . . you can call the patient and say . . . we’ll see you this afternoon.” Furthermore, participant 1.7 offered that prompt care would not compromise quality, suggesting the team would be “able to spend as much time as we need with our families and clients to meet their needs rather than saying there’s someone else coming behind or I don’t have time today.”

Easy access to diagnostics and services. Participants dreamed of easy access for patients. For example, participant 1.1 summarized that there would be “access to services province wide . . . so it’s better for the patients,” and likewise, participant 3.1 shared his dream for patients to “come in at 8:00, get a diagnosis by 12:00, [be] in a treatment arm by 4:00, and [not] even pay the full day’s parking.” Similarly, participant 3.2 shared her dream, where “you don’t have to advocate for patients to [access services], that stuff would just happen . . . you can actually figure out what’s going on with this patient.”

New knowledge, treatments and cures. Participants discussed a future where SACMGP patients had the option to participate in, and benefit from, clinical research. For example, participant 1.5's dream included “the integration . . . of the clinical and research aspect to genetics,” and similarly, participant 3.6 stated that “we will still be a research clinic, we will still be contributing to new knowledge.” Participant 1.7 shared her dream where “research and evidence has moved so far that we have . . . not just improved treatments but cures.” Similarly,
participant 2.5 stated that her group's discussion of thriving aspirations was only relevant “before everyone is cured.”

**Finding 2.3: Optimized systemic factors.** A prominent theme in participants' aspirations for a thriving future included optimized systemic factors. In dialoguing about why and how, participant 2.2 offered that it would be “because you’re just happier in your job . . . that’s just satisfaction . . . and that all gets passed onto the patient . . . the better we’re doing our jobs, the happier the patient is.” Paradoxically, participant 3.6 offered that, in a future where systemic factors were optimized, the processes “for most of the patients [would be] so seamless, that . . . certainly it would have to be cheaper to do it this way, system wide.”

**Instant records.** Accessing and generating patient records rapidly and easily was underscored. For example, participant 3.2’s dream included that “you’re not spending all your time looking for information that’s out there that you just can’t get at,” and participant 2.2 summarized that “everything’s there . . . you don’t have to look anything up . . . calling for things and tracking things down.” Participant 1.5 dreamed that “there’s never any outstanding paperwork,” and participant 1.7 lightheartedly offered “some way to get things on the healthcare record much more simply . . . a brain chip . . . from what you’re thinking onto [the patient record] . . . have it all done instantly.”

**Integration of novel technologies.** As summarized by participant 1.1 “one common theme we all had was much better technology, and use of it and access to it and support for it.” Similarly, participant 3.5 offered that the group's dreams would be possible with "a big advancement in genetics, in the way we do diagnostics, our knowledge in genetics . . . and how you translate that into the clinic.” Examples of improved technologies that were articulated
included a “website . . . that does all” (participant 1.7), a "drone . . . that delivers the chart right to you" (participant 2.1), and point-of-care genomic technologies (participants 3.1 and 3.6).

*Adequate resources and space.* More resources and space characterized many participant's thriving aspirations. For example, participant 1.7 summarized a future with “unlimited resources . . . time, space, light, all those kinds of things.” Similarly, participant 2.2 summarized her group's dreams to have “more of everything . . . like millions of dollars, more docs, more [genetic counsellors], more staff, more space . . . I didn’t have a separate bigger clinic, we have a whole hospital, it’s a genetic hospital." Likewise, participant 1.1 summarized that "we all think we need . . . more space . . . a standalone genetics building where we’re all there together, we’ve got prenatal, labs, general, cancer, everything."

**Finding 2.4: Normalization and integration of genetics.** Many participants’ dreams of a thriving future included the normalization and integration of genetic knowledge and technology in healthcare, society and culture. As examples, patient 1.1 shared a dream of the future where "everyone will have their genome," and participant 1.7 shared a dream where individuals with genetic conditions are accepted within their communities, offering that “children and the adults that live in their community and the people that live with them, and the caregivers that have them, the teachers let’s say, can appreciate and understand so they accommodate for [their genetic condition].”

*Genetics is valued.* A future where genetics is a valued and appreciated medical discipline was emphasized. For example, participant 1.5 dreamed that “genetics became a leader in medicine, was valued by other disciplines . . . there was an appreciation . . . of the importance of genetics and getting a diagnosis for families.” Similarly, participant 3.5 stated “genetics . . .
will have to be recognized as a key component in healthcare and medicine, that we have answers and we have treatment,” and participant 3.3 offered that “our culture is changed around how genetics plays a role in medicine; it’s a foundation of how we provide the care.”

*Addressed implications of genomic technologies.* Participant’s discussed a future where ethical, legal and social implications of genomic technologies have been addressed. For example, participant 2.2 dreamed of reduced privacy barriers where “you access your own record . . . [you] see [your] own test results . . . a patient can say, yes I’ve had that test.” Similarly, participant 3.6 discussed “everyone has to [change], the whole system, and barriers need to get broken down . . . that’s law, that’s government, that’s society,” and participant 3.3 described a future where SACMGP would “build an organization that supports . . . access and sharing of data, and changes around sharing and privacy.”

*Genetic literacy.* A future characterized by a genetically literate society was shared. For example, participant 3.6 dreamed that “everyone in the hospital is so conversed in genetics . . . we don’t have to drop everything to see someone else’s patient because things aren’t going well.” Similarly, participant 1.1 dreamed that “if it’s straightforward maybe somebody from [another] specialty might [provide care] . . . we’ll consult on [complex] situations.” Participant 3.2 extended these aspirations, “from a primary care physician, to a specialist, also within public health,” and participant 3.6 reflected “it’s a culture change that requires education, from patients, to high school students, to families.”

**Overarching Finding:** A dialogic mindset produced learning and vitality among study participants. As described in Chapter Three, this study employed a dialogic mindset
This method of engaging with members of SACMGP was observed to generate both learning and vitality.

Inherent to the process, study participants were learning from, with, and about one another. For example, in reflecting on the dream that she heard from her peer, participant 1.1 commented that “I think your dream eliminated dictation didn’t it . . . my personal dream had somehow no dictation backlog but I hadn’t figured out how.” Similarly, in sharing what had been discussed in his small group, participant 3.6 shared how different participant’s ideas for a thriving future had built on one another, stating “participant 3.3 . . . then even took it to a better level which I like even more . . . it’s all very idyllic.”

This process was also observed to generate vitality among study participants. As stated by one co-facilitator “after the initial exercises, I felt the group become more open and willing to discuss the questions. The energy seemed lighter and warmer, evidenced by more genuine laughter and interactions between coworkers” (G. Graham, personal communication, September 22, 2017). Similarly, a second co-facilitator commented “team members . . . seemed genuinely interested in the process and excited to share their thoughts” (L. Harding, personal communication, September 22, 2017), and a third mentioned “everyone was really excited and ready to exchange ideas and to participate” (D. Bley, personal communication, September 23, 2017). Moreover, after the activity, the energy and enthusiasm persisted. I learned from participants that the dialogue continued both within and between peer groups in the subsequent weeks.
Study Conclusions

At the beginning of this chapter the main question and sub questions for this inquiry were restated. Topic 1 of this inquiry aimed to identify participant's best examples of thriving with SACMGP (What Is), and four main themes emerged: shared success; strong interpersonal relationships; supportive and inclusive leadership; and staff and physicians who care. Topic 2 of this inquiry aimed to identify participant's dreams for an ideal thriving SACMGP (What Might Be), and four main themes emerged: successful inter-professional collaboration; exceptional patient experience; optimized systemic factors; and normalization and integration of genetics. Herein, I plan to compare and contrast the findings that emerged from this research with the literature on thriving at work summarized in Chapter Two, and offer conclusions that address the study’s primary research question and sub-questions:

Conclusion 1: Thriving has been experienced by members of SACMGP as a collective state characterized by heedful interrelating and exploration.

Conclusion 2: Positive meaning and relational resources are relevant to individual and collective thriving within SACMGP.

Conclusion 3: Decision making discretion, a climate of trust and respect, and a culture of connectivity and diversity have enabled collective thriving within SACMGP, and characterized participant’s aspirations for a thriving future.

Conclusion 4: Members of SACMGP have experienced thriving in settings of high job demands and environmental turbulence with support from leadership, as well as feelings of autonomy, competency and relatedness.
Conclusion 5: With an alignment of strengths, members of SACMGP have demonstrated that they can collectively achieve aspirations for a thriving future, as evidenced by their past experiences of thriving at work.

Conclusion 6: Members of SACMGP’s aspirations for a thriving future may reflect opportunities to support self-determination and vitality.

Conclusion 7: Members of SACMGP are innately attuned to the state of thriving, and may benefit from building an awareness of thriving to permit individual and collective adaptation.

Conclusion 8: Collective thriving within SACMGP fosters novel approaches, change agility and may be leveraged to promote new social bonds with external partners.

Finally, the overarching conclusion that emerged from this inquiry is that leading change from a dialogic mindset may be a viable process to enhancing and maintaining collective thriving within SACMGP. These eight main conclusions as well as the overarching conclusion will now be described with support from the data and relevant literature.

**Conclusion 1:** Thriving has been experienced by members of SACMGP as a collective state characterized by heedful interrelating and exploration. This inquiry asked participants to share a personal experience of thriving at work. Interestingly, the stories that were offered were shared experiences at the level of the team as opposed to the individual. Participants emphasized that the thriving experiences they shared were not only made possible but actually enhanced due to the collective contributions and combined attributes of individual members of the team. These stories align with the construct of collective thriving (Jenkins,
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2010; Keister, 2014; Spritzer & Sutcliffe, 2007), which is portrayed as more than a group of individuals where each member is independently thriving (Jenkins, 2010; Spritzer & Sutcliffe, 2007); rather, “high-thriving teams see thriving as a result of the team, rely on individual team member strengths to get work done, and create new knowledge together through creativity and innovation” (Keister, 2014, p. 317).

Heedful interrelating and exploration were depicted prominently in shared experiences of thriving. Participants’ stories demonstrated that they were mindful of the needs, feelings and goals of their colleagues in their interactions with one another, and that they would adjust their own behavior and coordinate their actions with others to ensure the success and prosperity of the team. Stories also demonstrated the value participants placed on experiences that afforded them the opportunity to discover new ways of working, to innovate, and to create new knowledge. This conduct is consistent with two agentic behaviors that both produce and are produced by employee thriving at work; that is, heedful interrelating and exploration, respectively (Spreitzer et al., 2005). Interestingly, in her mixed-method study that considered the differences between high- and low- thriving teams, Keister (2014) found that high-thriving teams were most notably distinguished by their interrelatedness and heedful acts.

Conclusion 2: Positive meaning and relational resources are relevant to individual and collective thriving within SACMGP. Stories of thriving within SACMGP demonstrated that individuals care about what they do, feel a sense of purpose and significance for their work, and are motivated by a desire to improve for the benefit of patients and colleagues. As well, stories reflected positive interpersonal relations and a high degree of connectivity with colleagues. Similarly, aspirations for a thriving future centered on exceptional outcomes for
patients, demonstrating that participants value their work and the service they provide. Also, participants aspired for successful inter-professional collaboration characterized by effective communication, mutual recognition and appreciation, and a safe environment, demonstrating that participants value high quality relationships with system partners.

The socially embedded model of thriving at work proposes that, as people act in agentic ways at work, they produce individual resources, such as positive meaning and positive connections, through their interactions with others (Niessen et al., 2012; Spreitzer et al., 2005). These resources fuel further agentic behaviors and thus sustain the thriving state. Although the present inquiry was not designed to investigate cause and effect relationships, the conclusion that collective thriving within SACMGP is characterized by the agentic behaviors of heedful interrelating and exploration, and that positive meaning and relational resources are relevant to participants’ thriving experiences, may support a relationship between these variables. For example, as employees with SACMGP collectively discover new ways of working, they may understand the purpose and significance of their work in new ways, and develop stronger connections with colleagues. This, in turn, may lead to further exploration as employees view their work as important and are motivated to overcome challenges, as well as further heedful relating as existing relations may lead staff to demonstrate mindfulness and consideration as they continue to interact.

**Conclusion 3:** Decision making discretion, a climate of trust and respect, and a culture of connectivity and diversity have enabled collective thriving within SACMGP, and characterized participant’s aspirations for a thriving future. Reflecting on the root cause of collective thriving experiences within SACMGP revealed that participants felt free to make
decisions, comfortable, safe, heard, and appreciated, and described a climate of trust and respect where diverse opinions and perspectives were valued, regardless of role. Similarly, in considering the key organizational elements that might support thriving aspirations, participants articulated a future where clinical genetics as a medical discipline was valued and respected, where SACMGP employees had the autonomy to practice and make decisions within their professional scope, where internal and external system partners collaborated and learned together. These characteristics align with three contextual enablers of thriving at work: decision making discretion (Liu & Bern Klug, 2013; Spreitzer & Porath, 2012; Spreitzer et al., 2012; Spreitzer et al., 2005; Wallace et al., 2016); a culture of connectivity and diversity (Carmeli & Spreitzer, 2009; Spreitzer et al., 2012); and a climate of trust and respect (Carmeli & Spreitzer, 2009; Koçak, 2016; Liu & Bern-Klug, 2013; Spreitzer et al., 2012; Spreitzer et al., 2005).

The positive climate and connectedness that participants articulated may encourage feelings of energy and enthusiasm, enhancing employee vitality, and offering a safe atmosphere for employees to demonstrate vulnerability and experience learning. Decision making discretion may foster collective learning within SACMGP as employees need to work together to make decisions and manage the outcomes of their choices and actions, and may enhance team vitality due to the energy generation that is inherent in empowerment and self-determination (Spreitzer et al., 2012). These contextual enablers may support and encourage employees to be their authentic selves at work, enabling thriving by enhancing self-development and energy (Spreitzer et al., 2012).

**Conclusion 4:** Members of SACMGP have experienced thriving in settings of high job demands and environmental turbulence with support from leadership, as well as
feelings of autonomy, competency and relatedness. Many participants’ stories of thriving at work occurred during times of challenge, adversity, even crisis, suggesting that there may be learning and energy generated during demanding and stressful times. This aligns with published literature demonstrating that thriving can coexist and may even be generated by environmental turbulence and high job demands (Bakker et al., 2010; Jenkins, 2010; Kiester, 2014; Wendt et al., 2010). These studies have emphasized that in these demanding contexts thriving is contingent on the presence of sufficient enabling conditions and resources. Likewise, inquiry participants identified leadership enablers as well as a sense of autonomy, competence and relatedness at the root of their stories of success and thriving amid demands and complexity.

Leadership that fosters a safe and supportive climate is a known enabler of thriving (Abid et al., 2015; Abid et al., 2016; Jenkins, 2010; Paterson et al., 2014; Walinga & Rowe, 2013; Walumbwa et al., 2017) and, in exploring the root cause of thriving in participant’s examples, supportive leadership was a prominent factor. Participants described being heard, encouraged, represented, and appreciated by leadership, as well as feeling like leaders care about their well-being, take the time to know them personally, value their perspectives and contributions, and have created an environment where it is safe to explore new ways of doing things and make mistakes.

Stories of thriving in challenging times also reflected feelings of closeness and belonging, feelings of proficiency and effectiveness, as well as feelings of control and choice. These attributes are reminiscent of the three intrinsic psychological needs articulated by self-determination theory (SDT); that is, relatedness, competence and autonomy (Ryan & Deci, 2000). This finding may support the notion that thriving during times of challenge and change
require high levels of vitality, as SDT has particularly been associated with maintenance and enhancement of vitality (Ryan & Deci, 2008).

**Conclusion 5:** With an alignment of strengths, members of SACMGP have demonstrated that they can collectively achieve aspirations for a thriving future, as evidenced by their past experiences of thriving at work. Participant’s aspirations for a thriving future focused on factors external to SACMGP. Examples include resources, staffing, space, technology and access to services, as well as successful relationships with external system partners who understood and valued genetics. In reflecting on participants examples of how they had experienced thriving within SACMGP, it was interesting to note that many stories demonstrated ways that members of SACMGP had joined together to collectively overcome the very challenges they had identified in their thriving aspirations, such as issues of staffing, space, resources, wait-times, and barriers, including in collaboration with external system partners.

This insight suggests that, when members of SACMGP work together and align their strengths, they position themselves to achieve their aspirations. The fact that participants identified factors internal to SACMGP when evaluating the root cause of their thriving experiences suggested that they are aware of the collective strengths that exist within SACMGP and can appreciate how those factors have facilitated thriving in the past. The fact that participants predominantly identified factors external to SACMGP in discussing the key organizational elements that would be required to accomplish their aspirations for a thriving future suggested that they may not recognize that the strengths existing within SACMGP could be leveraged to accomplish the collective dreams of the team. This discrepancy is reminiscent of Keister (2014), who identified that high-thriving teams attributed thriving to interpersonal
relationships, whereas low-thriving teams attributed thriving to external factors such as resources. This insight offers opportunities to shift the perspectives and awareness of members of SACMGP to suggest that together they may have the control, competencies and connections to achieve their aspirations.

**Conclusion 6: Members of SACMGP’s aspirations for a thriving future may reflect opportunities to foster self-determination and vitality.** Participant's aspirations for a thriving future predominantly focused on the outcome of enhanced patient care, supported by successful inter-professional relationships, optimized systemic factors such as resources, technology, staff and space, as well as normalization and integration of genetics in healthcare and society.

Although it was initially challenging to compare and contrast participants’ aspirations for a thriving future with the construct of thriving at work (Spreitzer et al., 2005), reflecting on how participants conceptualized their aspirations might lead to thriving at work suggested that elements of self-determination (Ryan & Deci, 2000) may be relevant. For example, participants offered that a future where genetics is a valued discipline and where SACMGP employees had clear and valued roles would provide members of SACMGP the independence to work within their areas of knowledge and expertise, with minimal external controlling factors and organizational constraints, reminiscent of the need for feelings of autonomy (Ryan & Deci, 2000). Participants also discussed how improved systemic factors such as access to services, resources and technology would enhance their sense that they can capably and effectively do their jobs and provide care and service to patients, in keeping with the need for feelings of competence (Ryan & Deci, 2000). And finally, participants offered dreams for a future where SACMGP employees have a sense of significance and worth within inter-professional teams and
the field of medicine, suggesting the need for feelings of relatedness and belongingness (Ryan & Deci, 2000). Thus, it can be concluded that participants’ aspirations for a thriving future may reflect opportunities to support employee self-determination. Furthermore, as feelings of autonomy, competence, and relatedness are known to foster vitality (Ryan & Deci, 2008), participants’ aspirations for a thriving future may also reflect opportunities to enhance employee feelings of vitality.

**Conclusion 7:** Members of SACMGP are innately attuned to the state of thriving, and may benefit from building an awareness of thriving to permit individual and collective adaptation. Although participants of this inquiry were not provided with a definition of thriving when they were asked to describe a time when they experienced thriving at work, they nevertheless described situations characterized by learning and growth, as well as contexts where they were enthusiastic and passionate. Clearly, members of SACMGP are attuned to the state of thriving in themselves. Moreover, given that participant stories demonstrated collective thriving, members of SACMGP seem attuned to this collective state as well.

Thriving is a state, and every person has the potential to thrive depending on how they experience and carry out their work (Spreitzer et al., 2010; Spreitzer et al., 2012; Spreitzer & Sutcliffe, 2007; Spreitzer et al., 2005; Wallace et al., 2016). A person’s ability to sense changes in their experience and emotions to assess levels of learning and vitality, so called attunement (Keister, 2014), can be employed to gauge feelings of thriving at work. Individuals and teams can use this information to regulate and adjust their behavioral choices, context and efforts, to permit more thriving; so called adaptation (Spreitzer et al., 2005).
Members of SACMGP may not be explicitly aware of the affective and cognitive dimensions of thriving. Building awareness of the state of thriving by encouraging self-reflection might support members of SACMGP in recognizing thriving experiences and may encourage them to choose behaviors that contribute to thriving more often (Keister, 2014).

Chapter One suggests that members of SACMGP may be experiencing burnout due to complexity and jobs demands, and attunement to the state of thriving might permit employees to recognize increased vitality needs in these situations and adapt their context and behaviors to promote thriving.

**Conclusion 8: Collective thriving within SACMGP fosters novel approaches, change agility and may be leveraged to promote new social bonds with external partners.** This inquiry demonstrated that when members of SACMGP experience collective thriving at work, they overcome obstacles and surmount challenges in ways that may not have been possible by individual members of SACMGP alone. This is consistent with the broaden-and-build theory of positive emotion (Fredrickson, 2003; Fredrickson, 2004), which maintains that positive feelings broaden individual’s thought-action repertoire and build social, physical, intellectual and psychological resources, which generate further positive emotions over time, and this upward spiral builds on itself, sustaining the positive affective state over the long-term. This study demonstrated that collective thriving within SACMGP promotes team flexibility, comradery, efficiency and resourcefulness, leading to improved resilience, creativity, productivity and social relations. Furthermore, Keister (2014) showed that high-thriving teams see challenge and possibility in change, and demonstrate improved change agility, and this aligns with the
observation that teams within SACMGP experiencing collective thriving rely on strengths of the team and interrelatedness to adapt to changing contexts.

Moreover, members of SACMGP identified that collaborative relationships with external system partners are desirable and necessary to accomplish patient care goals within an increasingly complex context. The thriving states of individual members of a team are contagious (Keister, 2014), and thriving enhances individuals’ ability to integrate varied and diverse information (Fredrickson, 2003; Frederickson, 2004), which raises the potential for SACMGP teams that are experiencing collective thriving to leverage this positive emotional state towards building strong and sustainable collaborative relationships with external system partners. A collective thriving state on an interdisciplinary team has the potential to foster new and innovative ideas for how interdisciplinary teams can work together toward shared patient goals, collective overcoming the challenges, obstacles and demands that characterize their joint contexts.

**Overarching Conclusion:** Leading change from a dialogic mindset may be a viable process to enhancing and maintaining collective thriving within SACMGP. The dialogic organizational development mindset employed in this inquiry (Bushe & Marshak, 2015) aimed to both generate knowledge and insight regarding thriving within SACMGP, and create transformational change in the direction of thriving. Participants were offered an opportunity to have a different type of conversation, which had the potential to intervene on the prevailing stories about how SACMGP is, and see past situations from new perspectives. Reflecting on thriving as a state that is comprised of both a cognitive and affective component, it can be
concluded that this process was successful in enhancing both participants’ sense of learning, as well as feelings of vitality.

Participants had an opportunity to engage in interviews with one another, to learn about their colleagues’ perceptions and experiences, as well as their dreams for the future. As well, participants potentially learned inquiry and dialogue skills which may transcend to future encounters with colleagues. Furthermore, the liberating structures (Lipmanowicz & McCandless, 2013) that were used to engage with participants were fun and clearly generated energy and enthusiasm, observed in the form of participant’s laughing, speaking with excitement and passion, and wholeheartedly engaging in the process. Subsequent to the method, participants reported that they had enjoyed the process. The knowledge, affective and relational resources developed in this process might be used by participants in the future and encourage further exploration and heedful relating, both agentic behaviors that lead to thriving. Moreover, I am aware that the learning and vitality generated by these methods carried over into employee interactions post-method, having heard that participants continued to discuss what they learned and how they felt in their casual interactions with one another, including between peer groups.

Scope and Limitations of the Inquiry

**Intended scope.** The intended scope of this inquiry was to learn about times when members of SACMGP experienced thriving, and how they would envision a thriving future, with a goal to stretch current strengths towards participants’ aspirations for a thriving future. This study was not intended to provide insight into the degree of thriving that is present within SACMGP or to make claims that SACMGP is a high-thriving or low-thriving unit.
Participant bias. Participation rates varied from 38% to 75% depending on peer group (mean 53%), with participation skewed towards employees who are physically located at the ACH. It is possible that experiences of thriving and aspirations for the future may have been different for SACMGP employees who work at a location removed from the core group, especially given that a primary finding of this study focused on thriving made possible due to strong interpersonal team relations. Unfortunately, due to the significant volume of data produced from the large group methods in combination with time restrictions, one-on-one interviews were not possible.

Power-over, influence and coercion. Data collected in this study was generative; that is, produced through participant’s interactions with one another. Data may have been different if participant groups had had a different composition, and in particular, if members of different peer groups had had the opportunity to learn from one another, as this may have increased the diversity of perspectives from which participants built on. Furthermore, although I have no formal power-over participants in this study, I am an insider researcher, and as such have existing relationships with participants, and an ongoing role, which may have influenced participant responses. Finally, collecting data via a group method may have influenced the data as participants may have been less inclined to offer authentic, honest, open responses in front of their peers.

Inexperienced researcher and novel methodology. Finally, I recognize that I conducted each method slightly differently, due to learning from prior methods and my own biases regarding dynamics within each peer group. In retrospect, if I were to perform this study a second time, I would adjust how I asked certain questions and organized the process to ensure I
was collecting the data I needed. Upon reflection, I believe I may have also been overly protective of my research participants and regret that I did not provide more opportunities for self-organization and emergence.
Chapter Five: Inquiry Implications

This research project aimed to explore how a dialogic mindset might foster thriving within the Southern Alberta Clinical and Metabolic Genetics Program (SACMGP). The sub-questions of this inquiry included:

1. How have SACMGP employees experienced thriving at work?
2. What do employees see when they imagine a thriving SACMGP?
3. What existing qualities of SACMGP support employee thriving at work?
4. What new qualities might emerge within SACMGP to support employee thriving at work?
5. What actions might SACMGP take to promote employee thriving at work?

Chapter One described the context of SACMGP that lead to this line inquiry. Chapter Two provided a summary of relevant literature considering the thriving at work construct. Chapter Three outlined the methodology undertaken to explore the research question and sub-questions. Chapter Four summarized the key findings of this research and offered the overarching conclusion that providing leadership from a dialogic mindset may be a viable process to enhancing and maintaining collective thriving within SACMGP, as well as eight main conclusions, which are listed here for reference:

1. Thriving has been experienced by members of SACMGP as a collective state characterized by heedful interrelating and exploration.
2. Positive meaning and relational resources are relevant to individual and collective thriving within SACMGP.
3. Decision making discretion, a climate of trust and respect, and a culture of connectivity and diversity have enabled collective thriving within SACMGP, and characterized participant’s aspirations for a thriving future.
4. Members of SACMGP thrive in setting of high job demands and environmental turbulence with support from leadership, as well as feelings of autonomy, competency and relatedness.
5. With an alignment of strengths, members of SACMGP have demonstrated that they can collectively achieve aspirations for a thriving future, as evidenced by their past experiences of thriving at work.
6. Members of SACMGP’s aspirations for the future may reflect opportunities for collective thriving by supporting self-determination and vitality.
7. Members of SACMGP are innately attuned to the state of thriving, and may benefit from building an awareness of thriving to permit individual and collective adaptation.
8. Collective thriving within SACMGP fosters novel approaches, change agility, and may be leveraged to promote new social bonds with external partners.

In this Chapter, three main recommendations, each with three sub-recommendations, as well as one overarching recommendation, will be presented, followed by a discussion of organizational implications, opportunities for future research, and a summary of the thesis as a whole.

**Study Recommendations**

The three primary recommendations that emerged from this inquiry are:

**Recommendation 1:** Elevate contextual enablers of thriving within SACMGP to promote and sustain individual and collective thriving.
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Recommendation 2: Recognize times of adversity, change, and high job demands as potential opportunities for members of SACMGP to thrive.

Recommendation 3: Leverage collective thriving within SACMGP to broaden-and-build towards novel approaches, creative ideas and new social bonds.

In reviewing these recommendations with the project sponsor and co-sponsor, it was advised that strategies to implement the recommendations that emerged from this inquiry be developed over the next year (F. Bernier, personal communication, September 22, 2017; R. Kohut, personal communication, September 22, 2017). This endorsement from the project sponsor and co-sponsor led to the overarching recommendation for this study, which is that implementing the recommendations emerging from this inquiry will benefit from a systems understanding of the concept of a dialogic mindset.

These recommendations will be discussed in reference to data discussed in Chapter Four, as well as the literature outlined in Chapters Two and Three.

Recommendation 1: Elevate contextual enablers of thriving within SACMGP to promote and sustain individual and collective thriving. The socially embedded model of thriving at work (Spreitzer et al., 2005) is rooted in the idea that certain organizational contexts enable employee thriving. A number of these enablers were clearly described as the root cause of participants’ stories of thriving within SACMGP, and characterized participants’ aspirations for a thriving future. This first recommendation category focuses on acknowledging the value of these contextual elements, discussing their relationship to one another, as well as offering that energy and effort towards enhancing these enablers is worthwhile. A climate and culture that
enables thriving within SACMGP will be foundational to recommendations 2 and 3, as well as this study’s overarching recommendation.

1.1 Engage in activities that build trust and respect. Trust and respect between colleagues and leadership is among the most important enablers of thriving (Carmeli & Spreitzer, 2009; Koçak, 2016; Liu & Bern-Klug, 2013), and inquiry participants highlighted this contextual enabler in their thriving experiences and future aspirations. Members of SACMGP articulated that a climate of trust and respect supported their energy to engage and contribute to collective efforts within SACMGP. A climate of trust and respect also provided employees with encouragement to offer ideas and try new things. Moreover, participants described how a climate of trust and respect augmented relational connections between colleagues. Engaging in activities that sustain and enhance the trust and respect within SACMGP should enable employee thriving experiences in the future.

1.2 Promote and encourage connectivity and diversity. Teams characterized by relationships that are open, generative and inclusive, that value variety, and where staff have the skills to disagree productively with one another, are strongly associated with employee thriving at work (Carmeli & Spreitzer, 2009; Gerbasi et al., 2015; Spreitzer et al., 2012). In this inquiry, participants’ thriving experiences and aspirations for a thriving future were characterized by a sense that everyone’s opinions were valued and welcomed without judgment, regardless of role or position within SACMGP, fostering collective strength, learning, and relational connections. Promoting and encouraging a culture of connectivity and diversity within SACMGP should enhance employee’s thriving experiences. A trusting and respectful climate was identified by participants as a factor contributing to such a culture.
1.3 Consider opportunities to empower employees to make decisions that directly impact their work. Supporting employee decision-making can be a powerful means to promote thriving at work (Li et al., 2016; Liu & Bern Klug, 2013; Spreitzer & Porath, 2014; Spreitzer et al., 2005; Wallace et al., 2016). Indeed, participants across all methods shared both thriving experiences and aspirations characterized by feelings of autonomy, self-determination, empowerment and freedom to make decisions, contributing to a sense of growth, belonging and value. Considering opportunities to empower SACMGP employees with the discretion to make decisions that directly impact their work may be an opportunity to enhance thriving. Moreover, members of SACMGP offered that the presence of trust and respect either enabled them to contribute to decision-making, or facilitated their comfort in empowering others with the autonomy and freedom to make their own decisions. This suggests that recommendation 1.1 (engage in activities that build trust and respect) may not only foster thriving in and of itself, but may also indirectly promote thriving by supporting employee decision-making.

Although the literature on thriving is limited with respect to how a team or organization might elevate these contextual enablers, some insight might be gleaned from the variables that were considered in studies investigating the relationships between contextual enablers and thriving. For example, Liu and Berg-King (2013) used the degree to which study respondents stated that they could decide which activities they were going to work on each day as a measure of their decision-making discretion, and accordingly, one strategy for supporting employee decision making discretion may be to enable them to decide how they might carry-out their day-to-day work.
Recommendation 2: Recognize times of adversity, change, and high job demands as potential opportunities for members of SACMGP to thrive. Thriving may require a degree of challenge and demand to generate the learning dimension of thriving (Bakker et al., 2010; Jenkins, 2010; Kiester, 2014; Wendt et al., 2010). Indeed, study participants’ stories of thriving were predominantly scenarios where teams were overcoming challenges, obstacles, and crises. Moreover, participants’ aspirations for a thriving future identified a desire for change involving the very factors they had overcome in their examples of past thriving experiences. This raised the possibility that SACMGP’s organizational challenges may actually present opportunities for members of SACMGP to experience thriving. This recommendation category focuses in particular on maintaining employee thriving in demanding contexts by fostering high levels of vitality. This is relevant given that the complexity and demand that characterizes SACMGP’s current context, which suggests that employees may be tending toward burnout. The thriving literature suggests that in such contexts, high vitality levels can counteract burnout in employees and support employee thriving (Gerbasi et al., 2015; Ryan & Deci, 2008; Spreitzer et al., 2010; Spreitzer et al., 2012).

2.1 Support an awareness of thriving among SACMGP to foster attunement and adaptation to learning and vitality needs. An employee’s sense of thriving can be used as a gauge to monitor progress and forward movement, and to make adjustments to work behaviors when levels of learning or vitality are low (Spreitzer et al., 2005). Employees within SACMGP may benefit from an awareness of the cognitive and affective dimensions of thriving and encouragement to monitor levels in themselves and their teams towards making work and behavior adjustments to promote thriving. Strategies include educating employees on what
thriving looks and feels like, encouraging self-reflection to identify associated behaviors, and discussing the power of choice that individuals can use to regulate their own experience of thriving (Kiester, 2014).

2.2 Make space for staff and teams to replenish and renew vitality. Spreitzer et al. (2005) emphasized that thriving requires the joint experience of both learning and vitality, whereas learning without energy leads to burnout. The current context of SACMGP suggests that members may be tending towards burnout given high complexity and learning demands. This finding suggests that a sense of vitality may be particularly relevant to thriving within SACMGP. Spreitzer et al. (2012) claimed that employees want work that does not require substantial energy recovery outside of work, and suggested that organizations prioritizing energy renewal during the work day benefit in the long term. Gerbasi et al. (2015) suggest that employees might schedule their daily activities to balance resource requirements and avoid vitality depletion.

2.3 Enhance feelings of autonomy, competence and relatedness, especially during times of high demand and environmental turbulence. Vitality is enhanced by activities that satisfy basic psychological needs for autonomy, competence and relatedness (Ryan & Deci, 2008). Indeed, at the root of study participants’ aspirations for a thriving future were needs for feelings of freedom and control, feelings of effectiveness and confidence, and feelings of connection and belonging. During times of adversity, leadership may tend to exert more control, and employees may feel isolated and incompetent, which may deplete energy (Spreitzer & Porath, 2014). Enhancing employee's choice and control, supporting them to feel competent and effective, and fostering a sense of community and relatedness within SACMGP may enhance employee vitality during times of high learning demands.
Recommendation 3: Leverage collective thriving within SACMGP to broaden-and-build towards novel approaches, creative ideas and new social bonds. Both employee thriving at work and AI are founded in the broaden-and-build theory of positive emotion (Fredrickson, 2003), which argues that positive emotions broaden individual's repertoire of thoughts and potential behaviors, increasing people’s openness to new ideas and capacity for creative action. The socially embedded model of thriving at work (Spreitzer et al., 2005) demonstrates that the positive emotions associated with thriving spiral upward, enhancing outcomes including innovation and performance. This recommendation category is based in the finding that members of SACMGP experience collective thriving, and the idea that collective thriving can be used to spread thriving to other system partners, and foster positive outcomes within SACMGP.

3.1 Appreciate the positive qualities that characterize SACMGP. This study illuminated that a number of positive emotions are produced by employees during work with SACMGP. Indeed, during this study participants articulated three of the representative ten positive emotions (Fredrickson, 2013); that is, pride, interest and love, in describing their thriving experiences at work. Upward spirals of positive emotion can counter downward spirals of negativity (Fredrickson, 2013), and “momentum for change requires large amounts of positive affect and social bonding” (Cooperrider et al., 2008, p. 10). This represents an enactment of the Positive Principle of AI. Focusing on the positive and tapping into the positive emotions that characterize thriving experiences within SACMGP may increase the likelihood that members of SACMGP will engage in productive conversations and collective action, generating both a sense of learning and vitality.
3.2 Seek relations with patients and external system partners to collectively overcome obstacles and produce positive change. Participants shared aspirations for a thriving future characterized by successful interdisciplinary partnerships, where members from diverse backgrounds worked together to improve patient outcomes. This raises the utility of the positive contagion effect (Fredrickson, 2013), which describes how positive emotions in some members of a relationship can create similar positive experiences in other members. When individual work units within SACMGP are experiencing collective thriving, this positive affective state may not only facilitate the development of new social bonds (Fredrickson, 2003), but may also provide an advantage to engage with external system partners and patients in ways that promote interdisciplinary collectively thriving teams that are innovative, sustainable, healthy and productive.

3.3 Share stories of creative initiatives, new insights and positive outcomes within and outside of SACMGP. Thriving is comprised of the joint dimensions of learning and vitality (Spreitzer et al., 2005). This study revealed a number of positive experiences and successful outcomes that members of SACMGP had been involved in. When these stories were shared with colleagues, individuals learned about new approaches, and developed new insights into how they might perform work. Sharing stories of success were also observed to lead to energy and vigor among both the employee sharing their experience, as well as those learning about the successful outcome. Consciously making time to share stories of positive outcomes and new ideas may have the capacity to promote thriving within and outside of SACMGP.

Overarching Recommendation: Implementing the recommendations emerging from this inquiry will benefit from a systems understanding of a dialogic mindset.
methodology for this inquiry was grounded in a dialogic mindset (Bushe & Marshak, 2015). This approach was subjectively observed to promote not only thriving, but collective thriving, among participants. By bringing peer groups together to learn with, about and from one another in a fun and lively atmosphere, both the cognitive and affective dimensions of thriving were generated. Moreover, some participants pointed out that they gained insight into their own experiences of thriving and their own aspirations for the future by learning alongside and from others. The sub-recommendations for this primary recommendation will focus on the core processes of the dialogic mindset.

*Focus on building relationships and trust, enriching system partner networks and creating opportunities for productive inquiry and dialogue.* Promoting new, more complex, and more effective patterns of social order requires opportunities for productive conversations (Bushe & Marshak, 2015). Dialogic methods maximize the diversity of perspectives, aspirations and concerns that are shared in conversations, and create opportunities for individual expression and connection, heightening the possibility for creativity and innovation (Bushe & Marshak, 2015). Moreover, it has been observed that teams who use dialogic methods as part of everyday interactions cultivate a trusting group climate and deep respect and appreciation for one another (Lipmanowicz & McCandless, 2013). By using dialogic methods that foster emergence, SACMGP has the potential to achieve the main recommendations from this inquiry.

*Provide opportunities for SACMGP employees to learn about how colleagues have experienced thriving within SACMGP, as well as reflect on their own thriving experiences, as a means to surface stories and narratives within SACMGP about how thriving is occurring.*

Chapter One outlined the organizational context of SACMGP, which included a narrative that
employees are unable to effectively fulfill clinical mandates given increased complexity, demand and limited resources. However, study participants’ thriving experiences demonstrated that they are able to successfully provide care and surmount challenges related to resources, demands and complexity when they work together and collectively thrive. Dialogic methods can be used to help team members recognize past examples of thriving within SACMGP, towards creating new narratives and stories about the team that highlight the thriving opportunities within SACMGP (Bushe & Marshak, 2015), as a means to support further collective thriving among members of SACMGP.

Offer compelling images of how a thriving SACMGP could be to generate new alternatives for how to think and act. This inquiry aimed to use a generative image, that of a thriving SACMGP, as the initiating theme for the inquiry (Bushe & Marshak, 2015). Providing an opportunity to discover and create dreams and aspirations for thriving at work offered members of SACMGP new ways to think about how they might experience their work. Generativity should lead to a sense of learning by offering new alternatives for how to think and behave, and should lead to a sense of vitality as generative images are compelling and invoke in people a desire and enthusiasm to act (Bushe & Marshak, 2015). Offering generative images of a thriving future is a recommended approach to promoting thriving within SACMGP.

Organizational Implications

This ARE project demonstrated that some members of SACMGP report perceptions of thriving during challenging times. Participants' stories of success were enabled by committed employees, strong interpersonal relationships, supportive leadership, and a climate of trust and respect, where individuals had choice and control over their work, where they felt valued, and
where diverse opinions and perspectives were welcomed. Members of SACMGP have identified opportunities for future change, and I have offered that these are opportunities for SACMGP to experience further collective thriving, and leverage thriving to broaden-and-build towards innovative approaches, new relationships and further successful outcomes.

In keeping with the mindset of this project, members of SACMGP came together two more times to collectively dialogue on the findings of the action-inquiry and strategies to move forward. We continued to follow an adapted AI process (Cooperrider et al., 2008; Ludema et al., 2003), using liberating structures (Lipmanowicz & McCandless, 2013) as a fun and rapid way to share diverse opinions and perspectives that gave non-hierarchical influence over where to focus the forward process (see Appendix E). This approach aimed to promote collective thriving within the group, and enabled members of SACMGP to evaluate the recommendations of the study by applying them to ongoing change efforts.

What should be: Stretching the best toward the ideal. To engage forward (Rowe et al., 2013), I held a meeting with my “Core Group”, which consisted of the study Sponsor, Co-Sponsor, inquiry team (three classmates who had each co-facilitated one method) and up to three volunteers from each peer group (six volunteers in total). The meeting goal was to conceptually redesign elements of SACMGP to take themes from inquiry participants’ best examples of thriving and stretch them towards participants’ aspirations for a thriving future.

This meeting was initiated with two liberating structures (Lipmanowicz & McCandless, 2013); impromptu networking (p. 171), to generate energy, build connections and share expectations, followed by user experience fishbowl (p. 240) for the Core Group to learn about each peer group’s inquiry process experience. Next, I presented a summary of the study findings
and offered 4 generative images. These aimed to take elements from SACMGP’s best examples of thriving, and suggest the future that participants had articulated an interest and enthusiasm for:

1. We Unite: All Contributions Are Valued
2. We Care: Astonishing Patient Experience
3. We Shine: Expending Energy On What Matters
4. We Lead: We Are All Genomic

Each generative image was the focus of a design possibilities map (see Appendix L), printed on poster board, and affixed to the wall at each corner of the meeting room. Members of the Core Group were invited to self-organize and dialogue at the map(s) where they felt enthusiasm and energy, and I or a member of my inquiry team was stationed at each map to facilitate. Core Group members were instructed to brainstorm key partnerships that might be required, and elements of SACMGP that might be changed, to accomplish the generative image. These ideas were written with permanent marker in the corresponding areas of the map. Flanking each map were two poster boards. The first was titled “Provocative Propositions”, where members were invited to offer statements of how SACMGP might bridge the best of the service with what the service aspires to be and to accomplish, with the formula for how to craft provocative propositions (Cooperrider et al., 2008) provided. The second was titled “Fleeting Thoughts Parking Lot”, where members were invited to write anything else they believed might be valuable to capture. This process was adapted from the Day of Design of an AI summit (Ludema et al., 2003).

This Core Group meeting produced a number of insights regarding key relationships and organizational elements relevant to moving SACMGP in the direction of desired change, which
served as the basis for developing of 24 provocative propositions; renamed possibility statements (see Appendix M). This meeting was also a rich opportunity for reflection on how collective thriving might be generated within a group that is dialoguing about a complex challenge. Next time, I would modify my approach and employ four 12 minute 1-2-4-All liberating structures (Lipmanowicz & McCandless, 2013, p. 167) for each map, engaging everyone simultaneously in generating ideas and suggestions, promoting group learning and energy.

**What will be: Aligning the best to achieve the ideal.** All SACMGP staff, physicians and trainees (55 employees total) were subsequently invited to attend a two-hour Quarterly Meeting, to review the project findings and collectively determine if and how to proceed. 22 employees attended, including 10 individuals who had not participated in the research. The meeting commenced with a presentation providing an overview of the research process, findings, and Core Group work. Next, participants were invited to participate in impromptu networking (Lipmanowicz & McCandless, 2013; p. 171), to reflect on the potential for learning and generate energy for the meeting.

Attendees were invited to subsequently participate in a 1-2-4-All liberating structure (Lipmanowicz & McCandless, 2013; p. 167) to validate and prioritize possibility statements. Handouts were provided (Appendix M), and attendees dialogued about their favorite statements. The statements were printed onto poster board and affixed to a wall in the meeting room, and after the activity, each attendee voted (up to three votes by a sticky dot) for the possibility statement(s) they were most passionate about. Interestingly, all four categories received a similar total number of votes (14-17). For each category, there was one primary (7-9 votes) and
one secondary (3-4 votes) favorite possibility statement. The results of this activity have been depicted in Figure 3.

![Figure 3: Building a thriving SACMGP. This figure depicts the outcome of SACMGP’s redesign efforts to promote enhanced thriving. The foundation includes SACMGP’s strengths, the body is comprised of the 8 organizational elements in the form of possibility statements that members of SACMGP were most passionate about. Pillars represent supportive relationships with key system partners. The building is flanked by the images that were employed to generate new alternatives for how to think and act.](image)

Next, attendees were invited to participate in a 1-2-4-All liberating structure (Lipmanowicz & McCandless, 2013; p. 167), to offer one idea for how SACMGP might work together to move toward their favorite future possibilities. After a minute of quiet reflection, something remarkable happened. One participant demonstrated vulnerability by openly sharing that he had not come up with an idea, to which a second participant offered a positive emotion, hope (Fredrickson, 2013), by sharing that she had thought of an idea. I inquired if the group
would be open to using the 1-2-4-All structure to explore the question with one another, and the group indicated they were willing. As the activity proceeded, energy and enthusiasm grew, resulting in a number of novel ideas for interventions. For example:

1. instituting more frequent team meetings and education,
2. exploring social media opportunities to connect with patients and communities to discover their needs and how to best serve them,
3. re-evaluating how and to whom SACMGP provides care to ensure patients most in need receive prompt and high-quality service,
4. seeking opportunities to collaborate with system partners to improve outcomes, optimize resources, eliminate barriers, and support genomic competencies.

I believe this was a demonstration of collective thriving at work, where positive emotions were infectious, fostering exploratory thoughts and generating novel ideas.

A final planned liberating structure, 15% Solutions (Lipmanowicz & McCandless, 2013; p. 191), focusing on one small change that each individual might make to move SACMGP towards their favorite future possibility, was not feasible due to time limitations. Instead the group quietly reflected on the question, and anyone who cared to share their thoughts was invited to do so. Ideas generated from this activity included:

1. employing technology to enhance communication with external system partners,
2. taking personal responsibility for sharing knowledge,
3. maintaining a learning mindset.

Chapter Four offered the conclusion that providing leadership from a dialogic mindset may be a viable method to enhancing and maintaining collective thriving within SACMGP, and
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the overarching recommendation articulated in this Chapter was for SACMGP leadership to consider a dialogic mindset as integral to an implementation strategy for the recommendations from this inquiry project. I believe the outcome of the dialogic processes that characterized this two hour Quarterly Meeting provided proof of concept that this mindset can generate collective engagement and positive strategies for change.

**Organizational ownership.** This project has shown that when members of SACMGP come together around a common challenge, they have the capacity to adapt, to innovate, and to collectively thrive. The present study not only highlighted successful past experiences, but also documented a process that enhanced collective thriving as participants engaged in dialogue around a topic, generated a broader understanding, evaluated possibilities for change, and formulated ideas for action. This approach simultaneously generated and leveraged thriving to broaden employees' awareness and appreciation of their colleagues' perspectives and experiences, and to collectively build towards novel approaches, creative ideas and new social bonds.

As discussed in Chapter One, limited staff and physician time characterizes SACMGP’s current challenges, and invitations to meet as a group may, understandably, be met with resistance. Paradoxically, 27 members of SACMGP volunteered to participate in this inquiry project (53% participant rate), suggesting that the inquiry topic and approach resonated at some level with members of SACMGP. This approach to whole system engagement generated energy and enthusiasm for change, and a number of novel insights emerged, most notably, the idea that SACMGP’s current context may actually be an opportunity for thriving as opposed to a barrier. The challenge for SACMGP leadership, from my perspective, is to take the energy and learnings
that emerged from this process and carry them forward to inform ongoing approaches to engaging members of SACMGP in dialogue to permit collective adaptation, innovation, performance, wellness, and thriving.

The purpose of this action-inquiry project was to build engagement and readiness within SACMGP around the topic of thriving at work. As ownership for this initiative is transferred to the employees and leadership of SACMGP, it is my aspiration that the insights and ideas that emerged might redefine how SACMGP employees see themselves and possibilities for success within a turbulent and demanding healthcare environment. This project has highlighted the strength that collaborative inter-professional relationships and structured dialogue hold for collective thriving within SACMGP, which may potentially impact the way SACMGP is organized and how people work, adapt and innovate together.

In considering the implications for the organisation following this inquiry, it is difficult to say that there have been changes directly and exclusively due to this project. SACMGP is changing all the time due to the complex interaction of a multitude of factors. In discussing the psychological and social processes that are involved when one person tries to help another, Schein (2009) argued that “everything you do is an intervention”, and I expect that this project will have influenced change within SACMGP in the direction of dialogue, valuing relationships and vitality, as well as recognising the collective capacity of SACMGP employees.

**Implications for Future Inquiry**

Reflecting on both the methods employed for this inquiry project and the conclusions that emerged raised a number of potential areas for future inquiry.
Thriving within a healthcare context. Thriving at work has been evaluated in a number of organizational settings, however only a limited number of studies have considered thriving within a healthcare context (for example, Liu & Bern-Klug, 2013; Wendt et al., 2011). Given that employee health and wellbeing is a recognized outcome of thriving at work (Carmeli & Spreitzer, 2009; Porath et al., 2012; Walumbwa et al., 2017), and that health and wellbeing is central to the very purpose of the healthcare industry, further inquiry into the role of employee thriving in achieving these desired outcomes for healthcare workers seems warranted.

Thriving and patient outcomes. In the present study, improved outcomes for patients and families featured prominently in participants' aspirations for a thriving future. As far as I am aware, published studies considering thriving at work have demonstrated positive outcomes for employees, work units and organizations; however, I am not aware of any studies looking into associated outcomes for the recipients of services. One potential area for future inquiry may be to consider if thriving at work and collective thriving might lead to improved outcomes for clients and consumers. In particular, evaluating if thriving within SACMGP impacts patient care outcomes may be helpful.

Team enablers of thriving. Although a number of studies have evaluated the relevance of various contextual facilitators of thriving (Carmeli & Spreitzer, 2009; Koçak, 2016; Liu & Bern-Klug, 2013; Wallace et al., 2016), there is a relative paucity of empiric evidence regarding how a team or organization might promote such enablers. One gap recognized in the recommendations from the current inquiry is a lack of guidance regarding how SACMGP might foster team enablers of thriving. This represents an area for future research that has the potential to be of value to organizations interested in fostering the thriving potential of employees.
**Thriving enablers for interdisciplinary teams.** Most literature on thriving at work has focused on the individual employee, although a few studies have also characterized thriving as a collective state (Keister, 2014; Spreitzer & Sutcliffe, 2007; Walumbwa et al., 2017). In the present study, participants' aspirations for a thriving future highlighted the potential role of strong interdisciplinary relationships. One area for future inquiry may be to identify the contextual and leadership enablers that promote thriving specifically on interdisciplinary teams, especially given the promise that interdisciplinary collaborative practice may hold for solving workforce and resource issues within the healthcare sector (WHO, 2010).

**Internal versus external thriving attributions.** In the present study participants attributed past experiences of thriving to internal factors including staff, leadership, and relationships, whereas aspirations for a thriving future focused on external factors such as resources, technology, and genetic literacy. These findings were reminiscent of Keister (2014), who demonstrated that high-thriving teams attributed thriving to interpersonal relationships, whereas low-thriving teams attributed thriving to external factors such as resources. Assuming this is a true finding (see Scope and Limitations of the Inquiry), one area for future inquiry may be to explore the basis for ascribing thriving to internal versus external systemic factors.

**Dialogic processes as research methods.** The research methods for the present study employed a dialogic mindset (Bushe & Marshak, 2015); specifically, a series of Liberating Structures (Lipmanowicz & McCandless, 2013). Notably, three parallel large group methods were employed, each generating similar findings, supporting the validity these methods. Although overall their use was successful in generating usable data, limitations were noted (see Scope and Limitations of the Inquiry), and slight modifications were made to each successive
peer group method based on experience to increase effectiveness. Further inquiry into the utility of dialogic processes as research methods may be useful.

**Thriving as a mediator of successful dialogic organizational development.** The dialogic process described here involved participants learning with, from and about one another, via activities that were joyful, energizing, and exciting. It may be that collective thriving is generated from a dialogic process, and this state in and of itself is an unrecognized factor contributing to the success of this inquiry-based change process. Future inquiry could include an assessment of the thriving state of individuals participating in a dialogic process via the validated tool developed by Porath et al. (2012) to evaluate if collective thriving is an emergent consequence of dialogic organizational development, and to what degree this psychological state mediates successful outcomes.

**Thesis Summary**

This project set out to explore how a dialogic mindset might foster thriving within Southern Alberta’s Clinical and Metabolic Genetics Program (SACMGP). SACMGP employees aspire to provide high quality patient care within an organizational milieu characterized by increasing complexity, high work and emotional demands as well as environmental turbulence. The focus for this inquiry emerged from a series of informal conversations with staff, physicians and leadership about SACMGP’s most pressing challenges. At the heart of this topic was a desire to advance SACMGP’s strengths to promote sustainable performance, adaptive capacity, and the growth and wellbeing of employees.

Aiming to conceptualize a more concise framework led to the socially embedded model of thriving at work (Spreitzer et al., 2005), which depicts the psychological state where
individuals are experiencing both a sense of learning and vitality, influenced by work environment and social interactions. Thriving at work was a novel concept to me prior to embarking on this project, and the more I learned about how thriving at work might lead to the positive outcomes I was interested in, the more my curiosity grew. Moreover, inquiry into a positive construct, thriving, filled me with passion and energy for my project.

I was intensely interested in gaining experience with a strengths-based, positive organizational studies approach, valuing the potential for innovation and creativity as an emergent property of relationships. This led me to adapt the action research engagement cycle (Rowe et al., 2013) to incorporate the philosophies of appreciative inquiry (Cooperrider et al., 2008; Ludema et al., 2003), and approaches of liberating structures (Lipmanowicz & McCandless, 2013), grounded in a dialogic mindset (Bushe & Marshak, 2015). This method was particularly appealing as it held the prospect of creating collective learning and energy, thereby simultaneously studying and generating thriving within SACMGP.

A total of 27 members of SACMGP participated in one of three large group methods stratified by peer group. In exploring participants' best examples of thriving we learned that thriving is experienced as a collective state, where staff and physicians interact mindfully, discovering ways to overcome challenges together, motivated by a sense of caring for each other, their work and the people they serve. Participants' aspirations for a thriving future highlighted opportunities for SACMGP employees to leverage collective thriving to respond to challenges related to systemic factors, genetic literacy, and inter-professional relationships, in the interest of enhancing the well-being of patients.
This inquiry led to the four recommendations outlined in this chapter. The first highlights the role that a positive and supportive culture, climate and leadership have in promoting ongoing thriving at SACMGP. The second addresses the cognitive and affective dimensions of thriving, recognizing that members of SACMGP can identify when they are thriving, and offering that this attunement can support adjustments to work context and behaviors to promote ongoing thriving, especially in the setting of high learning demands, where vitality is essential. The third focuses on using SACMGP’s collective thriving to generate innovative ideas and foster novel relationships, including with external system partners, to surmount emergent challenges.

The final recommendation is grounded in the observation that approaching a complex challenge from a dialogic mindset generated learning and vitality among members of SACMGP. The thriving produced from this inquiry-based change process may be one feature distinguishing it from a traditional top-down planned and managed approach. A dialogic approach builds commitment and ownership, whereas a traditional approach that may create acquiescence and compliance, but is unlikely to create learning, enthusiasm, or ownership. In a world characterized by continuous change, complexity, and uncertainty, adopting a mindset that embraces these challenges as opportunities to thrive may support SACMGP staff in seeing their strengths and themselves differently, generating new alternatives for collective action.
References


scholarship of transformation. Advances in Appreciative Inquiry, Volume 4, (pp.89 - 113).
London, UK: Emerald.


Appendix A: Alberta Genomic Health Program Framework

The Alberta Genomic Health Program strategic framework (Alberta Genomic Health Program, 2015) would provide a collaborative, coordinated and comprehensive provincial strategy linking clinical and laboratory service providers with public health, policy, privacy and ethics initiatives toward actionable genomic service implementation for Alberta.
Appendix B: Southern Alberta Genetic Services Annual Patient Numbers

New patient referrals and patients seen (new and follow-up) in all Southern Alberta Genetic Services clinics since 1986. Data was pulled by R. Ferrier on September 9, 2016 from a patient management database internal to SACMGP.
Appendix C: Inquiry Team Member Letter of Agreement

In partial fulfillment of the requirement for a Master of Arts in Leadership Degree at Royal Roads University, Raechel A. Ferrier (the Student) will be conducting an inquiry research study at Southern Alberta Genetic Services to consider how a dialogic organization development process might foster thriving within Southern Alberta Genetic Services. The Student’s credentials with Royal Roads University can be established by calling Dr. Catherine Etmanski, Director, School of Leadership, at (250) 391-2600 x4162 or email Catherine.etmanski@RoyalRoads.ca

Inquiry Team Member Role Description
As a volunteer Inquiry Team Member assisting the Student with this project, your role may include one or more of the following: providing advice on the relevance and wording of questions and letters of invitation, supporting the logistics of the data-gathering methods, including observing, assisting, or facilitating a focus group or large group method, taking notes, transcribing, or reviewing analysis of data, and participating in a "Reflection on Action" meeting along with the project sponsor and co-sponsor, to assist the Student and Southern Alberta Genetic Services’ organizational change process. In the course of this activity, you may be privy to confidential inquiry data.

Confidentiality of Inquiry Data
In compliance with the Royal Roads University Research Ethics Policy, under which this inquiry project is being conducted, all personal identifiers and any other confidential information generated or accessed by the inquiry team advisor will only be used in the performance of the functions of this project, and must not be disclosed to anyone other than persons authorized to receive it, both during the inquiry period and beyond it. Recorded information in all formats is covered by this agreement. Personal identifiers include participant names, contact information, personally identifying turns of phrase or comments, and any other personally identifying information.

Bridging Student’s Potential or Actual Ethical Conflict
Although potential participants do not report directly to the Student, in the event there are concerns regarding perceived power over or conflict of interest stemming from the Student’s role in the inquiry process, you as a neutral third party with no supervisory relationship with either the Student or potential participants, may be asked to work closely with the Student to bridge this potential or actual conflict of interest in this study. This will be under the direction of the Student and will be fully briefed by the Student as to how this process will work, including specific expectations, and the methods to be employed in conducting the elements of the inquiry, and will be given every support possible by the Student.

Personal information will be collected, recorded, corrected, accessed, altered, used, disclosed, retained, secured and destroyed as directed by the Student, under direction of the Royal Roads Academic Supervisor.
Inquiry Team Members who are uncertain whether any information they may wish to share about the project they are working on is personal or confidential will verify this with Raechel Ferrier, the Student.

**Statement of Informed Consent:**
I have read and understand this agreement.

_________________________ _________________________  __________________
Name (Please Print)        Signature                  Date (YY/MM/DD)
Appendix D: Action Research Engagement Model

Appendix E: Schematic of Inquiry Project Approach

Alignment of Inquiry Project Approach with Action Research Engagement Model (Rowe et al. 2013) and the 5D cycle of Appreciative Inquiry (Agger-Gupta & Perodeau, 2016).

**Notes:**
1. *If these methods were employed again, an alternate 1-2-4-All brainstorming structure would be employed instead of the 1-2-4-All.
2. *If these methods were employed a second time, Crowd Sourcing would be employed instead of the 1-2-4-All.
3. *Due to time constraints, an abbreviated 15% Solutions process was employed.

*If these methods were employed a second time, Crowd Sourcing would be employed instead of the 1-2-4-All.*
Appendix F: Participant Notebook

Participants were provided with a 13 page 5.5” by 8.5” double sided notebook with the following headings on each page:

Page 1: Impromptu Networking
Why did you volunteer to participate in this gathering today?
What do you hope to learn from, and offer to, others today?

Page 2: Keynote Talk "How Organizations Thrive"
What do you think this presentation might be about?
What qualities do you think this presentation would focus on?
What do you think the speaker would describe?

Page 3: This is a story about a time when...
Who was involved?
What were you doing?
What happened?
What was going on?

Page 4: Appreciative Interviews
Optional Questions / Prompts

Tell me more...
How did that affect you?

What was is about you/others/our service that made this experience possible?
What qualities/skills/values did you demonstrate that enabled this experience?
Who were significant others and what did they contribute?
What were the most important factors about Genetic Services that helped?

What about this experience are you most proud of?
How did you overcome challenges?
What about this experience made success possible?
How did you learn/grow/change from this experience?

What was most noteworthy about this story?
What do you value most about this experience?
What was it about this experience that made it meaningful to you?
What surprised and excited you the most about this experience?

How did this experience make you feel?
What does this experience say about your strengths?
What would others who shared this experience with you say about your qualities?
What core value do you think this example demonstrates?

Page 5:  
**Appreciative Interviews**

*Interview Guidelines*

2. Collect details about what enabled experience
3. Listen generously, you will be sharing the results of your interview later

Page 6:  
**Discovering a Thriving Genetic Service**

*How Was Thriving Experienced - Themes and Patterns*

What were the patterns across stories? What were the themes?
Were there any similarities between stories? Anything unique?

Page 7:  
**Discovering a Thriving Genetic Service**

*Why Was Thriving Experienced - The Root Cause of Success*

Can you identify the root causes of success in other people's stories?
What is making success possible?

Page 8:  
**Dreaming Bold Dreams**

Imagine we are 10 years into the future, and a miracle has happened. Multiple small and big changes have come together and Genetic Services has become your ideal thriving service. What's it like?

Page 9:  
**Dreaming Bold Dreams (continued)**

Page 10:  
**Generating Bold Dreams**

*Optional Questions / Prompts*

In your vision of a thriving service...

What is the nature of internal relationships?
How does collaboration and teamwork look?
What are standard communication practices?

What is the culture of Genetic Services?
What is the quality of work life?
How do internal members of Genetic Services respond to change?

What are the practices and structures of Genetic Services?
How does Genetic Services use technology?
How does Genetic Services share information?

What is the nature of leadership?
What are the decision-making and planning processes?
What do human resource practices look like?

What is the purpose of Genetic Services?
How is Genetic Services having a positive impact?
What are the strategies and directions being pursued by Genetic Services?

How does Genetic Services attract and retain talent?
How does training, learning, and development happen?
What is the role for e-learning?

What is the nature of external relationships?
What do system partner networks look like?
What is Genetic Services' image and reputation?

Page 11: Generating Bold Dreams
Interview Guidelines

1. Listen for what's happening that's new, and what has remained the same
2. Do not judge or challenge, remember, a miracle has happened
2. Listen generously, you will be sharing the results of your interview later

Page 12: Envisioning the Future
How is Genetic Services Thriving - Themes and Patterns

What were the patterns across dreams? What were the themes?
Were there any similarities between stories? Anything unique?

Page 13: Envisioning the Future
Why is Genetic Services Thriving - Key Organizational Elements

Can you identify the key organizational elements that are making the dream possible?
Appendix G: Letter of Invitation

Letter of Invitation to Participate in an Action Research Project Aimed at Exploring How a Dialogic Organizational Development Process Might Foster Thriving Within Southern Alberta Genetic Services

Dear Prospective Participant,

I would like to invite you to be part of a research project that I am conducting. This project is part of the requirement for my Master’s Degree in Leadership, Health Specialisation, at Royal Roads University. The objective of my research project is to understand what you would characterise as a thriving workplace, and in particular, your image of a thriving SAGS. I am interested in discovering the best of the Service, and capturing your preferred vision of the Services' future, toward developing recommendations for transformative action.

You have been chosen as a prospective participant because you are currently a Nurse or Allied Health Professional with Southern Alberta Genetic Services. You are specifically being invited to participate in a group method along with 21 nurse and allied health professional colleagues, which may take up to 2 hours. **It will take place in Conference Room 13 at the Alberta Children’s Hospital on April 10, 2017, beginning promptly at 2:00 pm.** Light refreshments will be provided. Any expenses incurred to participate in the study (e.g., parking costs, babysitting) will be reimbursed. In the event that too few invited participants choose to enroll in this research project to permit a group method, you will be invited to participate in a one-on-one interview rather than a group method.

Given that the method will be determined by the number of participants, I am requesting that, if you are interested in participating in this research project, you notify me by April 4, 2017 to permit adequate preparation time.

You have been chosen as a prospective participant because you are currently an administrative professional, medical transcriptionist, or health information management professional with Southern Alberta Genetic Services. You are specifically being invited to participate in a group method along with 14 of your peers, which may take up to 2 hours. **It will take place in Conference Room 13 at the Alberta Children's Hospital on April 17, 2017, beginning promptly at 9:00 am.** Light refreshments will be provided. Any expenses incurred to participate in the study (e.g., parking costs, babysitting) will be reimbursed. In the event that too few invited participants choose to enroll in this research project to permit a group method, you will be invited to participate in a one-on-one interview rather than a group method.
Given that the method will be determined by the number of participants, I am requesting that, if you are interested in participating in this research project, you notify me by April 4, 2017 to permit adequate preparation time.

[Inset Next Two Paragraphs for Physician Invitation]

You have been chosen as a prospective participant because you are a Clinical Geneticists with Southern Alberta Genetic Services. You are specifically being invited to participate in a group method along with 11 physician colleagues, which may take up to 2 hours. It will take place in the Genetic Lab Services Library at the Alberta Children's Hospital on April 28, 2017, beginning promptly at 8:30 am. Light refreshments will be provided. Any expenses incurred to participate in the study (e.g., parking costs, babysitting) will be reimbursed. In the event that too few invited participants choose to enroll in this research project to permit a group method, you will be invited to participate in a one-on-one interview rather than a group method.

Given that the method will be determined by the number of participants, I am requesting that, if you are interested in participating in this research project, you notify me by April 14, 2017 to permit adequate preparation time.

The attached document contains further information about the study conduct and will enable you to make a fully informed decision on whether or not you wish to participate. Please review this information before responding.

I realize that due to our collegial relationship, you may feel compelled to participate in this research project. Please be aware that you are not required to participate and, should you choose to participate, your participation would be entirely voluntary. If you do choose to participate, you are free to withdraw at any time without prejudice. If you do not wish to participate, simply do not reply to this request. Your decision to not participate will also be maintained in confidence. Your choice will not affect our relationship or your employment status in any way.

Please feel free to contact me at any time should you have additional questions regarding the project and its outcomes.

If you would like to participate in my research project, please contact me at:

Email: raechel.ferrier@ahs.ca

Telephone: 403-955-7368

Sincerely,

Raechel Ferrier
Appendix H: Research Information Letter

Information Letter Regarding Action Research Project Aimed at Exploring How a Dialogic Organizational Development Process Might Foster Thriving Within Southern Alberta Genetic Services

Title of Study: How Might a Dialogic Organization Development Process Foster a Thriving Southern Alberta Genetic Service (SAGS)?

Principal Researcher: Raechel A. Ferrier, BSc, MSc, Researcher/Graduate Student, School of Leadership Studies, Royal Roads University

Project Sponsor: Ruth Kohut, RN, MSc, Patient Care Manager, Southern Alberta Genetic Services, Alberta Health Services

Project Co-Sponsor: Francois Bernier, MD, Clinical Director, Southern Alberta Genetic Services, Alberta Health Services / Department Head, Department of Medical Genetics, University of Calgary

Academic Supervisor: Niels Agger-Gupta, MA, PhD, Associate Professor, School of Leadership Studies, Royal Roads University

Introduction

My name is Raechel Ferrier, and this research project is part of the requirement for a Master’s Degree in Leadership, Health Specialisation, at Royal Roads University. My credentials with Royal Roads University can be established by contacting Dr. Catherine Etmanski, Director, School of Leadership Studies: Catherine.etmanski@RoyalRoads.ca or 250-391-2600 ext. 4162.

Purpose of the Study and Sponsoring Organization

The purpose of my research project is to understand what you and other members of SAGS would characterise as a thriving workplace, and in particular, your image of a thriving SAGS. I am interested in discovering the best of the Service, and capturing your preferred vision of the Services' future, toward developing recommendations for transformative action.

Participation and How Information Will be Collected

The research is being conducted via three independent group methods, distinguished by peer groups (physicians, allied health professionals and nurses, administrative support, medical transcriptionists and health information management professionals). The specific method employed within each peer group will depend on the number of participants who volunteer to partake.
Large-Group Method: In the event that eight or more members of a peer group choose to participate in this research project, a large group methods consisting of three liberating structures (impromptu networking, appreciative interviews and 1-2-4-All) will be employed. It is estimated that this method would take no more than 2 hours.

Small-Group Method: In the event that four to seven members of a peer group choose to participate in this research project, a small group methods consisting of a focus group will be employed. It is estimated that this method would take no more than 2 hours.

One-On-One Interviews: In the event that three or less members of a peer group choose to participate in this research project, one-on-one interviews will be employed. It is estimated that this method would take no more than 1 hour per participant.

Focus of Anticipated Questions:

This project's research questions can be separated into two main categories:

1. The project will aim to discover how you and your colleagues have experienced thriving within SAGS.

2. This project will aim to uncover your and your colleagues' vision of a thriving SAGS.

Benefits and Risks to Participation

This project has the potential to foster a valuable change process for SAGS. I believe that through inquiry members of SAGS can collaboratively discover new ways to manage and organize their work to enhance performance and cultivate a positive workplace environment. I am optimistic that members of SAGS can identify improved approaches to managing and leading change toward a shared vision. Finally, I am hopeful SAGS can grow in its overall capacity to continually adapt to emergent external challenges. This inquiry has the potential to leverage the strengths of SAGCS toward supporting sustainability, adaptive capacity, and growth and wellness of system partners.

By participating in this research you may be exposed to the following risks or inconveniences:

- The inconvenience of donating your personal time.

Inquiry Team

This study will be supported by an inquiry team consisting of:

1. Mr. Derek Bley, Graduate Student, School of Leadership Studies, Royal Roads University / Surgical Services Manager, Alberta Health Services
COLLECTIVE THRIVING AND A DIALOGIC MINDSET

2. Ms. Gillian Graham, Graduate Student, School of Leadership Studies, Royal Roads University / Clinical Instructor, Alberta Health Services
3. Ms. Laurie Harding, Graduate Student, School of Leadership Studies, Royal Roads University / Rockyview General Hospital Site Manager, Alberta Health Services

Sponsor / Co-Sponsor

This study is being conducted at Alberta Children's Hospital (ACH) and is an unfunded study. ACH will provide space to carry out the research method. Ms. Ruth Kohut is the project's sponsor, and Dr. Francois Bernier is the project's co-sponsor. Dr. Niels Agger-Gupta is the project's academic supervisor.

Voluntary Core Group

Following the data collection, a core group of 1-3 participants from each peer group will be invited to reflect on the data generated towards developing provocative ideas for action.

Real or Perceived Conflict of Interest

The project Sponsor and Co-Sponsor will not attend the research methods, nor have access to the names of participants. The voluntary core group (or else the inquiry team) will review data only after it has been anonymized to protect participants' confidentiality. You may withdraw from the study at any time. Information will be collaboratively shared and collected from the group method by study participants, and themes will be co-identified. Once you have shared your perspectives it would be impossible to withdraw your individual data from the collective knowledge. I disclose this information here so that you can make a fully informed decision on whether or not to participate in this study.

Confidentiality, Security of Data, and Retention Period

I will work to protect your privacy throughout this study. All information collected will be maintained in confidence with hard copies (e.g., consent forms, worksheets, flipchart paper) stored in a secure filing cabinet in my home office. Electronic data (such as audio files and transcripts) will be stored on a password protected computer on my home computer. Information will be summarized, in anonymous format, in the body of the final report. At no time will any specific comments be attributed to any individual unless specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. However, large group methods by their very nature are not anonymous and although all participants will be asked to keep confidential the deliberations of the large group method, confidentiality cannot be guaranteed. All raw data will be destroyed no later than September 2022.

Sharing Results
In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts in Leadership, there is potential that I would also be sharing my research findings with the leadership team at ACH. The final report, results and/or recommendations will be published with Thesis Canada Portal, and may be presented at a professional conference, or published in a newsletter, journal article or book.

**Procedure for Withdrawing From the Study**

You may withdraw from this study at any time by contacting Raechel Ferrier by email or telephone. If you choose to withdraw, information gathered during any group method will be difficult, if not impossible, to remove.

You are not required to participate in this research project. By replying to my e-mail request for participation you indicate that you have read and understand the information above and give your free and informed consent to participate in this project.

Please keep a copy of this information letter for your records.
Appendix I: Participant Recruitment Information Poster

Have You Considered Your Invitation to Participate in a Research Project Exploring Thriving Within Southern Alberta Genetic Services?

Participants are being recruited now for the following dates/times:

<table>
<thead>
<tr>
<th>Nursing and Allied Health</th>
<th>Administrative Professionals</th>
<th>Clinical Geneticists</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 10 2:00-4:00</td>
<td>April 17 9:00-11:00</td>
<td>April 28 8:30-10:30</td>
</tr>
<tr>
<td>ACH Conference Room 13</td>
<td>ACH Conference Room 13</td>
<td>ACH Genetic Labs Library</td>
</tr>
<tr>
<td>Current # of Participants:</td>
<td>Current # of Participants:</td>
<td>Current # of Participants:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Target recruitment is 8 or more participants per group.

This project has been designed to provide space for ideas to germinate, and aims to include everyone in shaping next steps. Please consider this invitation to contribute your individual brilliance and creativity to the collective wisdom of this community.

We are excited to learn from YOU! If you are interested in participating please RSVP to Raechel.Ferrer@ahs.ca.

This study is being conducted by Raechel Ferrier, as part of the requirement for a Master's Degree in Leadership at Royal Roads University (RRU). This study is being conducted at Alberta Children's Hospital (ACH) and is an unfunded study. Ms. Ruth Kohut is the project's sponsor, and Dr. Francois Bernier is the project's co-sponsor. Dr. Nita Agger-Gupta is the project's academic supervisor. This project has received RRU Research Ethics Board approval and AHS operational approval.
Appendix J: Informed Consent Form

Consent for Participation Research Aimed at
Exploring How a Dialogic Organizational Development Process
Might Foster Thriving Within Southern Alberta Genetic Services

Title of Study: How Might a Dialogic Organization Development Process Foster a Thriving Southern Alberta Genetic Service (SAGS)?

By signing this form, you agree that you are over the age of 19 and have read the information letter for this study. Your signature states that you are giving your voluntary and informed consent to participate in this project.

PLEASE CHECK ALL THAT APPLY:

☐ In the event there is a sufficient number of participants from my peer group for a large group, I consent to participate in a large group method, which will be audio recorded.

☐ In the event there is a sufficient number of participants from my peer group for a focus group, but an insufficient number for a large group method, I consent to participate in a focus group, which will be audio recorded.

☐ In the event there is an insufficient number of participants from my peer group for a group method, I consent to participate in a one-on-one interview, which will be audio recorded.

☐ Regardless of the number of participants from my peer group, I ONLY consent to participating in a one-on-one interview, which will be audio recorded. I understand that there may be limited interview spots available, and that by choosing this option, I may not have an opportunity to participate in this research study.

PLEASE CHECK THE FOLLOWING:

☐ I commit to respect the confidential nature of the group method by not sharing identifying information about the other participants.

Name: (Please Print): ________________________________________________________________

Signed: _______________________________________________________________________

Date: _________________________________________________________________________
Appendix K: E-Mail Explanation for Why Interviews Were Not Performed

Dear Potential Research Participant,

You were previously invited to participate in a research project that I conducted in the Spring of 2017, as part of the requirement for my Master of Art Degree in Leadership, Health Specialisation, at Royal Roads University. My records indicate that you had volunteered to participate; however, you were not available for the large group method that your peers participated in. The option to provide data by way of a 1:1 interview may have been extended to you.

I would like to take this opportunity to sincerely thank you for your interest in this research project. Unfortunately, due to time constraints and the large amount of data generated from the three large group methods, in the end 1:1 interviews were not feasible.

I am planning to present on the outcome of this study at a Medical Genetic Grand Rounds in the upcoming months, and I hope you will consider the opportunity to attend and learn about the recommendations that emerged from this project.

Sincerely,

Raechel Ferrier
Appendix L: Design Possibilities Maps
Appendix M: Possibility Statements

Definitions

We are clinical geneticists, metabolic physicians, genetic counsellors, nurses, dieticians, pharmacists, administrative professionals, medical transcriptionists, health information management professionals, trainees, volunteers, research assistants, and leadership.

Our system partners include other healthcare providers, Genetic Lab Services, the Department of Medical Genetics, information and communications technology professionals, AHS and UofC leadership, other academic and government institutions, charitable organisations, professional associations, and industry.

We Unite: All Contributions Are Valued

- We work together, alongside patients, families, and system partners towards shared goals, a common purpose, and a clear vision.
- All of our relationships are characterised by mutual appreciation, commitment, respect, support, and trust.
- Our teams provide efficient, effective, and cohesive care by understanding and embracing each member’s strengths, competencies, roles, responsibilities, and scope of practice.
- We meet and learn together regularly, openly sharing new skills and knowledge, and contributing to one another’s ongoing growth and development.
- We model honest and timely communication, where diverse ideas, opinions and perspective are encouraged, and decisions are made with input from all relevant partners.
- We excel at cultivating successful interdisciplinary partnerships that recognise, value, and build on each member’s complementary attributes and areas of expertise.

We Care: Astonishing Patient Experience

- Our service is recognised as an international leader in providing exceptional counselling, diagnostics, and therapy for patients with rare genetic diseases.
- We offer our patients a state-of-the-art precision healthcare service that is prompt, efficient, and comprehensive.
- We are a positive force throughout the lifetime of our patients, listening respectfully, thinking critically, and caring compassionately.
- In collaboration with patients, families and system partners we develop practical strategies to eliminate access barriers, ensuring our patients receive the services they need when they need them, and empowering our families to navigate the complexities of our healthcare system.
- Every patient has an opportunity to partake in research, including gene discovery, care delivery models, novel therapeutics, clinical translation, and social implications, toward supporting improvements in counselling, diagnosing, treating, and understanding genetic diseases.
- We continually strive to exceed the expectations of our patients and their care providers.
We Shine: Expend Energy on What Matters

- We have the freedom to focus our expertise, strengths and passion on caring for patients.
- We jointly share responsibility and recognition for the success of our colleagues, our teams, and our service.
- Together with patients, families and our system partners, we invest in discovering creative ways to optimise workload and operational factors (processes, procedures, policies, paperwork), limit distractions and duplication, and maximise available resources (technology, staffing, time, office space, money, services).
- We proactively attend to the evolving knowledge and skill requirements of our teams through a combination of continuous reflection and learning, recruiting novel talent, and strengthening collaboration with system partners.
- We embrace an experimental mind-set as we adapt and succeed in new and challenging environments.
- We take time to celebrate the learning that comes from innovative ideas and initiatives.

We Lead: We Are All Genomic

- We advance clinical genomics as a fundamental component of basic health and well-being for people and families.
- We volunteer our time and expertise to support the ability of our system partners, as well as the public, patient support groups and media, to understand, discuss, interpret, and integrate genomic concepts into everyday applications.
- We uphold the capacity of families and communities to foster the prosperity of patients with genetic diseases.
- In collaboration with system partners we advocate for individuals’ rights to know, own, access and share their genetic information.
- We engage with the public, government, academia and industry regarding the ethical, legal, and social implications of genomic knowledge and technologies.
- We offer direction to organisational, provincial, national and international initiatives aimed at preventing disease, promoting wellness and improving health outcomes.