



# Improving Nursing Practice and Patient Care

## *Building Capacity With Appreciative Inquiry*

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Appreciative inquiry is a philosophy and methodology for promoting positive organizational change. Nursing leaders at 6 community hospitals are partnering with the authors on a project that uses appreciative inquiry to improve communication and collaboration, to increase nurse involvement in decision making, and to enhance cultural awareness and sensitivity. In this article, the authors describe appreciative inquiry, how hospitals are using it, and the initial lessons learned.

Communication and collaboration within nursing and across disciplines and departments, and nurse involvement in decisions about patient care and nursing practice are associated with successful nurse recruitment and retention as well as high quality care. Although the literature offers compelling rationale for improving communication and increasing nursing involvement in decision making, there is minimal guidance on how to implement and sustain these organizational features in practice. To address this issue, an action research project was

initiated to evaluate methods for improving the nursing work environment in 6 community hospitals. To tap and build on the best ideas and practices already existing in each hospital, we adopted appreciative inquiry (AI) as a methodology for making positive organizational change.

### *Setting the Stage*

In 2004, we began a 5-year action research project funded by the Health Resources and Services Administration to create a service-research partnership with 6 community hospitals. The project goal is to build capacity to use what research tells us to shape practice environments to enhance nurse retention and quality patient care. The project hospitals are located in Pennsylvania; most are rural and are located in the Health Resources and Services Administration Bureau of Health Professions' designated "Nurse Shortage Counties." The project objectives are: (1) to improve communication and collaboration among nurses and other healthcare professionals, (2) to enhance staff nurse involvement in organizational and clinical decision making, and (3) to enhance cultural awareness and sensitivity toward patients, families, and other staff, disciplines and departments.

The project combines the AI change management model with a "bundle" of other strategies such as collection, benchmarking, and reporting of performance data; learning collaborative meetings 3 times a year at a central location; telephone conferences; hospital site visits by the

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project team 1 to 2 times a year; a private Web site with resources and tools; a discussion forum; and partnering of project hospitals with mentor American Nurses Credentialing Center–recognized Magnet Hospitals™.

### What is Appreciative Inquiry?

Appreciative inquiry is a philosophy and methodology for promoting positive organizational change through creating meaningful dialogue, inspiring hope, and inviting action.<sup>1,2</sup> “Appreciative organizations engage members in practices of realizing (making) organizational settings based upon appreciation.”<sup>3(p2)</sup> The major assumption of AI is that in every organization something works; change can be leveraged through identifying what works and analyzing how to do more of what works.<sup>4</sup> It is a “generative thought process that is constantly recreated by those who use it.”<sup>4</sup>

Most change management models guide organizational members to search for problems and then identify options for “fixing” the problems. In contrast, AI is a strength-based approach to change management that guides organizational members to conduct inquiries to discover what is already working and then design mechanisms to do more of what works as a foundation for change. By focusing on the positive—what already works well in the organization, AI supports futuristic thinking. Organizations grow in the direction toward which they focus their attention and repeatedly ask

questions about.<sup>5</sup> “Unconditional positive questions” ignite conversation and action based on peak experiences, best practices, and noble accomplishments.<sup>5</sup> According to Ludema et al,<sup>5</sup> “...if we devote our attention to what is wrong with organizations...we lose the ability to see and understand what gives life to organizations and to discover ways to sustain and enhance that life-giving potential.”<sup>(p189)</sup>

The AI framework also serves as a foundation for a strength-based approach to strategic planning—SOAR (strengths, opportunities, aspirations, and results).<sup>6</sup> SOAR offers a positive alternative to the well-known SWOT model (strengths, weaknesses, opportunities, and threats). According to Stavros et al, “Change requires action. Action requires a plan. A plan requires a strategy. A strategy requires goals and enabling objectives. Goals and objectives require a mission. A mission is defined by a vision. A vision is set by values. And the (AI) approach to strategic planning starts by focusing on the strengths of an organization and its stakeholders’ values.”<sup>6(p2)</sup>

### The 4-D Cycle

Appreciative inquiry includes 4 iterative phases that occur in sequence—the 4-D cycle: discovery—appreciate “what works”; dream—imagine “what might be”; design—determine what “should be”; and delivery/destiny—create “what will be” (Figure 1).

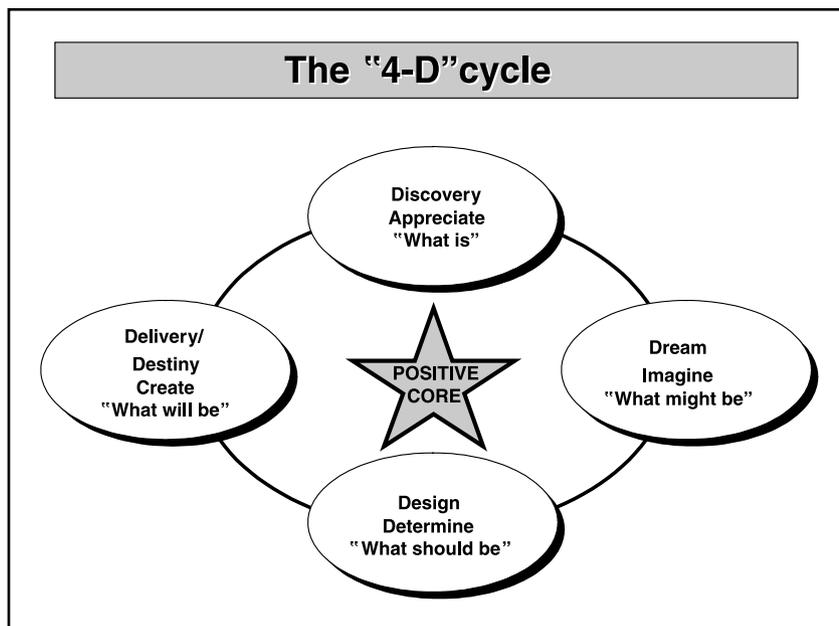


Figure 1. The appreciative inquiry 4-D cycle.<sup>21</sup>

## Discovery Phase

During the discovery phase, AI teams or committees (in our case, nurses recruited by the hospital core Health Resources and Services Administration project team) conduct AI interviews or ask AI questions of organizational participants. The AI interviews are designed to bring to light the organization's positive capacity in regard to a chosen topic, in order to discover and make explicit "what works." In our project, the foci for AI are communication/collaboration, staff nurse involvement in decisions about practice and care, and cultural awareness/sensitivity. Thus, participants have included nurses, other departments, and other disciplines.

The AI interview questions have a purposeful flow, reflecting first on past experience (backward), then exploring what about that experience worked (inward), and finally, identifying ways to build on past positive experiences (forward). Figure 2 presents sample AI interview questions.

## Dream Phase

During the dream phase, interviewers look at the stories generated during the AI interviews and identify the "positive core" or the key positive attributes and skills the stories reflect. These attributes and skills are then presented to the hospital teams and participants, who are then asked to expand on the "positive core" and articulate dreams and desires: "What would it look like if our positive core grew to 10 times its current capability—or 100 times?" They think ahead and project a compelling positive vision, often creatively, for example, by acting out a scenario of the most desirable future. "If you could have it your way with respect to communication and collaboration, what would it look like? Come with me to November 1, 2015. Imagine that your fondest wishes have taken hold. Act out an interdisciplinary staff meeting taking place. Who is in attendance? What are the agenda topics? What are people at the meeting saying that demonstrates communication and collaboration at its best?" As these dreams are enacted, the AI team captures the most compelling ideas and summarizes them. The ideas are then discussed with other stakeholders (eg, Emergency Department staff and the Imaging Department staff) and become the basis for action plans.

## Design Phase

During the design phase, teams look at the processes and structures that need to be in place for the dream to become reality. "What does it

- **Backward (anchor in positive experience)**

Describe a time when you collaborated with individuals from another department where all parties treated one another with respect and everyone's expertise was needed to make a difference?

- **Inward (reflect on what worked)**

What was your contribution? What was it about you, the hospital and your co-workers that made it special? What did you most value about the interaction with the team members?

- **Forward (build on past, imagine what might be)**

What 3 wishes do you have to improve the vitality and effectiveness of communication and collaboration in your hospital? What is the one thing that if done well, would make the most difference to improve collaboration at this hospital?

Figure 2. Sample appreciative inquiry interview questions.

mean to have staff nurse decisional involvement here? Involvement in which decisions? Who is involved? Where does accountability lie?" Design elements can include changes to committee structures, policies and procedures, meeting formats, recognition methods, communication links, position descriptions, scheduling processes, measurement tools, and more. The hospitals participating in our project are exploring a range of options for redesigning their processes and structures, redefining the roles of managers to shift more decision making to staff, changing how shift reports occur, with an overlap in shift change, involving staff in the design of a new care delivery model, and reorganizing committees to facilitate more timely and positive interaction.

## Delivery/Destiny Phase

During this phase, participants focus on sustaining AI's positive approach to improvement. The participants make a habit of noticing what is changing for the better—every hour, every day, every conversation, every meeting. People say what they themselves are doing right and notice what others do well. By including ever-broadening circles of participants in the process, the destiny phase extends the impact of AI throughout the hospital. With an ongoing focus on seeking the positive, participants build relationships, continue to redesign structures and sustain processes based on the hospital's best attributes.

## Use of AI by Others

Appreciative inquiry has been used in US and international organizations, such as the US Navy

and the US Department of Health and Human Services, McDonald's, BP, John Deere, Hunter Douglas, US Cellular, GTE, Roadway Express, Nokia, British Airways, Brazilian Nutritional Foods, and World Vision. Increasingly, AI is being used in healthcare organizations. For instance, AI was used at the Lovelace Health System in Albuquerque, NM, to "create a positive future for nursing" with the goal of improving nurse vacancy rates, turnover and satisfaction; patient satisfaction; and communication and productive relationships among nurses and other health professionals.<sup>7</sup>

The Department of Nursing at the Children's Hospital of Philadelphia (CHOP) used AI to shape an initiative called "Be part of our journey—There is no place like CHOP."<sup>7</sup> At the Children's Hospital of Philadelphia, nurses articulated a desired future for the Department of Nursing that magnified their positive core of strengths. Their stories of excellence and cooperation, along with strengthened unity within the department, fueled the effort to earn recognition as an American Nurses Credentialing Center Magnet Hospital™. Similarly, the University of Kentucky Hospital in Lexington initiated "Nursing Excellence—The UK Way" to produce positive change in 4 areas: materials and equipment, customer service, magnet awareness, and mentoring. According to Karen Stefaniak, PhD, RN, Associate Hospital Director/Chief Nursing Officer, AI is now part of the fabric of everyday life at UK Hospital—which is also an American Nurses Credentialing Center-recognized magnet hospital™.

Appreciative inquiry or adaptations of AI have also been used to navigate organizational change and leadership transition<sup>1</sup>; for organizational leadership development and behavior in a professional nursing organization<sup>8</sup>; and to evaluate the process of change, "to describe what worked," in a cancer services collaborative improvement project in the United Kingdom.<sup>9</sup> Finally, AI has been used to facilitate positive culture change in the Indiana University School of Medicine.<sup>10</sup>

### ***The Structure of Our AI Implementation Process***

To get started, the project team convened hospital chief nursing officers (CNOs) and on-site hospital coordinators (each hospital provided an "in kind" .25 FTE staff member to assist onsite with project activities) for an orientation and planning meeting. Appreciative inquiry practice and theory were introduced. Then at the first learning collaborative,

project hospital CNOs, site coordinators, staff nurses, and CNOs and staff from magnet mentor hospitals learned the AI process. They interviewed each other and defined each topic of inquiry (eg, staff nurse involvement in decision making, telling stories that illustrated the topic at its best). Interview questions were written and brought back to their hospitals to engage others in finding positive stories. Each hospital developed an AI core team, and our project director and AI consultant worked with them during site visits to tailor the "AI Interview Guide" for their specific use. Each hospital organized their inquiry by selecting who to interview, and how many interviews to conduct. This gave each hospital the freedom to explore the topics in a way most useful to achieve the change they desired. The project director and the AI consultant remain in frequent contact with all project hospital teams to reinforce and support their AI efforts.

### ***How We Are Using AI***

In addition to implementing the AI 4-D cycle in each partner hospital, we are using AI principles to guide all project activities. For instance, all project encounters begin with strength-based questions such as "What is already going well with regard to the project objectives at your hospital or on your unit (with a pause to focus and recall those positive experiences, thereby grounding participants)? What is already changing (very important thing to notice)? What are you discovering? Who have you involved? What are you learning?" Appreciative stories are recounted in project newsletters, during site visits, in telephone conferences, and at the opening of learning collaboratives. This opening collaborative "positive check-in" has emerged as one of the more energizing and "looked forward to" aspects of all encounters.

Because AI is a guiding framework for this project, the project director (DH) uses it to shape the annual project formative evaluation interviews—1-hour taped interviews with the CNOs and on-site coordinators from each of the 6 project hospitals. During these interviews, the CNOs and project coordinators have shared insights into "things that were working well" and what project hospitals "want more of" as they implement the project in their hospitals and interact with the broader collaborative. Thus, the formative evaluation interviews themselves generate enthusiasm about what is working and also provide ideas for the project team about what we can do more of and what we can do better—quality monitoring.

## **AI Requires a New Way of Thinking and a New Set of Skills**

Project hospital partners have told us that using AI has required them to develop a new way of thinking and a new set of skills, in effect “rewiring.” The focus on the positive and the future is very different from the frameworks traditionally used in healthcare organizations to improve performance which identify what is wrong and figure out how to fix it. In contrast, the AI change management model helps members focus on what works or has worked well in the past (recalling excellence) and then identify what was involved, who was involved, what was done, how it felt, and how they can make this “best practice” happen more often.

Participants have reported that many nurses are reluctant to say what they do well: “Nurses have an overdeveloped sense of humility.” Finally, participants reported that they were more comfortable collecting and evaluating quantitative performance data than the qualitative information through the AI interview process—this required new skills. Project staff (SW and DH) conducted on-site training for hospital AI team members to teach them how to review the AI stories to capture central themes.

One interviewee said: “We struggled with how you operationalize the AI process...[We] focused so much on learning the process, conducting the inquiry...how you do the interviews...then the ‘light bulb’ went on. We are now using AI informally in MD interactions and staff meetings for delicate interactions, and we used it to deal with a hostile family.” Partners have shared that AI requires a “different mind set.” “It is difficult...the whole world remembers the bad and not the good.” And sadly, “Getting people to be positive is a challenge.”

## **Adapting AI Principles to Meet “Local Needs”**

Project hospitals are informally adapting AI principles to meet organizational needs, as is often the case when organizations implement innovations.<sup>11</sup> One partner said, “We are trying to do things but not with the pure AI process; we are now trying to work toward a positive end in general...trying to incorporate [AI] into other things such as not complaining, but looking for what is working.” Another shared, “If you look for it [AI] in meeting minutes, you will not find it. But if you go to a meeting you will hear it. We are now looking for moments of success and figuring out how we can multiply them.”

## **Good Things Are “Already” Happening**

The emergence of AI principles in our project continues to surprise us. We underestimated the power of this framework in creating project energy and synergy. In the formative evaluation interviews, we learned that after 1 year, “good things” (small wins) were already happening—often reflecting culture change within the hospitals. One participant shared, “Now we always start meetings on a positive note—what is working? Discussion then automatically goes to opportunities...we don’t reach depths of despair and whining.”

Several nurse managers and directors are integrating AI into their roles and responsibilities. One partner said, “I see it [AI] being used at the nursing leadership level on a daily basis.” From another partner, we learned that all clinical managers received *The AI Thin Book*.<sup>4</sup> One nurse manager is using the principles to build morale on a unit. Another is using it to conduct positive verbal shift reports. It is being used to change the “what is wrong” focus to “moments of success.”

We also learned that AI is being used as a tool to improve communication/collaboration with other departments. One hospital partner said, “We are having a lot of [AI] interaction with our Imaging Department. We are making inroads there improving communication/collaboration (eg, having patients ready, dealing with transportation dilemmas, patient preps).”

One partner hospital is using AI principles to frame employee surveys and patient satisfaction feedback sessions. Another told us, “We are using AI to curb MD behavior (a particular physician who frequently complains about nurses). We finally asked him to tell us ‘What the nurses are doing well’ and the MD was shocked.” Another partner said, “Our CEO asked us to identify ‘how things are going with staff and managers’. I framed all of my questions from the AI perspective. It was a pretty powerful experience for me. Framing positive questions resulted in not getting all of the typical responses that you usually get about what is not right. Using AI to frame everything says ‘I am looking for action items and want to make things better.’” Another said, “We are using AI a lot for professional things such as asking questions about infection control (eg, isolation guidelines).” While another interviewee reported, “We are thinking of using AI to improve support roles and relationships between RNs and Nursing Assistants.”

The SOAR strategic planning model<sup>6</sup> based on AI principles has been used with great enthusiasm by one of our partner hospitals. “We used [AI] with

staff focus groups when we wrote our Department of Nursing vision and mission. We transformed our whole approach by using the AI focused SOAR model rather than the traditional SWOT model.”

The project director (DH) and the AI consultant (SW) were invited by one project hospital’s ED nurse manager to lead a special workshop as part of the effort to become a “Center for Excellence.” The ED staff and departments with which the ED frequently interacted (eg, the Imaging Department, and staff from medical/surgical units) were interested in learning how to use AI as a tool to improve care. The full-day event was attended by the Medical Director of the ER (who became an active participant in the workshop, telling his stories). The CEO dropped in for part of the workshop and upon leaving went directly to the CNO’s office to announce that “There is more excitement going on in that room than I have ever witnessed in this hospital!” Staff who attended have a new understanding of the complexity of others’ roles, and they are gaining insights into what might work best for seamless and safe patient flow, moving from “push to pull.”

### ***Nursing Led Change is Spreading Across Departments***

There are also indications that through AI, the project is having an impact beyond nursing. We are seeing examples of AI “creep” where departments other than nursing are becoming curious about this tool (through nursing’s example) and are incorporating the AI principles into their “way of doing things.” One of our project CNOs distributed *The AI Thin Book*<sup>4</sup> to all members of the senior leadership team (department managers, directors, CEO, etc.). They are now asking, “How can we use AI to become an employer of choice?” At another hospital, the president of the hospital’s Medical and Dental staff made the decision to start using AI principles in both meetings and memos. He now starts each Medical and Dental Staff meeting with “Let’s look at the best features of xxx.”

In one hospital, the Director of Pharmacy faced the challenge of communicating about transcription errors with pharmacy technicians. The hospital CNO coached the Director in AI and the Director then used AI principles in a staff meeting about transcription errors. The focus was on who was doing things well, and these individuals were invited to share how they “do it.” Everyone went around the room and asked questions of these individuals to improve transcription, and thus, promote patient safety.

In another project hospital, the Director of Imaging Services has adopted the AI process, and members of the department are following the inquiry process that nursing is using. They have developed AI questions and are interviewing members of the Imaging Department to discover what is working well so that these approaches can be replicated. A third CNO told us that leaders from ancillary departments “...came to see me about AI and I taught them... There was curiosity about what Nursing was doing...and a spirit of competition... didn’t want us to have something that they didn’t have!” The final example of the “AI creep” was shared by one partner about the manager of Human Resources (HR). “HR fields a lot of concerns...‘therapy sessions.’ The HR manager has turned these sessions around by asking employees to ‘tell me what is going right’.”

### ***Discussion***

Communication, collaboration, involvement in decision making, and cultural awareness are systemwide phenomena. They are dynamic, complicated, and enmeshed. They extend beyond the boundaries of nursing and integrate multiple care givers, departments, and disciplines. Efforts to improve communication, involvement in decision making, and cultural awareness do not fit well into the traditional quality improvement approach of diagnosing and correcting problems. Appreciative inquiry offers numerous advantages as a strategy for promoting organization-wide change and change in the culture of the organization. To a large extent, AI changes culture by transforming the way individuals and organizational units interrelate. Indeed, organizational development professionals have identified AI’s primary strength as its ability to improve relationships among coworkers and between managers and employees.<sup>12</sup>

The literature also suggests that organizational change initiatives are more successful when the organizational context is receptive to change.<sup>13-17</sup> Ferlie and Shortell<sup>18</sup> reported that organizational change to improve the quality of care is most successful when the change process has a multilevel, multidisciplinary focus. Thus, AI was used in our project to “reach” or “touch” as many staff, disciplines, and departments as possible to promote “deep” and “broad” meaningful conversations with departments and disciplines that nurses interact with to deliver care to patients.

We found that implementing AI in organizations initially presents challenges. For example, until they understand, employees may become

frustrated if they feel that managers are unwilling to discuss what they perceive as important problems. One partner CNO told us that “Getting staff to start in a positive place is really a challenge. You can see them grinding their teeth because they want to tell you what is wrong...in the beginning they don’t think you will listen to them.” Individuals may initially have difficulty understanding AI because it is so different from the familiar focus on identifying and fixing problems. Such a paradigm shift takes time and patience.

To introduce AI in the partner hospitals, we had to persuade individuals of its value while at the same time coaching them to try new skills and encouraging a new way of thinking. As expected, some hospitals embraced AI easily while others needed more time and assistance to become comfortable with the concepts. Over time, however, most hospitals adopted AI principles in some form as participants learned to focus on the positive, and give voice to their own positive contributions.

Once AI was adopted by a critical mass of individuals within a hospital, change began to happen. The way people interacted in one-to-one encounters and in meetings changed: increasingly, they responded with a positive, rather than a problem-oriented approach. Change also occurred through redesign of formal structures and processes in the hospitals. These changes took place not only in nursing but in other departments and disciplines.

Although AI offers potential for positive organizational change, its effectiveness within healthcare organizations remains largely untested.<sup>12</sup> Evidence in support of AI primarily comes from reports of its use in single settings. By comparing the implementation process and outcomes of AI across 6 hospitals, the present project hopes to contribute to the understanding of AI’s effectiveness.

## Summary

We have described the use of AI and what we are learning in a project designed to improve the quality of nursing work and patient care. It bears remembering that the intent of the original magnet hospital study<sup>19</sup> was to identify and share successful strategies and programs that could be replicated. In essence, this is the aim of AI...to identify what is already working well (excellence) in organizations as a foundation for making positive organizational change. We suggest that AI is a strategy for unleashing and sustaining positive organizational change. In the words of Ferguson written more than 20 years ago in the forward to the report of the original magnet hospital study,<sup>19</sup> “One of the greatest needs of our time, so often disregarded, is to capture that which works and replicate it when it suits.”<sup>20(pvii)</sup>

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