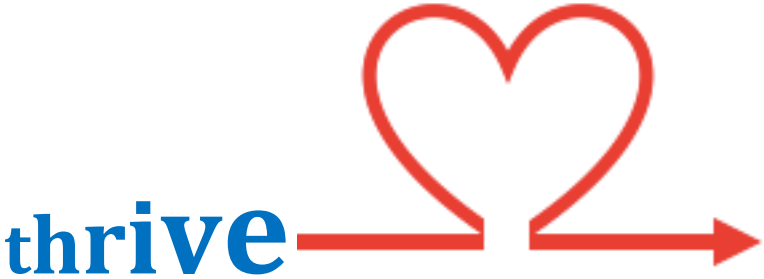

accentuating the positive in the emergency department

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Abstract

The Emergency Department is a melting pot of almost every aspect of humanity. It can be a place of pain, disease, despair, and death. It can be a place of overloaded systems where increasing patient numbers and need can overwhelm available staffing, technological and physical resources. Much of this overshadows other truths about the Emergency Department – that it is also a place of care, compassion, and excellence where many acts of kindness and genuine heroism occur every day. It can be a place of deeply meaningful connection, of achievement and joy in learning and teaching. These positive aspects align with what wellbeing research and philosophy consider living a life beyond merely surviving, one of thriving.

This research project is one of exploring and accentuating the positive aspects within the Emergency Department, to discover, nurture, and value thriving now and into the future. A process called appreciative inquiry, utilising four stages to draw out the best of a system, has been used to incorporate these discoveries into dreams for the future, to design practical and realistic ways of reaching these dreams and to embed these designs within the system. Data were gathered in interviews and workshops that involved as many members of the Emergency Department staff as possible, including myself. A hermeneutic phenomenological approach to this data enabled a deeper understanding of our way of thriving, coming to know our 'being' as well as our 'doing'.

Eight themes of thriving emerged from our stories. These themes and the dreams they inspired were used to develop recommendations for the department. These included actions to promote thriving and to embed its consideration into 'the way we do things around here'. A framework of thriving was developed as a tool to value the often-immeasurable aspects of our job that promote thriving.

The benefits of thriving, the upward spiral of positive wellbeing, impact almost every aspect of our lives. This enables our own lives to be happier, healthier and more satisfying, as well as better outcomes in terms of the care we give our patients and the efficiency and effectiveness of our healthcare systems. We all reciprocally influence our own and one another's wellbeing; with effort and awareness perhaps we can do this in a positive way for the benefit of all.

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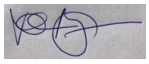
Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award or any other degree or diploma of a university or other institution of higher learning.

Signed: 

Date: 20 July 2018

Dedication

To my children, Jessica and Matthew, may you always thrive!

Acknowledgements

I am; because of you. (Torgovnick May, 2013, para.2)

To the staff of the Emergency Departments of Waitemata DHB who turn up and make a difference every day; thank you. Please never forget that what we do matters. A special thanks to those of you who participated in this research, the words contained within these pages represent our combined wisdom; this is no small thing. Thank you to the Emergency Department leadership and education teams for your support, encouragement and making time available for this work.

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To my friends and family, thank you for your love, support and encouragement. You have anchored me and enabled me to fly.

Chapter 1 Introduction: And So It Begins

> Beginning well involves a clearing away of the crass, the irrelevant and the complicated to find the beautiful, often hidden lineaments of the essential and the necessary. (Whyte, 2015, p. 23)

This is a story of joy, hope, compassion, and excellence in clinical healthcare. It is an adventure that takes place in the Emergency Department, a melting pot of almost every aspect of humanity; a place that is often a witness to pain, disease, despair and death, with overloaded systems and ever increasing patient numbers. It is also a place of care, compassion, and love where many acts of kindness and genuine heroism occur every day. It is a place of deeply meaningful connection, technical excellence, and the joy of making a difference. These positive truths align well with key components of living a 'good life,' a life beyond surviving – one of thriving.

This study is an appreciative inquiry into thriving in the Emergency Department. It is a participatory project exploring the following research questions:

How do we experience thriving in the Emergency Department?

In coming to understand our way of thriving, how can we promote thriving for our staff?

The exploration began by shining a light on stories of thriving to discover our lived experiences within our own context. These discoveries were then used to create dreams of possible futures. Together, discoveries and dreams inspired designs for a way forward to continually re-discover, value, and foster our thriving.

Entwined with appreciative inquiry is a hermeneutic phenomenological approach that allows a depth into what we do, and into who we are and what matters most. These two complementary qualitative research methodologies are further elucidated in Chapter 3.

I am situated within this study as both researcher and staff member. 'We' most often refers to 'we' the staff of the Emergency Departments of Waitemata District Health Board (DHB), New Zealand. Similarly, I use the word 'us', for this study is about me and the colleagues with whom I work. It is grounded in my practice. Each step of this

study has been an experience of thriving, on its own and in the re-living of shared experiences. My immersion in this process influences my writing style in this thesis, attuned to the mood of thriving. Where I have been fascinated, excited or moved I allow those emotions to show through.

In the following pages, I will share with you my adventure; its genesis, the pathway, the treasures found, the lessons learned, the understandings developed, and the possibilities still to be explored.

1.1 The genesis of this study

I came to this work with a genuine desire to create change, to accentuate the best of our healthcare system. The positive aspects of our jobs are already there. They are however sometimes lost in the ever-increasing need, comparatively dwindling resources, the chaos, the disease and the despair, all often within large impersonal institutions. This project is about re-discovering the positive aspects of our jobs, making them available for us to harvest; to fuel our thriving and, in turn, add to the care we give our patients.

I have worked as a doctor in an urban Emergency Department for the past 17 years. I have watched colleagues and fellow healthcare workers come and go, sometimes leaving despondent and broken. I have watched students arrive bright eyed, full of passion and amazement for the work we do and wonder where that passion and zest for life has gone for those of us who have been in the system for a while. I have watched friends burn out, disengage, and become cynical. Sadly I have known colleagues who have taken their own lives. The challenges within Emergency Departments and acute healthcare settings are significant western-worldwide with a growing body of literature on disengagement and burnout within healthcare (Chambers, 2016; Ewa, 2011; Griner, 2013; Rothenberger, 2017). Yet, I have also seen and experienced many moments of care and compassion both with patients and with colleagues. I feel privileged and grateful for the work we do and for the people with whom I work. I have a deep concern for our wellbeing; for ourselves, our professions, and for our patients. I believe we are sitting on a goldmine of thriving, ours for the taking if only we know the way of seeing it.

Medicine is and has always been a dynamic profession, changing and adapting as collective knowledge and wisdom accumulates. From humble beginnings to incredibly complex, specialised and intricate knowledge, healthcare continues to improve and advance. Modern medicine is predominantly informed from a biomedical perspective with rigorous scientific investigation. In using this paradigm of objective cause and effect to search for truth, medical professionals have often ignored less defined, more fuzzy concepts such as feelings, emotions, resilience, and social connections (Jeste, 2012; Vaillant, 2011). It may be, however, that within some of these concepts and perspectives lies the potential for enhancing our wellbeing and ultimately the care we provide for our patients.

In the early stages of developing this project, I saw a TED talk by a positive psychologist, Shawn Achor, on wellbeing at work (Achor, 2011). It opened a door for me into a whole new way of considering the world. Much of our thinking, certainly in healthcare, comes from a perspective of deficit (Mark & Snowden, 2006). Very likely based in evolution, it has always been important for our survival to be acutely aware of threats, of what is going wrong and how to fix or avoid it. Certainly, in emergency medicine, our starting point is 'what is the worst possibility and am I prepared for it?' Positive psychology introduces a new perspective of what is going well and how we can accentuate it. (I now try to think, what is the greatest challenge here and am I prepared for it?). My reading in positive psychology was the initial impetus to devise a project searching for what is going right, what are the strengths and successes within individuals, teams, and the department? What makes us thrive?

In an age of digital interconnectivity, opportunities for cross pollination of interdisciplinary knowledge, ideas, and concepts are very real. This is certainly the case for the study and growing knowledge of wellbeing. There are ideas and studies from many different disciplines considering wellbeing: economics, philosophy, education, sociology, healthcare, architecture, and politics to name a few. They each bring a perspective that, together, build a rich and dynamic understanding of wellbeing. This growing body of scientific knowledge suggests that thriving has positive associations in almost every aspect of our lives, individually and within our community. The knowledge and literature, particularly that of positive psychology and positive emotions, will be explored further in Chapter 2.

1.2 Why thriving?

The words wellbeing, thriving, flourishing, optimal functioning, and happiness are used interchangeably in the wellbeing literature. Words are important, they conjure in each of us a meaning; though not always the same meaning for the same word (Gadamer, 2013). Some words invite conversation and wonder, other words may elicit distrust or even fear. Our own experience, our culture, the profession to which we belong, the local slang we use and hear; these all impact what we individually see and hear with different words. The words above are attempting to convey the living of a life beyond survival – one of engagement, a life worth living. Although we may not always have the exact word to articulate this state of being, we almost always know when we are living it and we are certainly aware of its absence.

This thesis addresses our thriving, our positive wellbeing, from an ontological perspective, that is, a way of being or a mode of existence. Dewar (2016) described the etymology, the origins of the word 'wellbeing' in a way that resonates;

> Recorded in the eighth century, wælum or, "well," originally referred to a hole in the ground from which water sprang forth. Almost 400 years later, however, in 1225ce, St. Mark used "well" figuratively to describe a person's presence, the well-like depth pervading a person's being. The poetization of the well as a way of being expresses the possibility of vitality pouring forth from us, like water, as if tapped from a deep inner source. Like water rising from the earth's darkness, well-being arises from within our depths in a life giving, affirming, and nurturing manner. When we are "well," we are connected to our most sustaining possibilities for being. (p. 58)

Despite this description, the word wellbeing for me feels static, a snapshot of a moment in time, a noun, a place. Alternatively, thriving feels like a journey, enveloping the ups and the downs, the turns and the twists, all contributing to a growing practical wisdom towards the fullness of being. In my mind's eye I see a young plant unfurling and coming into its full potential, nurtured by and nurturing its ecosystem, continuing through its lifecycle to wither, return to the earth and begin anew (see Figure 1, p. 5).

Figure 1: A native fern unfurling and coming into its full potential

1.2.1 Wellbeing and politics

This new century has brought with it a resurgence of interest in wellbeing, the influence of which is reaching widely from world politics to the individual. From a bigger picture perspective, there is an emerging realisation that a focus on economic development has some limitations with respect to advancing social progress (Cunningham, 2010). New frameworks are gaining traction with a suggestion that the purpose of political and economic activity is the promotion of wellbeing (Dalziel & Saunders, 2014). Consideration of interconnections between wellbeing, the environment and the many social determinants of health, are seeing a trend towards collaboration, participation, and leadership as important values for the public sector (Duncan, 2014) and beyond. Global organisations, such as the United Nations, the World Health Organization (WHO), the World Bank, the European Observatory on Health Systems and Policy, the Organisation for Economic Cooperation and Development (OECD) and the New Economics Foundation, have all led the way in considering social progress and indeed health from a much broader perspective which incorporates positive wellbeing.

Bhutan, a small Buddhist country, has integrated the holistic concept of wellbeing into their political philosophy. This guides the government in creating an environment to ensure basic requirements are available for the attainment of happiness (G. W. Burns, 2011). When Bhutan became a democratic state in 2008, the constitution stated "the state shall strive to promote those conditions that will enable the pursuit of Gross National Happiness" (Bates, 2009, p. 1). Bhutan has developed a framework to measure happiness in nine different domains, grounded in empirical literature regarding the drivers of wellbeing (Pennock, 2011). The domains are: psychological wellbeing, time use, community vitality, culture, health, education, environment, living standards, and governance. These domains, each considered an irreducible element of a 'good life,' are broken down into a total of 33 indicators. Data, collected through personal interviews, are then available for use by the government to inform policy and drive the country's development (G. W. Burns, 2011; Metz, 2014).

Here, in New Zealand, consideration of wellbeing is beginning to infiltrate through our collective consciousness. The Māori Health Strategy, Pae Ora, is an excellent example of collaboration and an integrated approach to health and wellbeing. Traditional Māori society is organised around the whanau or extended family with intimate relationships between people and the natural environment of which they are a part. The foundations of Māori culture and society, similar to many other indigenous peoples, are firmly based in concepts of both interconnectedness and interdependence (Rochford, 2004). These foundations are captured in the model of health, Te Whare Tapa Wha, or the four-sided house, developed by Māori at a hui for youth in 1984 (Rochford, 2004). It incorporates four different aspects of being into a model for understanding, considering, and effecting change in health. Taha tinana, the physical world, is well covered by our health system. Taha whanau, the social realm with the extended family at its centre, is the powerhouse to protect, facilitate or potentiate influences and interventions. Taha hinengaro is the dimension of emotion; and the fourth dimension is that of taha wairua, spirituality. After many years of Western civilisation focusing on a positivist biomedical paradigm, it would seem there is now a shift towards acknowledging interconnectedness and the need for a broader view of health, politics, and economics. This world-view is being lived and actively

developed here in Aotearoa, New Zealand, helping to transform the health outcomes and opportunities for thriving for Māori and their whanau.

There is also promise of health and wellbeing consideration in other sectors, of collaborative interaction throughout the rest of government. The New Zealand Health Strategy highlighted the need for 'all of government' collaboration to consider the health and wellbeing impact of all government policies (Public Health Advisory Committee, 2005). Local government has also made a commitment to these considerations in the Local Government Act 2002 requiring the promotion of social, economic, environmental, and cultural wellbeing of communities, in the present and for the future. The Public Health Advisory Committee have taken on this challenge and formalised it with the publication of a guide to health impact assessment. This guide outlines a four-stage approach with two formal tools to use in the process with the hope that, as with economic implications, health and wellbeing implication analysis of policy proposals will become routine.

In 2015 legislation providing for the health and safety of people in New Zealand at work was revised to incorporate a broader view of health including psychological health. The Health and Safety at Work Act (2015) gives workers the right to health and safety beyond the physical environment. This act incorporates consideration for the psychological health of workers as a requirement for employers (*Introduction to the Health and Safety at Work Act 2015*, 2016), and has rippled out into healthcare workplaces. The most recent New Zealand District Health Boards Senior Medical and Dental Officers Collective agreement, signed early in 2017, addresses wellbeing at the beginning of section one:

> The parties acknowledge that employee well-being is important and may impact on the efficient and effective delivery of health services, patients' treatment outcomes, patient safety, employees' ability to meet the accepted professional standards of patient care and employees' clinical practices. Accordingly, pursuant to the Health and Safety at Work Act 2015, the employer and the employee agree to take reasonable steps to protect employees against harm to their health, safety, and welfare by eliminating or minimising risks arising from work and to promote employees' well-being. (*New Zealand District Health Boards Senior Medical and Dental Officers Collective Agreement*, 2017, p. 1)

The values that drive our motivation in politics and medicine are similar, both striving for the same end; to create an environment, whether it be within an individual's body or on a grand scale of the whole world, that enables each of us the opportunity to reach our full potential and thrive. Physical, mental, and spiritual health are not only at the very heart of this potential, they are also a reflection of the many other social, economic, environmental, and political influences (Marmot & Allen, 2014).

1.2.2 Wellbeing and health

Health, when used in its broadest context, is synonymous with wellbeing. The WHO, a global health agency within the United Nations, developed a definition of health incorporating wellbeing and its multidimensional influences in 1948: "*A state of complete physical, mental and social wellbeing, and not the mere absence of disease*" (*Constitution of WHO: principles*).

Captured in the Alma Ata Declaration (1978) was an acknowledgement of health as a fundamental human right. The health and wellbeing of people was placed firmly in a social and economic context, highlighting the interrelationship between health, economic growth, and social progress (Hope, Nicholson, & Baguley, 2008). These concepts were embraced and built upon in the Ottawa Charter, a document developed at a WHO conference on health promotion in 1986, which took ideas of political, social, and economic influences on health and added cultural, environmental, behavioural, and biological factors (WHO, 1986). This public health forum broadened the lens to consider the external influences on health and wellbeing. They brought attention to the powerful impact these influences can have on individuals and communities, such that significant population based improvements in wellbeing are possible. The WHO continues to address these issues with work aimed at understanding and influencing the Social Determinants of Health (Marmot & Bell, 2010).

Mainstream modern medicine has very much had an individual focus with a lens of biomedical disease. While important and beneficial in the development of medical knowledge, technology and specific treatments for ill health, it has blurred, left out of focus, the broader factors in our lives that also influence our health. Many of these factors have the potential to be altered, resulting in significantly improved health outcomes. Attention to basic needs, clean water, adequate nutrition, shelter, safety,

universal access to health care and education can all influence mortality alongside morbidity and wellbeing. The family, country, political, economic, and social environment into which a child is born all influence that child's opportunities for reaching his or her full potential, for thriving (Commission on the Social Determinants of Health, 2008). Expressed succinctly in the Ottawa Charter for health promotion, "health is created by and lived by people within the setting of their everyday life; where they learn, work, play and love" (WHO, 1986, p. 2).

This integrated, interdependent way of thinking is not new to us in medicine. Consider the human body, an ecosystem of complex networks of interconnected specialised tissues with feedback loops and repair mechanism. There are delicately designed processes for maintaining homeostasis, the environment in which all cells and organs can function at their best. Incorporated within this system is an incredible resilience; mechanisms for self-repair and rewiring, finding new ways to function in the event of injury or disease. More and more we are discovering this exquisite ecosystem, which we have thought of as an individual, a system contained within one person, is in fact much more interconnected to the wider ecosystem. Boundaries we once considered solid are, rather, permeable with reciprocal influence. Public health and health promotion have for many years had a perspective of interconnection and integration, exploring the social determinants of health and seeing the potential within these for change to optimise health for all (Davies et al., 2014).

We spend years increasing our knowledge, improving our skills, designing and inventing incredible technology to improve health with a focus on the individual. It is just possible the next greatest source of health and healing is with a focus on our connections to each other and to our environment. We are awakening to our ability to influence the social determinants of health as individuals, community and countries to improve the health and wellbeing of our people. The potential is enormous.

1.2.3 Wellbeing and work

The engagement and wellbeing of employees and the positive impact this can have for an organisation is a message being heard in the business world. Researchers and businesses are starting to ask what is working well here and how can that be harnessed, how can environments be created to foster the thriving of employees, of

businesses and of communities (Bakker & Schaufeli, 2008)? An understanding of the value of human factors is emerging. The field of positive organisational behaviour studies the discovery and application of positive human resources, strengths, and psychological capacities (Avey, Wernsing, & Luthans, 2008). A concept of psychological capital has emerged that comprises of hope, optimism, resilience, and self-efficacy (Avey et al., 2008; Kelloway, 2011). Psychological capital is measurable and has been found to be positively associated with job performance, job satisfaction, and absenteeism (Avey et al., 2008).

Organisations that focus on positive practices such as compassion, forgiveness, fostering meaningfulness, gratitude, and kindness have found improvements in desirable business outcomes such as profitability, productivity, and customer satisfaction (K. Cameron & McNaughtan, 2014; Fehr, Fulmer, Awtrey, & Miller, 2017; Heffernan, 2015; Worline & Dutton, 2017). High quality connections, a term given to relational micro-moments that are life enhancing and promote both trust and respect, have added advantages for organisations. This way of connecting engenders trust, supports growth and development, facilitates learning, enhances work coordination, and engages and energises people (Dutton, 2003, 2014; Lewis, 2011).

Social networks provide interconnections through which powerful influences flow, reminding us of the reciprocal influences we have on one another. Christakis and Fowler (2009), in their book *Connected: The amazing power of social networks and how they shape our lives*, posited that our connections affect every aspect of our daily lives. The flow through these networks includes things we would expect such as information, gossip and infectious diseases, as well as behaviours, attitudes, obesity, happiness and doctors' prescribing practices (Christakis & Fowler, 2009, 2011). Another name for this flow is contagion.

Organisations are made up of people, each being influenced and influencing one another. Together they collectively, consciously or unconsciously, co-create the organisational culture in their interactions, relationships, and experience of the world (Lewis, 2011). If change within an organisation is to be successful and sustainable, it needs to be here, within these every day relationships, within the conversations between colleagues and the social networks that make up our daily experiences.

In healthcare organisations, where health and wellbeing are our core business, the realisation that the health and wellbeing of our staff, as well as our patients, impacts hugely on our industry, is only just in its infancy. Much of this realisation has come from evidence of the negative impact from burnout, poor working culture and poor work engagement. Burnout has been shown to be widespread within healthcare systems and is consistently associated with poorer care for patients, adverse outcomes and poorer health for the burnt-out worker (Griner, 2013; Poulsen, Poulsen, Khan, Poulsen, & Khan, 2011; Rothenberger, 2017; West, Dyrbye, Rabatin, et al., 2014). In the United Kingdom, much of the motivation to have widespread consideration and policies around health and wellbeing within the National Health Service (NHS) workforce has been in response to a systems failure and resulting poor care found in one of its hospitals. The Bormann report, looking at health and wellbeing within the NHS workforce, found clear links between staff wellbeing and patient safety, the effectiveness of patient care and patient satisfaction (Boorman, 2009). With the growing evidence of impact on our healthcare systems and patient outcomes, the conversation is beginning to turn towards prevention and promotion, a perspective public health have been encouraging for many years. This is a conversation that is having a global impact evidenced by the recent change in 2017 to the Geneva Declaration to include consideration of personal health and wellbeing. This modern version of the Hippocratic Oath taken by doctors around the world was amended to address the wellbeing of the doctor: “I will attend to my own health, well-being, and abilities in order to provide care of the highest standard” (Parsa-Parsi, 2017).

The wave of change has begun opening the door for paradigm shifts and challenges to the culture within our healthcare organisations (Boorman, 2009; Brennan & Monson, 2014; Dobie, 2007). Consideration of healthcare workforce wellbeing is growing (Wallace, Lemaire, & Ghali, 2009). A number of resident training programmes have recently included wellness support and education and found residents highly receptive (Place & Talen, 2013). Early results suggest increases in physical health, empathy and a reduction in anxiety, depression and burnout symptoms (Lefebvre, 2012). The American Board of Pediatricians has been involved in a project to cultivate a culture of wellness and promote physician health and wellness (McClafferty & Brown, 2014). The Accreditation Council for Graduate Medical Education in the United States has made

consideration of wellbeing a required condition for programmes and institutions (Williamson, Lank, Lovell, & the Emergency Medicine Education Research, 2018). Whole conferences are being dedicated to the joy in medicine, with many other healthcare conferences including wellbeing in their streams and presentations.

Altruism, compassion, excellence, respect, and hard work are characteristics found in abundance in healthcare, but all too often they are lost amongst growing demands and comparatively dwindling resources. The raw materials of wellbeing are all already there within our workplaces. We are discovering that thriving has a ripple effect into many aspects of our own lives and those of others, including our patients. It has the potential to influence our diagnostic reasoning (Isen, 2001), our communication, our learning and teaching, our clinician-patient relationship, our teamwork and the functioning of our resuscitation teams (Castelao, Russo, Riethmüller, & Boos, 2013; Hunziker et al., 2011). It can improve our collegial relationships, our work engagement (Poulsen et al., 2011), reduce errors and improve our own health (Heaphy & Dutton, 2008). Thriving adds to our resilience and our ability to provide compassionate (Seppala, Rossomando, & Doty, 2013) and effective care for our patients (Luthans, Lebsack, & Lebsack, 2008). It would seem that accentuating the positive and adding a bounce to our step has the potential to improve our medicine and many aspects of our lives, as well as those of our patients and our communities.

The Institute for Health Innovation published a white paper in 2017 entitled *IHI Framework for improving joy in work* (Perlo et al., 2017). The report and projects undertaken were underpinned by the belief that "Joy in work is an essential resource for the enterprise of healing" (Perlo et al., 2017, p. 4). The projects included literature reviews, interviews with exemplar organisations and experts and the development of a framework, subsequently tested in 11 healthcare systems in the United States. These were participatory projects aimed at discovering what matters most and what can get in the way of a good day within healthcare settings. Five basic psychological preconditions for joy at work were found: physical and psychological safety, meaning and purpose, choice and autonomy, camaraderie and teamwork, and fairness and equity. The work included some aspects of appreciative inquiry and, congruent with this thesis, the authors found: "The opportunities to learn together how to build

cultures that thrive through nurturing joy in daily work are immense" (Perlo et al., 2017, p. 22). The momentum is building.

There are a number of champions of wellbeing in healthcare with strong ties to New Zealand. Dr. Robin Youngson, an anaesthetist here in New Zealand, wrote a book called '*Time to care: How to love your patients and your job*' (Youngson, 2012) in which he pulled together many concepts of positive psychology with the critically important clinician-patient relationship. Dr. Youngson has developed an online international community of practice called 'Hearts in Healthcare' to provide support and encouragement, fostering compassionate care and holistic wellbeing. Dr. Antonio Fernando, a psychiatrist in Auckland, New Zealand, currently doing his PhD on compassion (personal communication), has recently completed a well-attended national lecture series with the Medical Assurance Society on happiness. Dr. David Kopacz, an American psychiatrist, who lived and worked in New Zealand, has published the book '*Re-humanising medicine: A holistic framework for transforming yourself, your practice, and the culture of medicine*' (Kopacz, 2014). Dr. Robin Philipp is an occupational health physician and researcher based in the UK who has written extensively on wellbeing, compassion and the incorporation of arts into medicine for the wellbeing of patients and staff (Philipp, 2010, 2012). Dr. Philipp has strong connections to New Zealand with an established family trust involved in the promotion of community wellbeing. Dr. Glenn Colquhoun, a New Zealand general practitioner and poet, recently published a book weaving together his poetry and medicine to rediscover his joy in their integration (Colquhoun, 2016).

1.2.4 Wellbeing and the emergency department

The conversations about healthcare workers' health and wellbeing are beginning to reach the clinical arena in emergency medicine. Although mostly beginning with burnout and impairment, the promotion of wellbeing is starting to ripple through. The latest edition of the textbook '*Rosen's emergency medicine*,' has a chapter entitled *'Wellness, stress and the impaired physician.*' This chapter was first introduced in the previous edition in 2014 (Barnosky, Peterson, & Epter, 2014; Walls, Hockberger, & Gausche-Hill, 2018). Several training programs in the United States have wellbeing lectures or initiatives incorporated (Lefebvre, 2012), with the intent to support residents through the difficult training and to enhance their resilience. A

comprehensive wellness curriculum for emergency medicine residents has recently been developed and implemented with promising feedback (Williamson et al., 2018).

In the UK, staff at an Emergency Department have designed and developed a time-out room for themselves, the ED spa (Howard, 2017). In an effort to combat burnout and promote wellbeing, the room is based on the five ways to wellbeing developed by the UK government in combination with the New Economics Foundation (Aked, Marks, Cordon, & Thompson, 2008). These same ways to wellbeing: connect, be active, gratitude, take notice and keep learning, have been incorporated and promoted by the New Zealand Mental Health Organisation (*Wellbeing: The five ways to wellbeing, Ētahi ara e rima ki te ngākau ora, help people stay mentally well.*)

Here in Auckland, Ko Awatea, the health system innovation and improvement centre at Middlemore Hospital, has been offering mindfulness courses for the benefit of staff. The Emergency Nurses New Zealand conference in 2016 was entitled '*Balance – caring for others, caring for ourselves.*' Preliminary findings from my work contributed to this conference in the form of a plenary presentation. It was well received with positive feedback; the stories and themes of thriving resonated with many of the conference attendees.

Within the Emergency Department we are sitting upon a goldmine of wellbeing and opportunities for thriving. Moments of compassionate care, acts of kindness, opportunities for high quality connections, work to provide significant meaning and purpose, technical skills to fuel competence and excellent care are part of our everyday working life. So often these aspects of our job are overshadowed by pain, despair, paper work, the impersonality of large organisations, the rush and need all in a context of limited resources. Perhaps if we were able to accentuate the positive, to harness the potential within, we could empower ourselves, our department and our patients on an upward spiral of thriving.

1.3 The pathway of this research

This research is based in practice, within the Emergency Department, a melting pot of humanity, the good, the bad, the beautiful and the ugly. Its doors are open 24/7 with no telling who will walk through from one moment to another. It is a dynamic place of changing shifts and new faces, processes, equipment, and practice forever evolving. It

is a place of learning to roll with the punches and fly with the successes. It is a place of paradoxes and extremes, a place that is ours. This research needed to weave seamlessly within this context.

Appreciative inquiry is a methodology that draws out the best of people, places, and organisations. It begins with celebration, illuminating our moments of thriving and using these to drive our way forward in the direction of what matters most. There are four stages of appreciative inquiry; discovery, dream, design and destiny. Doctors, nurses, healthcare assistants, and clerical staff all participated in interviews and workshops, drawing on our collective wisdom to explore and fuel our thriving.

Hermeneutic phenomenology has unpinned this process, guided by the philosophies of Martin Heidegger [1889-1976] and Hans-Georg Gadamer [1900-2002]. This is a philosophical interpretive methodology that focuses on lived experience, opening a space for deep thought, reflection and genuine conversations that lead to understanding (Sharkey, 2001). "Phenomenological research has as its ultimate aim, the fulfilment of our human nature: to become more fully who we are" (van Manen, 1990, p. 12). I was drawn to this depth of understanding, the invitation to dwell, to wonder and to begin to understand our way of being in the Emergency Department. van Manen's (2014) description of phenomenology seemed to capture my passion and imagination for this study:

> Phenomenological method is driven by a pathos: being swept up in a spell of wonder about phenomena as they appear, show, present or give themselves to us. In the encounter with things and events of the world, phenomenology directs its gaze towards the regions where meanings and understandings originate, well up, and percolate through the porous membranes of past sedimentations - then infuse, permeate, infect, touch, stir us and exercise a formative and affective effect on our being. (pp. 26-27)

The people we are and the possibilities we see for ourselves are intimately entwined with our understanding of our world, the meanings we make of life as it is lived. An experience of coming to know something foreign can open our eyes to possibilities not previously imagined, it can change our very being. Language is at the heart of our being-in-the-world, Heidegger's (2010) hyphenated expression for our existence. Language reciprocally articulates and creates our experiences and understanding:

"Hermeneutics in its purest form is found in the living dialogues carried out between people of real flesh and blood" (Svenaeus, 2003, p. 415).

It is here, in our context, in genuine dialogue with people living the experiences of thriving in amongst the chaos and excitement, fully immersed in the realities of life on the floor of an Emergency Department that this adventure takes place. The methodologies and methods employed to find the way of this research are more fully outlined in Chapters 3 and 4.

1.3.1 The doctor, the researcher, the person

An explicit acknowledgment of my situatedness as both a researcher and an actively involved senior clinician within the department being studied is essential. From a hermeneutic phenomenological approach, it is understood that my background and perspective shape the developing knowledge, as is true of any researcher (Sharkey, 2001). I am an insider researcher; I am intimately involved in both working in the Emergency Department and exploring it in research. I have worked with these people, some of them for years. We have an established relationship, we are known to one another, with trust, respect, and history. This will influence, this has influenced, the conversations we have had and continue to have. The dialogue within this research is always meaningful, often intimate and sometimes challenging; a sharing that is made possible because I am one of them (Nosek, 2007).

As a doctor, there may well be times when these relationships are influenced by a perceived power imbalance. My role within the department is purely clinical; I have no formal leadership role. I have attempted to minimise any perceived power differential in a number of ways. I clearly state my role as a researcher during interviews and workshops and turn up in normal clothes, as opposed to the scrubs I wear clinically. Some of the workshops and all the interviews have taken place off site.

My horizon, my background and perspective, also influences this work. I am studying something that deeply matters to me; I come with a fore-structure and pre-understandings that have developed over years. This influences my focus, my gaze, the things I notice, the questions I ask, the parts of a story that stand out for me, storylines that I follow up with further questions. It influences what I see, hear and understand. It influences the things that move me, stories that I experience in an

embodied way. It will have influenced my presence, my ability to place my participants at ease, to open the conversation and to listen in a way they feel heard and valued. My own self-understanding and growing awareness of these presuppositions, prejudices, and pre-understandings has been a constant task throughout this study, done with reflexive writing, dialogue with my supervision team, colleagues, friends, and family. To begin this process, early in this study, one of my supervisors conducted a presupposition interview with me. Here we explored my why and my preunderstandings.

Often people come to research or an interest in wellbeing after experiencing its loss, experiencing burnout, apathy or disengagement. Wellbeing is one of those things that tends to be invisible when we have it, yet becomes apparent in its absence. Its presence enables us to, in a sense, forget ourselves and go out and become immersed in living. I am very fortunate in that my story comes firmly grounded in positive wellbeing. George Vaillant, a psychiatrist and recently retired third director of the Harvard Grant Study, said in a recent paper: “Happiness is only the cart; love is the horse” (Vaillant, 2015, p. 50). This longitudinal study (over 75 years and continuing) of adult development, found that love in its many forms, and importantly the ability to develop coping skills that do not push love away, form the pillars of a good life (Vaillant, 2015). My childhood was one of love and learning life skills to foster love and connection. My mum has an inherent ability to see the best in people and to lift them up, giving them the opportunity to fulfil that potential. Her faith provides her strength, direction, meaning and an openness to value every human being. My father is generous with time and practical wisdom. Christian values of love, respect, forgiveness, acts of kindness and service to others were not only preached in our household, they were lived daily. There were challenges and adversity, as is true of all families, but overall we learnt to ride these in ways that made us stronger and still open to others (eventually).

One life-skill that fostered love and connection of which I am most aware from my childhood is compassion. I remember being able to see those who were mean to me or hurt me through a lens of compassion, thinking someone or something had hurt them to make them behave in such a way. I realised that forgiveness and being able to consider a situation from the perspective of another was mutually beneficial. This has

grown into a fascination of others, of their world, what they see, what they think and what is important to them. In James Cameron's movie Avatar, there is a scene where the leading man, in his avatar form, bonds with a creature from another world (J. Cameron, 2009). Their bond is complete when tentacles from his hair and the creature's antlers entwine; they can now feel each other's feelings and read each other's thoughts. I continue to search for tentacles with which to entwine.

In purposeful reflection, I have learnt to lean into my moods; delight, surprise, confusion, resistance and moments when I want to detach. These are the signposts to my assumptions and preunderstandings. The act of leaning in with wonder, curiosity and compassion throughout this adventure has entwined self-discovery with this research, allowing an openness to other; people, ideas, paradigms, and truths.

As a doctor, I am afforded a view of other's lives that is rarely shared. "What we in the healing professions and its support roles get to do everyday touches the highest aspirations of compassionate civilisation" (Perlo et al., 2017, p. 4). I come to this project knowing this to be true; yet with the realisation that its truth is often out of our reach.

There are times in the busyness of emergency medicine that my focus narrows in on the biophysical. Times when my attention is stretched listening to my patients, taking in their changing vital signs, observing their skin, their breathing, their level of consciousness, putting in an intravenous line, beginning to examine them, liaising with the nurses; it can be easy to lose the person within the patient. There is a tightrope to walk finding the balance and choosing the right thing in the right moment with the right patient. There is an ever-growing body of resources to assist; guidelines, literature, policies, checklists, algorithms, apps, websites and colleagues with whom to brainstorm. There are many influences on each moment with our patients; the time of the day, the day of the week, the overall workload of the department, the staffing mix on that day, the patients recently seen or heard about, the amount of sleep you have recently had, your child at home sick or getting in trouble at school, to name a few. Our lived experiences are all these things, our beautiful, messy, exciting, complex, challenging lives coming together to bring us this moment. It is in amongst all of this that we develop and use our practical wisdom, phronesis, drawing upon experience,

skills, knowledge and know-how to make choices and decisions in the heat of the moment. Phronesis is a golden thread that winds its way through this thesis, Aristotle's master virtue or "state of the soul" (Svenaeus, 2003, p. 409) that is a way of being towards the 'good life.' Landes, a philosopher considering phronesis and the art of healing, placed phronesis firmly in the context of our lived experiences:

> … phronesis is the very character of the experience of being a human under the weight of the manifold dimensions of the practice and of one's life itself oriented towards the goal: the weight of past experience, the weight of responsibilities, and the various other influences that shape the meaning of the action itself in the context of a life that is becoming. (Landes, 2015, p. 266)

Phronesis is not something that can be taught or even bound within a theory or guideline (Smythe, Ironside, Sims, Swenson, & Spence, 2008). It is something that emerges in the repeated acts of living a 'good life,' something that emerges as we thrive. It has been linked with medicine; "the art of medicine is a manner of phronesis, a practice that is caring and responsive, a sense of tact guided by the weight of experience and responsibility" (Landes, 2015, p. 276). It is also foundational in hermeneutic phenomenology: "to research in a Heideggarian hermeneutic manner is to recognise that phronesis is the predominant mode of being" (Smythe et al., 2008). And herein lies my own congruence as doctor, researcher and person, my ever-present reaching towards phronesis as my way of being.

1.4 The treasures found in this research

We went out in search of thriving in the Emergency Department, to accentuate and come to understand our experiences and to find ways to foster thriving. One of the many delights of this research was the experience of thriving at each step. I found joy in listening to and re-living many experiences of thriving. I felt warmth in connecting and getting to know colleagues better, strengthening and broadening social networks. Fun emerged as we dreamed, imagined, and created possibilities for our future. Satisfaction grew as we pulled it all together designing actions and ways forward into those possibilities. Hope blossomed in the realisation that these treasures we went searching for were now within our grasp.

There are five findings chapters in this thesis, the first three (Chapters 5, 6 and 7) are dedicated to the discovery phase of appreciative inquiry. These chapters explore our lived experiences and give space for emerging themes of thriving within three collections; thriving beginning with me, thriving in being-with and thriving in interconnectedness. Stories of thriving from six one-on-one interviews were held up to a phenomenological gaze to find meaning and wisdom. These were combined with discovery data from workshops to form eight themes of thriving.

Chapter 8 celebrates the dreams of possible futures that foster thriving inspired by the discovered themes. The design and destiny phases of appreciative inquiry played out in three workshops. The culmination of these workshops is presented in Chapter 9, giving voice to what matters to us in the Emergency Department, how to value what matters and how to foster and sustain our thriving.

1.5 And so it continues

In the Emergency Department there are so many moments of connection, cooperation, acts of kindness, sharing of resources and strong resilient social networks. There are moments of challenge and success and underpinning these all are moments of making a difference and mattering. Accentuating, witnessing, noticing, and being a part of such moments can be transformative. Bringing an appreciative lens is not to ignore other important issues, but to generate the energy, networks and ideas to begin to solve challenges from a perspective of achievement rather than deficit, a perspective of love and abundance rather than anger, scarcity, and burnout.

This story of joy, hope, compassion, and excellence in healthcare has given us an opportunity to explore and shine a light on what matters most to those of us working in the Emergency Department. In doing so, it has started a conversation, one that has the potential to deepen our understanding and change our possibilities for being. It is a conversation that is open-ended, embracing our past and leaping forward to our future to open our ownmost meaningful present.

Chapter 2 Literature Review

> My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humour, and some style. (Angelou, 2011, para. 1)

There is a growing body of literature across diverse fields that suggest there are many variables in the way we work, play, and live that influence our wellbeing and our behaviour. Far from being unidirectional, these influences are multidirectional; woven threads of interconnection stretching from the expression of genes in each of our cells to the weather patterns and biodiversity of our world (Ahuvia et al., 2015). Within these many variables lies an abundance of opportunities to thrive.

The study of thriving, as introduced in Chapter 1, is a concept described by many different words including wellbeing, flourishing, optimal functioning, and happiness. It is by no means a new pursuit. Philosophical contemplation and a search for happiness can be traced back to the 6th and 5th centuries BC and philosophers such as Socrates, Confucius, Lao-Tse, and Zoroaster (Bok, 2010). Chuang Zhu [399-295 BC], a Taoist philosopher, spoke of a deep sense of joy that comes with acceptance, opening one's heart and loving life as it is (Lenoir, 2015). Aristotle [384-322 BC] believed eudaimonia or human flourishing was the perfect state of wellbeing; living and doing well, inextricably linked to virtue and wisdom (Ransome, 2010) and the highest of our earthly pursuits (Hutto, 2005).

Within the idea of a life guided by virtue, Aristotle distinguished two interrelated yet different aspects of happiness; eudaimonia and hedonia. Eudaimonia is concerned with actualisation of human potential (Philipp, 2012), with meaning and purpose beyond simple self-gratification (Fredrickson et al., 2013). It is a way of living facilitated by reflectiveness and reason, allowing a focus on what is intrinsically of value to human beings. Aristotle distinguished this from a state of pleasure, of having positive experiences, a state he called hedonia (Ryan, Huta, & Deci, 2008). The hedonic view of happiness focuses on maximising positive affect and minimising negative affect (Vazquez, Hervas, Rahona, & Gomez, 2009). Positive emotions, positive affect and pleasure are often reciprocally integrated with and a consequence of living with eudaimonia. The pursuit of pleasure however does not always lead to

eudaimonia (Ryan et al., 2008). Perhaps the complexity in the relationship between hedonia and eudaimonia lies within our own motivation and the beliefs driving our behaviour. A crucial aspect of living a life of eudaimonia is reflection and understanding oneself.

Montaigne [1533-1592], a French philosopher, believed happiness is cultivated in thinking well, knowing ourselves and fine-tuning our judgement to know what is best for us and others (Lenoir, 2015). In the American Declaration of Independence, Thomas Jefferson [1743-1826] described the pursuit of happiness as an inalienable right (Bok, 2010). William James [1842-1919] believed the pursuit, attainment and re-ignition of happiness to be the motivation for most people in all they do and all they are prepared to endure (Bok, 2010). In his book, *Happiness: A philosopher's guide*, Lenoir, a French philosopher, shared his thoughts on happiness after reviewing philosopher's teachings throughout history;

> Being happy means loving life, all of life: with its ups and downs, its glimmer of light and its periods of darkness, its pleasures and its pains. It means loving all the seasons of life: the innocence of childhood and the fragility of old age; the dreams and turbulence of adolescence; the fulfilment and creaking joints of maturity. It means loving birth and also loving death. It means living through sorrows wholeheartedly and without reserve, and enjoying just as fully, all the good times that are given to us. It means loving our friends and family with open and generous hearts. It means living each moment intensely. (Lenoir, 2015, p. 174)

This connection of love and thriving continues in our modern pursuit of happiness. One of the longest longitudinal studies looking at optimal health is the Harvard Grant Study of Social Adjustment. This study, which follows a cohort of men and their families, has been ongoing for over 75 years. Recently one of the directors of the study reported; "the most important influence by far on a flourishing life is love" (Vaillant, 2015, p. 52). It is certainly a thread that weaves its way throughout this thesis.

The new millennium seems to have brought with it a resurgence of interest and research in wellbeing, spearheaded by the development of positive psychology and with it tools and theories to guide our understanding and measurement of wellbeing. Psychologists, economists, geographers, medical doctors, philosophers,

neurobiologists, evolutionary psychologists, politicians, those in business, educators, city planners, architects, indeed all of us, in whatever field, have not only a perspective but also a vested interest in wellbeing. It is worth exploring these concepts in a little more detail to fully understand just why their study and subsequent attainment is a worthy pursuit. Exploring the notion of thriving brings possibilities of adding insights to the interconnectedness and consequences of wellbeing in individual lives, families, teams, institutions, communities, countries, and our world. Rather than simply the absence of disease, thriving appears to be a complex, multidimensional process of mental, physical, psychological and spiritual growth, enabling excellence; reciprocally a consequence of and encouraging a life well lived.

In this narrative review of the literature, I will share with you my journey through the literature of positive psychology, wellbeing, happiness, burnout, resilience, and positive emotions. The search was done with the words positive psychology, happiness, wellbeing, health, healthcare, medicine, emergency medicine and emergency departments. Initially search engines were used; PubMed, EBSCO, Cochrane library, ProQuest and the search function at university libraries (Auckland University of Technology (AUT) and University of Auckland). Abstracts were scanned and articles that considered medicine or healthcare with a lens of positive psychology were read. References cited in relevant articles were included as I read widely, gathering as much information as possible about positive psychology and wellbeing. Literature was reviewed early in this project and updated throughout, up to and including early 2017.

2.1 Positive psychology

Positive psychology is a branch of psychology that was proposed and developed in the new millennium for the study of a life worth living, the things that allow us to not just survive, but to thrive and flourish (Jarden, 2010; Molony & Henwood, 2010; Peterson, 2009; Seligman & Csikszentmihalyi, 2000). Seligman and Csikszentmihalyi, in their introduction to positive psychology, called upon the psychological community to devote some time and research to the study of happiness. It seemed to them that for too long psychology had focused on disease and disorder ignoring the positive aspects of the human condition (Duckworth, Steen, & Seligman, 2005; Seligman & Csikszentmihalyi, 2000).

Within positive psychology, the search to discover happiness in all its aspects has led to the emergence of several main themes; positive emotion, engagement, meaning, positive relationships, and achievement (Peterson, 2009; Seligman, 2011a; Seligman, Steen, Park, & Peterson, 2005). Like Aristotle, positive psychologists see happiness linked with virtue. Martin Seligman and Chris Peterson developed the *Values in Action (VIA) Classification of Character Strengths* (Peterson & Seligman, 2004). A culmination of a large project involving 55 distinguished social scientists, the authors reviewed work from ancient wisdom and philosophies of Plato and Aristotle through all the major religions and great thinkers of the past 2500 years. This culminated in the identification of six ubiquitous core values around which 24 signature strengths were defined. The concept of character strengths, the characteristics that define what is best about people, is an important one in considering flourishing. Identifying and using these strengths can lead to increased life satisfaction with high levels of engagement, more meaning, higher accomplishments and more positive relationships (Coleman, 2010; Seligman, 2011b). In particular, the character strengths of hope and zest followed closely by gratitude, love and curiosity, have been shown to relate positively to life satisfaction (Molony & Henwood, 2010).

In weaving human motivation, development and wellbeing, Deci and Ryan (2008) proposed the Self-Determination Theory. Studying the motivation driving behaviour led this group to hypothesise three basic psychological needs; autonomy, competence, and relatedness. A rich and diverse range of studies confirm that satisfaction of these three needs predict psychological wellbeing across many cultures (Deci & Ryan, 2008). The core of wellbeing from a self-determination theory perspective is very similar to the components of eudaimonia discussed above (Ryan et al., 2008), living with a focus on what is intrinsically of value to human beings. Deci and Ryan proposed four intrinsic goals, meaning goals that have inherent value; the pursuit of personal growth, pursing affiliation and intimacy, contributing to one's community and the pursuit of physical health. The attainment of these goals was found to be associated with greater wellbeing and social functioning.

It is interesting to learn and read about the themes and begin to uncover some of the mechanisms of wellbeing, but what is even more exciting, from a practical point of view, is the realisation that it is possible to effect change with this knowledge (Bolier et

al., 2013; Meyers, van Woerkom, & Bakker, 2013; Panagioti, Panagopoulou, Bower, & et al., 2017; Seligman et al., 2005). As the research and development of positive psychology continues we are discovering just how responsive we all are to our own perceptions, environments, relationships and the communities in which we live, work and play.

A recent meta-analysis of randomised controlled trials looking at the effectiveness of positive psychological interventions found that indeed wellbeing can be improved (Boiler et al., 2013). Both cross sectional and longitudinal studies found interventions have a small but sustainable impact on wellbeing including improved productivity at work and more meaningful relationships. Wellbeing is also associated with improved physical health, healthier lifestyles, and more robust immune systems (Bolier et al., 2013). A review of positive psychological interventions within healthcare contexts also found optimism, positive affect, and subjective wellbeing are associated with better health outcomes and reduced mortality (Macaskill, 2016).

2.1.1 Resilience

I started out looking at the literature on resilience. This seemed like a good word to start a search with, certainly an important aspect of wellbeing. Literature exists with respect to resilience in medicine and resilience in healthcare, which was encouraging. There is certainly plenty of literature on the difficulties faced in healthcare, the high stress and burnout rates, high levels of disengagement and dissatisfaction and even suicide amongst healthcare providers (Griner, 2013; Panagioti et al., 2017; Poulsen et al., 2011). A recent report of burnout in medicine puts emergency medicine physicians second only to critical care physicians in terms of prevalence (Peckham, 2015). New Zealand data reported in 2016 by the Association of Salaried Medical Specialists (ASMS) revealed similar trends here in our own population (Chambers, 2016). There is also a very real understanding that stress and burnout have a significant impact on our wellbeing as healthcare workers, and the care delivered to our patients (Griner, 2013; Rothenberger, 2017; Swensen & Kabcenell, 2016).

Resilience is defined in several ways, but the general theme is the ability to bounce back from adversity in life and to adapt to change (Epstein & Krasner, 2013; Rutten et

al., 2013; Zwack & Schweitzer, 2013). There were two papers that grabbed my attention and informed my direction.

Epstein and Krasner (2013) wrote a paper on resilience of physicians indicating that resilience is central to improving care, reducing burnout, medical error and ensuring a sustainable workforce. Their work has been with general practitioners using mindfulness meditation training, focus groups and workshops. Mindfulness training and mindfulness communication training has been found to be useful by other groups. Beckham and colleagues reported a study looking at general practitioners after undergoing mindfulness communication training that utilised meditation, written narratives, appreciative inquiry and small group discussions over a 52-hour programme. Using semi-structured interviews, they found indications of improved patient-centred care and physician wellbeing (Beckman et al., 2012). Themes emerged of self-awareness, authenticity, and presence.

Using an approach very much in line with the philosophies of positive psychology, Zwack and Schweitzer (2013) looked at physicians who were not suffering from burnout. They wanted to investigate what they were doing, what kind of health promoting strategies they were using to keep themselves well and engaged. Using semi-structured interviews of 200 physicians, three main themes emerged; work-related gratification, resilience practices, and useful attitudes. Self-awareness, having a diverse range of social resources and interests all came through as important factors.

An article written by a physician about the benefits of gratitude takes some of these scientific ideas and places them in the living world of healthcare, suggesting the possibility of gratitude to build resilience and combat burnout:

> Crises from serious illness provoke existential struggles among patients and their families. Witnessing them firsthand is as rich an experience as life offers; being able to heal in this setting transforms a rich experience into a profound privilege and a gift. These gifts can be missed if we don't take the time to recognise them. (Hass, 2017, para. 17)

A review article on the psychological and neurobiological findings of resilience really ignited my interest. This article introduced me to the powerful concepts of gene-environment interaction. From a neurobiological perspective, successful adaptation

and recovery after adversity involves a complex dynamic process with the stress response and reward system at its epicentre (Feder, Nestler, & Charney, 2009; Rutten et al., 2013). The idea that our experiences and environment can influence our biology, right down to the expression of our genes, is an extraordinarily empowering concept. Epigenetics is one of the mechanisms involved at the genetic level involving reversible regulation of genes as a result of environmental stimuli (Davydov, Stewart, Ritchie, & Chaudieu, 2010; Rutten et al., 2013). This concept will be further elucidated later in this review.

It certainly seems that resilience is an important area of study with very real implications and tools that have a potential role in healthcare. The themes that emerge from many of the papers are the importance of self-awareness, the cultivation of meaning and purpose and the experiencing of positive emotions. In a reflecting conversation with one of my supervisors, it became clear that my interests were perhaps wider than resilience, more in the direction of optimal functioning. Certainly, resilience is important and, one could argue, a component of optimal functioning, but it is based on a response or an adaptation to adversity. I really wanted to approach this study from a perspective of what facilitates our optimal and healthiest selves, our best teams and thriving organisations in good times as well as in difficult times.

2.1.2 Optimal functioning

Back to the literature, starting with optimal function and medicine, I found very little that was relevant. In effect, positive psychology is the study of optimal functioning, of thriving, but using the words optimal functioning seemed to elicit articles on physical functioning and optimal results from other research. During this process, I have certainly learned the art of using the right words and groups of words to find the literature for which I am looking. I have also developed a serious respect for and close association with the librarians.

Laying a foundation for the emergence of positive psychology, Abraham Maslow [1908-1970] studied the characteristics of self-actualising people to understand human beings at their best. His theory of motivation and hierarchy of needs placed self-actualisation as the ultimate goal (Maslow, 1943; McGrath, Rashid, Park, & Peterson, 2010). Maslow believed this to be an ongoing process of personal growth (O'Connor &

Yballe, 2007). He found people engaged in this process behaved in accordance with core values, are aware of their own strengths, and are deeply engaged in the present with a vision of interconnectedness, of a greater whole (O'Connor & Yballe, 2007).

McGrath and colleagues (2010) used tools of positive psychology to investigate this concept of optimal functioning or self-actualisation; as a distinct state that people can achieve or an ideal for which we continually strive. Throughout history there have been people exalted to a state of excellence such as sainthood or the concept of bodhisattva. Others have considered optimal functioning as a continual journey rather than a destination. Starting with the question of whether the goal of moral striving is enlightenment or the movement towards enlightenment, the authors evaluated data from self-reported character strength surveys. Multiple statistical tests of the data found no support for a distinct state of optimal function; rather pointed towards a continual movement in the direction of enlightenment (McGrath et al., 2010).

2.1.3 Positive organisational scholarship

I then tried using different words to search the literature. Looking up positive psychology using the search function at AUT library brought up over a million references. I tried teamwork and positive psychology, positive organisational scholarship, positive psychology and medicine, positive resonance. Each different search brought up papers that I skimmed and found to be interesting and informative. I found the work in positive organisational scholarship and positive organisational behaviour particularly interesting and relevant to my project.

Recognition of the need for engagement of employees and the impact on productivity as well as for the health and wellbeing of employees was introduced in Chapter 1. Traditionally the approach in management and business has been one of deficit, looking for problems and trying to solve them. It seems that fixing deficits can improve things, but often only to a level of mediocracy (Cooperrider & McQuaid, 2012). With the perspective of positive psychology, a radical shift was facilitated. The search for thriving employees, teams and companies is continuing to add to knowledge and drive actions to facilitate and promote thriving in businesses and communities (Bakker & Schaufeli, 2008). With this shift came an understanding of the value of human capital.

The measurable concept of psychological capital comprised of hope, optimism, resilience, and self-efficacy has been utilised in research (Avey et al., 2008).

A fascinating paper by Cascio and colleagues looked at the power of psychological capital by reflecting on the metamorphosis at a prison in South Africa (Cascio & Luthans, 2014). Robben Island was the political prison where Nelson Mandela was incarcerated with many other political prisoners. During the time of their imprisonment, the organisation changed from a paradigm of oppression to one of learning, transformation, and hope for the future. By nourishing and drawing upon their psychological resources, the prisoners effected change that impacted the prison environment and ultimately opened up the possibility of freedom from apartheid and inspired hope for an entire country (Cascio & Luthans, 2014). I was inspired by this account of such significant change from the bottom up.

2.1.4 Positive emotions

It seemed that in so many of the articles and books I had read so far there was a central role of positive emotions. The burgeoning knowledge, research, and literature from positive psychology and related fields are beyond the scope of this literature review. I have therefore chosen a more defined scope of positive emotions with a particular reference to the broaden-and-build theory first proposed by Barbara Fredrickson. I have chosen this for several reasons. Firstly, the fire driving so many of the different themes of positive psychology; connection, meaningfulness, the use and benefits of strengths and accomplishments, seems to be positive emotion.

The second reason for this choice is the breadth and depth of research from concepts to theories elucidating the impact of positive emotions on gene expression. The knowledge that this area of research is developing and the variety of fields that are informing it seem remarkable. The researchers in this area propose and discover positive feedback loops, self-reinforcing upward spirals and interconnections within individuals, between two people and even across communities. They also live what they learn; building bridges with previously diverse and independent fields of study and together push the frontiers of science.

The third reason is that I can see practical applications of this research informing and improving the way we practice medicine. Applications and tools that have the

potential to reignite our passion for what we do, impacting our own health and wellbeing, as well as that of our patients. Fourthly, as may well be obvious already, this knowledge excites me! It fascinates and amazes me that the interconnectedness we are discovering through science appears to be a rediscovery of ancient wisdom and spirituality. We really are all connected – to one another, to our communities and to our environment in delicate, fine-tuned, exquisitely responsive ways that we are only just beginning to understand.

Positive emotions have been highlighted as one of the core aspects of positive psychology right from its inception (Peterson, 2009; Seligman & Csikszentmihalyi, 2000). Theory, research and collaboration with diverse fields have enabled the knowledge and understanding of positive emotions and their role in our lives to advance hugely. The role of positive emotions early on was intuitively considered to be a reflection or a marker of one's wellbeing (Fredrickson, 2001). On closer investigation, positive emotions have a much wider role, indeed a fundamental role in positive psychology and our wellbeing.

Emotions are momentary responses to self-determined significant changes in our environment. They trigger a cascade of events in our bodies leading to subjective feelings, physiological responses, facial and postural expressions and thought-action repertoires. Their evolutionary task is to optimise our response to threats or opportunities in order to improve our chances of survival (Garland et al., 2010). We have evolved over the millennia by adapting and refining processes that reflect a survival advantage (Buss, 2000; Christakis & Fowler, 2009).

There is a clear and distinct survival advantage in the ability to recognise a threat to life and either fight for our survival or flee. Negative emotions, such as fear and anger, trigger the flight or fight response; a cascade of events that prepares our mind and bodies to fight off the threatening entity or to run to safety. Our focus of attention is narrowed in on the threat at hand, limiting options of thoughts and actions to enable quick and decisive action. Our cardiovascular system is engaged to direct blood flow to skeletal muscles to facilitate escape and our immune systems are turned on, ready for inflammation, wound repair and dealing with bacterial infections that may result from fighting. In our modern world immediate threats to our lives are no longer frequent,

and yet negative emotions are triggered in response to other perceived threats and stressors that surround us every day. Rather than provide us with the means to fight or flee in order to save our lives, these frequently triggered negative emotions and subsequent physiological changes pose significant risks to our health and wellbeing (Tugade & Fredrickson, 2004).

Broaden and build theory of positive emotions

The role and survival advantage of positive emotions has been less clear. Fredrickson (1998,2004) proposed the 'broaden-and-build' theory of positive emotions suggesting they serve a role in opening our thought-action repertoires, broadening our attention and our thinking to encourage growth and connection. In addition to this broadening effect of positive emotions, or rather as a consequence of it, we are able to build physical, social, psychological, and intellectual resources to use in the future (Fredrickson & Joiner, 2002).

Let me expand this theory with reference to a specific positive emotion, that of joy. Joy is often triggered by a positive event or accomplishment that occurs in a safe and familiar environment. Its associated urge is that of play, in its entire sense, physical, social, intellectual, and artistic. The exploration, inventiveness, creativity and fun involved in playing culminates in the building of resources such as social connections, physical strength, agility and stamina, knowledge and understanding of the environment and skill acquisition (Fredrickson, 1998). With repeated experiences of joy and subsequent play, these resources are stored away available for use in future moments of need. These resources provide an evolutionary advantage for survival of the individual, their offspring and their social network (Diener, Kanazawa, Suh, & Oishi, 2014; Fredrickson, 1998, 2013b).

In a paper weaving together positive emotions, knowledge creation and translation, the broaden and build theory is combined with theories of knowledge creation (Hodgins & Dadich, 2017). The translation of knowledge into practice is complex and often slow. This paper explores and suggests the usefulness of positive emotions as a driver for the social process of knowledge creation and translation. The authors suggested the consideration of appreciative inquiry in the healthcare context to foster this effect.

Broadened thinking

Research looking at the influence of positive affect on thought patterns has shown broad, flexible, creative, integrative patterns that are open to new information and display a preference for variety (Fredrickson, 2004). In a review article, Isen and colleagues discussed evidence that positive affect leads to thinking that is innovative, creative, efficient and thorough with improved problem solving and decision making (Isen, 2001). Of particular interest in this article was a discussion of research done with doctors. Doctors with an induced positive affect showed improved diagnostic processes as well as a more humanistic or patient-focused approach (Isen, 2001). The positive affect group of doctors also showed less inclination towards anchoring, a cognitive bias that can lead to medical error (Estrada, Isen, & Young, 1997). The authors suggested the effect of keeping an open mind and willingness to see the perspective of others would be advantageous in the doctor-patient relationship (Estrada et al., 1997). Fredrickson and colleagues looked further at the impact of positive emotions on thought action repertoires with a group of students writing down thoughts and actions after watching a short movie clip inducing positive or neutral emotions. The results were supportive of the broaden and build model of positive emotions (Fredrickson & Branigan, 2005). Positive emotions widen the outlook and open up possibilities in people's thoughts and behaviour (Fredrickson, 2013b).

Positive emotions have also been shown to broaden the focus of attention. Earlier studies that used global-local visual processing were repeated ensuring a neutral control. Students in the same study described above by Fredrickson and colleagues, were also found to have a global bias in their attention when under the influence of positive emotions (Fredrickson & Branigan, 2005). More recent studies have shown the association between positive emotion and attention is also influenced by the emotive valence of the stimulus of attention (Wadlinger & Isaacowitz, 2006). In further support of the broaden and build theory of positive emotions Biss and Hasher (2011) studied distracting information and found that participants with an induced positive mood showed greater memory for distracting stimuli when compared to a neutral group. The authors went on to consider this effect further, suggesting that it may represent a reduced inhibitory attentional control. This control system is involved at the level of our consciousness, helping to suppress information that is irrelevant to the task at hand. At the neural level, this occurs at the prefrontal cortex regions of the

brain. Positive affect, Biss and Hasher suggested, could influence the processing of information to broaden our attention.

Another study looking at attention found evidence that positive affectivity is associated with a particular pattern of attention (Grafton, Ang, & MacLeod, 2012). The more positive a person's affect, the more likely he or she is to selectively attend to positive information. This positive attention bias in turn is associated with increased positive affect, an upward spiral (Grafton et al., 2012). Wadlinger and Isaacowitz (2011) proposed that positive emotions enhance an individual's attentional resources enabling both broadened attention and flexibility and control with respect to the stimuli to which we attend. Human brains have complex processes to filter and analyse sensory, emotional, and mental information. It is not possible to attend to all of the stimuli available at any one time. Our emotional state and our motivation can influence our attentional patterns, which in turn influence our affect and behaviour (Wadlinger & Isaacowitz, 2011). The broadening of our attention seen with positive emotions itself builds resources for our future by influencing our ability to see the positive information in amongst all the information presented to us in any one moment.

A study by Kleim and colleagues (Kleim, Thorn, & Ehlert, 2014) looked prospectively at a group of first year medical interns to see if a positive interpretation bias influenced resilience or depression during this very stressful year. Interpretation bias relates to the way in which a fairly benign or ambiguous scenario is interpreted. They found a significant rise in depressive symptoms of the group during the year; with a positive interpretation bias associated with a six-fold decrease in depressive symptoms risk. It was also associated with higher measured resilience. This work is supportive of the research discussed above looking at positive attentional bias; although from slightly different perspectives, interpretation, attention and memory biases are likely linked.

The evidence certainly points towards supporting the broadening effect of some positive emotions. The consequence of this broadened mindset, the model suggests, is building resources that are durable, able to be stored for use at some time in the future, long after the momentary pleasant feelings of positive emotions have dissipated (Fredrickson, 2004). These resources are multi-fold; physical, social,

intellectual, and psychological. The ultimate effect of frequent positive emotions proposed by the broaden and build model is to initiate an upward spiral, a self-sustaining positive feedback loop continually improving wellbeing (Fredrickson, 1998; Fredrickson & Joiner, 2002).

Positive emotions and physical health

Physical resources are built as a consequence of positive emotions in a number of different ways. As mentioned above, it is in the experience of joy and its resulting urge to play that many youngsters in a species increase their physical fitness, agility, flexibility, and acquisition of physical skills (Fredrickson, 1998). Looking closer at the association between positive emotions and physical health, Kok and colleagues (2013) recently published an article with a proposal linking positive emotions, improved physical health and positive social connections. Positive emotions are associated with greater social engagement, social inclusiveness, wider perspective taking, interpersonal trust and compassion which are all associated with positive social connections (Whelan & Zelenski, 2012). Combined with a growing body of evidence that high-quality social relationships improved physical health and longevity, one can see the possibility of an association between positive emotions and the building of positive physical resources.

A longitudinal study looking at positive emotions and physical health, using baseline vagal tone as a proxy index of physical health, found increased experiences of positive emotions were reflected in increased vagal tone (Kok & Fredrickson, 2010). This impact was mediated by an increased perception of social connections (Kok et al., 2013). High vagal tone has also been associated with positive emotionality, a reciprocal influence suggesting an upward self-sustaining spiral.

Another mechanism by which positive emotions influence physical health is suggested by the undoing hypothesis. Negative emotions have the effect of narrowing one's attention and stimulating the sympathetic nervous system to ready the body for flight or fight. The undoing hypothesis proposes that positive emotions will loosen the grip of a specific action tendency produced by a negative emotion by broadening attention and cognition thus offering alternative paths of thought or action (Garland et al., 2010). This, in effect, should settle the activated sympathetic nervous system, slowing

the heart rate and reducing the blood pressure. In a lab experiment, designed to induce anxiety, positive emotion facilitated the return to cardiovascular baseline (Fredrickson, 2001, 2004). It appears broadened thinking facilitates the use of coping mechanisms such as positive reappraisal and meaning.

The undoing hypothesis, described above, is also thought to be one of the mechanisms by which positive emotions fuel the resource of resilience. Resilient people are able to use this effect of positive emotions during a time of adversity to facilitate coping (Fredrickson, 2001; Garland et al., 2010; Rutten et al., 2013). Research done by Cohn and colleagues (2009) investigated the association between resilience and positive emotions by analysing daily diary entries of students over the course of a month. They found that moderately high levels of positive emotions were able to buffer the impact of negative emotions. Positive emotions predicted increases in both resilience and life satisfaction (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009). Again, the authors found the broadened thinking that accompanies positive emotions facilitates both positive reappraisal of the situation and finding of meaning within an adversity. These effects are reciprocal, a positive feedback loop leading to an upward spiral of optimal functioning, becoming more resilient over time. Resilient people are also able to encourage positive emotions in those close to them, and this sharing of positive emotions builds a strong social support network that in turn facilitates resilience (Tugade, Fredrickson, & Feldman Barrett, 2004).

Fredrickson fortuitously carried out a survey looking at the resilience of 100 students just prior to the terrorist attacks on the World Trade Center in 2011. Following up on these students in the wake of the national crisis found those students with higher resiliency were coping better, with a percentage having shown post traumatic growth indicated by more optimism, tranquillity, and fulfilment in their lives (Fredrickson, 2011). Positive emotions were the moderator of their resilience and the fuel for their growth.

Gloria and colleagues (Gloria, Faulk, & Steinhardt, 2013) looked at stress adaptation and positive affect in a group of public school teachers. Using self-reported surveys, they found a direct link between positive affect, resilience, and burnout. In support of previous work, positive affect did not necessarily reduce the stress of the job, but it

had a restorative effect. They found this reduced burnout, enabled the teachers to maintain their motivation, their passion and their effectiveness despite the challenges.

A study linking resilience, positive affect, and positive health outcomes looked at HbA1c, positive affect and coping strategies over a two-year period in older women (Tsenkova, Dienberg Love, Singer, & Ryff, 2008). HbA1c is a marker of glycaemic control used in diabetes management. It has also been found to have an independent progressive risk for cardiovascular disease, peripheral arterial disease and non-diabetic kidney disease; that is, the higher the HbA1c level over time, the greater the risk. Higher levels of problem-focused coping and positive affect predicted lower levels of HbA1c (Tsenkova et al., 2008).

The perception of a stressful situation has a significant influence on the impact to our bodies both physiologically and psychologically (Davydov et al., 2010; Tugade & Fredrickson, 2004). Positive emotions facilitate focusing on the positive and reappraising the circumstances to find a challenge as opposed to a threat; this can change the way our bodies respond. A fascinating paper by Buchanan and colleagues looked at the neurobiology of stress and the influence of interpretation (Buchanan & Preston, 2014). They discussed the ability of stress to promote prosocial decision-making, particularly in a situation of emergent needs. It is thought that the same neurobiological mechanisms involved in offspring care and emotional contagion can be triggered during stress when an individual has both the knowledge and the capability to respond. The typical response to stress is one of 'fight or flight'. However, sometimes, particularly females, can respond in a more prosocial, "tend and befriend" manner (Buchanan & Preston, 2014, p.2), where focus is directed towards caring for offspring and connecting with others. It was found that those with greater positive affect tended to interpret stressful situations as more of a challenge than a threat and were more likely to have this altruistic response. The neural circuits involved in offspring care identified from animal studies include those associated with motivational decision-making and the reward system involving the amygdala, orbitofrontal cortex and the nucleus accumbens with associated neurochemicals dopamine and oxytocin (Buchanan & Preston, 2014). Research into mindsets and stress has continued, building on these findings; with a stress-is-enhancing mindset

being shown to be an advantage with respect to positive affect, health, wellbeing, resilience, and building resources for the future (Crum, Akinola, Martin, & Fath, 2017).

Upward spiral of thriving

The broaden and build theory of positive emotions proposes that the broadening of attention and thoughts that comes with positive emotions serves to build resources enabling upward spirals towards thriving (A. B. Burns et al., 2008; Catalino & Fredrickson, 2011; Fredrickson & Joiner, 2002). On the way up this spiral, one experiences bigger boosts of positivity as a result of pleasant every day events creating continual positive feedback loops. To study this phenomenon, Catalino and colleagues used a research tool called the day reconstruction method. This allowed a detailed look into a day in the life of the participants. They found flourishing individuals responded more positively to pleasant activities that, in turn, predicted higher levels of some aspects of mindfulness, a cognitive resource (Catalino & Fredrickson, 2011). Another study looking at the building of resources with positive emotions showed participants taking part in daily loving-kindness meditation displayed increases in a number of resources such as mindfulness, social support, feelings of having a purpose in life and reduced reported symptoms of illness (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008). Loving-kindness meditation has been shown to increase daily experiences of positive emotion particularly love, contentment, gratitude and compassion. In a study looking at loving-kindness meditation in healthcare providers, Seppala and colleagues found increased compassion, wellbeing, feelings of connection and a decreased self-focus (Seppala, Hutcherson, Nguyen, Doty, & Gross, 2014). They found workplaces with a culture of compassionate love to be associated with a number of positive outcomes including increased productivity, engagement, social connection, commitment to the workplace, and decreased employee turnover.

The upward spirals generated by repeated experiences of positive emotions are positive feedback loops built on reciprocal links between cognition, behaviour and physiology, each loop building on the previous one over time. The spirals lead to flourishing in our lives, openness in social connections and an ability to be increasingly attentive to opportunities for positivity (Garland et al., 2010). It has been suggested that the act of savouring may well be central to these upward spirals. As discussed earlier, with respect to attention, at any one time we have access to an infinitely

complex, rich, and interconnected universe. Our brains, however, are able to attend to only a small proportion of that information at any one time. It has been suggested that the information to which we attend and the way in which we interpret that information creates our phenomenological experience (Barrett, 2011; Garland et al., 2010). Constructionism meets neurobiology in a moment of celebration! There are so many simple, everyday moments of delight to savour, if only we can see them.

Weaving in neuroscience

These upward spirals of optimal functioning may be a reflection of durable changes occurring in the structure and function of the brain known as neuroplasticity (Garland et al., 2010). Although it was once thought that an adult brain was fairly stable in its structure and circuitry, newer discoveries in neuroscience have found the adult brain to be responsive to experience. With repeated experiences, the pathways in the brain relating to that experience become more efficient, the messages from one brain cell to another get stronger and new brain cells and connections grow proving a quicker route for that particular pathway. Research continues to elucidate the pathways and mechanisms of plasticity. Early work suggests that positive affect and social experiences may influence the neural structures involved in regulating the stress and reward systems, circuitries involved in social and emotional behaviour (Davidson & McEwen, 2012). The prefrontal cortex, amygdala and nucleus accumbens, are areas in the brain involved in the reward system and emotion control, the neural circuitry between these areas are all susceptible to plasticity (Feder et al., 2009).

The discovery of mirror neurons has added a depth to the study of positive emotions by introducing a neurobiological mechanism for interconnectedness. It has long been known that a person's mood or affect can influence other people. Humans are social beings, often described as "hardwired to connect with others" (Brown, 2012, p.16) – well it turns out to be true. Neurobiologists have discovered that a portion of the neurons that fire in our brains when we perform an action, also fire in our brains when we observe another carrying out the same action (Feder et al., 2009; Hunter, Hurley, & Taber, 2013). These neurons have been called mirror neurons. There are similar mirror neurons involved in areas of the brain related to communication and emotional regulation. It is believed these neurons are involved in human interaction, a mechanism to learn from and understand the actions of others (Casile, Caggiano, &

Ferrari, 2011). Activation of the mirror neurons allow recognition and matching of observed actions to our own stored action repertoires. This connects us to another person at a neurobiological level to gain an understanding of their actions and emotions. The concept of empathy may very well be based in mirror neuronal activity (Hunter et al., 2013). It may well also be involved in the concept of mood contagion, where the mood of one person can ripple through and affect others nearby (Bono & Ilies, 2006).

Nature and nurture

Molecular biology has a perspective to further elucidate the biological mechanisms by which positive emotions facilitate optimal health. How are our genes involved in all of this? There has been considerable work done, particularly with respect to stress and resilience. The stress response is complex, involving hormones, neurotransmitters, neural pathways, and genes. Influences or alterations at many different points along the cascading pathways can result in a different outcome for the individual. Animal studies suggest that resilience, from a biological perspective, is about the efficient termination of the stress response (Feder et al., 2009). Certainly, this is supported by the undoing hypothesis of the broaden and build theory of positive emotions discussed earlier in this chapter. The complex cascade of the stress response works to ready the body for fighting or fleeing. The cardiovascular system is activated to supply skeletal muscles ready for fast and efficient activity. The immune system is altered; its normal surveillance function is suppressed in favour of inflammation and repair, preparing for traumatic wounds that may result from impending fighting. Our attention is narrowed to enable us to concentrate on the threat at hand. Processes in our bodies that facilitate growth, regeneration and surveillance, tend to be downgraded to enable all our energy to be focused on dealing with the threat that has triggered the stress response. This is an incredibly valuable and advantageous response when our lives are in danger, when we face a lion about to eat us. However, the frequent lower level stressors that are a feature of our modern existence are causing a chronic activation of this cascade, resulting in adverse consequences to our health.

Resiliency on the other hand enables interruption or reversal of this stress response. Our cognition is broadened, our cardiovascular activity calmed to resting, our immune systems return to surveillance work with reduced inflammation, and our bodies

resume a growth, regenerative and calm state of homeostasis. Again, hormones, neurotransmitters and genes are involved; oxytocin, dopamine, serotonin, brain derived neurotrophic factor to name a few with their interactions and effects complex and often site-specific (Feder et al., 2009).

The genes coding for structures and neurochemicals involved in the stress response can influence the process. A gene has been identified for one of the hormone receptors, variations of this gene produce receptors of differing functional ability associated with greater or lesser resilience (Feder et al., 2009). Genes are the blueprints of our bodies, the unique sequences of neuropeptides we inherent from our parents that encode for everything from the colour of our eyes to the mitochondria inside our cells working hard to produce our energy. There has long been a debate and search for what aspects of our lives are due to nature, or our fixed genes, and what is due to nurture, or our environment. These have been seen as important questions as the nurture component is potentially open to change, moderation or manipulation by altering our environment. The discovery of epigenetics seems to have turned this debate somewhat on its head. These are incredibly exciting and empowering discoveries. Epigenetics are a mechanism by which the expression of genes can be directly influenced by the environment (Davydov et al., 2010). Modification of the DNA structure, primarily by a process called methylation, occurs in response to environmental stimuli allowing adaptation. Brain development, memory, learning, motivation and reward systems are all influenced by epigenetics (Rutten et al., 2013). It may well be that this is one of the mechanisms by which positive emotions influence resiliency and overall health.

Fredrickson and colleagues investigated psychological wellbeing and positive health outcomes from a molecular biological perspective in a study looking at leukocyte basal gene expression in 80 healthy adults (Fredrickson et al., 2013). They considered wellbeing, both hedonia, or positive affective experiences and eudaimonia, a deeper consideration of the 'good life' striving toward meaning, purpose, values and excellence. Both aspects of wellbeing are connected; they influence one another, yet remain conceptually distinct. Taking these two forms of wellbeing, the authors looked at their influence on the expression of genes in circulating immune cells. Similar work on immune cell responses during extended exposure to threat, stress, or uncertainty

has shown an altered gene expression pattern termed conserved transcriptional response to adversity (CTRA) (Fredrickson et al., 2013). CTRA dials up the expression of genes involved in inflammation and dials down those genes involved in more surveillance roles such as antiviral responses and antibody synthesis. When these changes occur chronically they have potential adverse health outcomes, including inflammatory-mediated cardiovascular disease, neurodegenerative and neoplastic diseases, and likely increased susceptibility to viral infections. Those participants with high levels of hedonic well-being were found to have a similar response of immune cells as stress; that is, the CTRA was initiated. In contrast, those with high levels of eudaimonia were found to have a down regulated CTRA response. Although closely related, and often feeling similar at a conscious level, this work suggests that pleasures that take us beyond ourselves, connecting us to a wider community in a social, intellectual, spiritual or creative sense, may be the form of wellbeing that has the stronger influence on improved immune cell function and subsequent health benefits (Fredrickson et al., 2013). The results of this study are very interesting. Despite the small numbers involved, it certainly adds food for thought in the ongoing search for the 'good life'.

2.2 Discussion

It seems that positive wellbeing and thriving are much more than simply the absence of disease, mental illness or disorder. There is a growing body of scientific knowledge and evidence that thriving has positive associations in almost every aspect of our lives from the expression of our genes to the health of our communities and environment.

Positive emotions seem to be central to wellbeing; not only do they reflect the existence of thriving, they are intimately involved in its development and continuity. During our evolution as a species, processes that promote our survival have developed. The need to quickly and efficiently deal with threats to our life has moulded and refined our stress response. The survival advantage of social connections has driven an expansive reward system. Positive emotions are important in both systems, in the efficient return to baseline and buffering of adverse effects of the stress response and in the driving, expanding, and harnessing of the advantages of the reward system.

The broaden and build model of positive emotions proposed in 1998 by Barbara Fredrickson has provided a framework to consider positive emotions, their role and influence in our lives (Fredrickson, 1998). It continues to incorporate evidence and inspire inquiry from many diverse fields. Its premise, that positive emotions serve to broaden our thought-action repertoires and consequently build durable resources that can be later drawn upon during a time of need, unites many different concepts of wellbeing.

For many years in medicine we have focused on a biophysical model of health. Rapid advances have been made using this perspective in our understanding of medicine, developing complex investigation techniques and advanced treatment options. It has been and will continue to be an important and useful paradigm. Perhaps it is time for us to incorporate some of these fuzzier concepts of emotions, social connections, and spirituality into our thinking (Jeste, 2012). These concepts are often difficult to fit into a cause and effect, positivist paradigm, but in widening our perspectives and embracing ideas and knowledge from other paradigms we can add a richness and depth to our understanding of the human condition. In doing so, perhaps even positively impact our own wellbeing and that of our patients.

Chapter 3 Methodology: Light to Guide the Way

> It is always hard to believe that the courageous step is so close to us, that it is closer than we ever could imagine, that in fact, we already know what it is, and that step is simpler, more radical than we had thought… (Whyte, 2015, p. 24)

This research project is an exploration of the experiences of thriving in Emergency Department staff, an attempt to understand, accentuate, and ultimately promote our own thriving. I am an active part of this workforce, fully immersed in both working in the Emergency Department and researching this context. I am subjectively, emotionally, passionately and completely involved in this process. There are many fuzzy, very subjective concepts within this work, not at all suited to an objective positivist paradigm. It was time to understand my own view of the world and to find a congruent methodology appropriate for the purpose of this study.

Understanding oneself, contemplating one's sense of meaning, of value, recognising what is important to us seems to be a uniquely human quest, one that has captured the thinking of philosophers since the beginning of time. Heidegger, briefly introduced in Chapter 1, was a German philosopher who dedicated his life's work to consider what it is to 'be,' an ontological wondering of the meaning of being. The way of our being is so often taken for granted. We get busy living our lives, caught up in the issues of the day, the norms of our communities and the political trends of our times. As is the nature of taken-for-granted things, they come into focus with a significant change in circumstances. Within this taken-for-grantedness lies an extraordinary depth leading to understanding, wisdom, and meaning. This idea 'clicked' for me with a description of good health, a state also often taken for granted; "Health is that state where we are able to get out of our own way, where we become transparent to ourselves, and where we seem to effortlessly move along with personally meaningful interests, relationships and life projects" (M. D. Dewar, 2016, p. 67).

I would like to further consider this concept of a wholeness working so well that there is no need for it to draw upon our conscious awareness. Like glass so clean there is no need to consider its existence, one simply looks out through it to the vista beyond. Awareness only arises when there is something wrong, a crack in the window, an

illness that prevents our bodies from doing the things we ask of it. Only then do we consider the taken-for-granted aspects of our existence that enable us to live freely. It seems to me that this is what Heidegger brought to philosophy. We are meaning-making beings, we seek to understand the world by making meaning of things through education, discourse, research, and experience. In that meaning-making, we rarely consider our own being, how it is we see, perceive, learn, consider and make sense of the world. Thinking about thinking. Often these big questions of our being only arise when we are faced with death – when that taken-for-granted 'being' suddenly comes into focus. There is a temporality to our existence, we are not eternal beings (or at least not in this human phase of our existence). With this understanding and some reflection on who we are, how we are and what is important to us, perhaps we can be more purposeful in living a life of meaning, belonging, and connection; a life of thriving.

Frank Ostaseski is a Buddhist teacher and international speaker on compassionate end-of-life care. He founded the Zen Hospice project in the United States and has been a part of many end-of-life journeys. Ostaseski captures this idea of embracing our mortality to live more fully. In his experience, this is something that can happen profoundly as one's life comes to an end:

> Many people, ordinary people, develop profound insights and engage in a powerful process of transformation near the end of their lives. They emerge as someone larger, more expansive, more essential and real than the small, separate selves they had previously taken themselves to be. (Ostaseski, 2017)

There is no need for this transformation, for this wisdom, to come only at the end of our lives. In acknowledging our temporality, understanding who we are and what is important to us, we can begin to see just how precious our lives really are and see the meaningful in our everyday being-in-the-world.

Gadamer, a hermeneutic philosopher, drawing deeply from Heidegger's work, explores understanding as being co-constructed with others, a process to which we always come with our own horizon. This is similar to Heidegger's concept of historicity and fore-understandings. Both philosophers are referring to each person's unique combination of culture, history, experience, knowledge, and pre-understandings that

all come to influence the way in which any moment is experienced and understood. Much of the time, we are unaware of these influences. In our busy lives of 'doing' we rarely stop and wonder why or actively seek to name that which really matters to us. And yet, perhaps, in first understanding ourselves, becoming aware of our own preconceptions and assumptions, we can begin to develop an openness and curiosity that will enable a deeper understanding of being human, of one another and of living a 'good life'.

We all have a quest for truth. The reading, learning and thinking about thriving led me to realise that 'truth' may not be quite what I had once believed. It seems that there are many more ways in which a truth may be discovered or perhaps constructed. In a paper developing a philosophy of medicine, Svanaeus (2003), drawing heavily on Gadamer, speaks of truth as an "openness to the other and his world and not only to my own world" (p. 414). This felt congruent. It was time to search for a methodology that embraced wonder and openness.

My background is in biochemistry and then medicine, both disciplines with a strong positivist perspective of cause and effect; of objective truth. This paradigm has facilitated huge advances in our biomedical knowledge, the development of evidence-based medicine, complex and detailed methods of investigation and advanced treatment possibilities for many diseases. This paradigm continues to arm us with statistics, risks of outcomes, helpful population based diagnostic tools and rules to guide our practice. With drugs for which we know the safety profiles, normal values of physiological measures, the lists of applications for the knowledge gained is enormous.

Our universe is a huge, fascinating, rich and complex place with an incomprehensible amount of information. A positivist paradigm is one way of approaching all of that information and making sense of it, trying to understand it and discover a truth. As the dominant paradigm in science and medicine, it is easy for us to see it as the only way to view the world and, subsequently, the only truth.

The human brain is limited in the amount of information it can process at any one time. From the huge array of available stimuli, we select a relatively small proportion on which to focus, and filter out the rest (Wadlinger & Isaacowitz, 2011). The more we are learning about this process, the more support there is for what philosophers,

spiritual leaders, ancient wisdom and researchers from other paradigms have always known, of course there is more than one truth.

In reading and searching different paradigms, social constructivism seemed to most closely fit with my thinking and approach to this project. This paradigm, a way of considering the world, proposes that reality is individually constructed from our experience of the world and subsequent meaning giving (Andrews, 2012; Burr, 2003; Keaton & Bodie, 2011). This is a social process, with language at its heart and many influences including prior knowledge, culture, context, experience, and social discourse (Cobern, 1993). Thus, with our social interactions, our relationships, our discussions, our language and all of the subjectivity that comes with these, together we construct both knowledge and our realities. Kenneth Gergen, an American psychologist, first introduced the term social constructionism, in 1973 (Burr, 2003). His ideas had in turn been informed and influenced by philosophy, sociology, psychology, and linguistics. The work of sociologists Peter Berger and Thomas Luckmann were foundational (Whitney & Trosten-Bloom, 2010). The idea that language has a reciprocal relationship with the world is central to social constructivism. Language is powerful in its ability to describe and express different aspects of our world and in its intrinsic role in the construction of that world (Burr, 2003).

Epistemology is the academic name for the study of knowledge and justified belief (Steup, 2017). The dominant epistemology of our time is objectivism; knowledge that is acquired with objective observation and measurement (Hefferon, Ashfield, Waters, & Synard, 2017). It is this epistemology that underpins the positivist paradigm and much of healthcare and positive psychology. In a recent paper calling for an openness towards other epistemologies and methodologies in psychology, Mascolo (2017) suggested that the "process by which we come to know the psychological world of persons differ fundamentally from those we use to understand bodies and objects… A genuinely scientific method must adapt itself to the particularities of its subject matter" (p. 42). Social constructivism is described as one such epistemology (Andrews, 2012; Burr, 2003). Meyer (2013), a philosopher, brought epistemology vibrantly alive for me in her paper on holographic epistemology, describing an indigenous way of knowing. She described three dimensions. The first is the 'physical'; the objective that is seen, experienced and measured. The second is the 'mind', the unseen thinking,

ideas, imagination and reflection. The third dimension is 'spirit', culture, contemplation, intuition, love, and dynamic interdependence. These three dimensions form an inseparable whole, each at play at any one time drawing forth knowledge.

Ontology is the study of being and the nature of existence (Warfield, 2016; Wilson, 2014). Objectivism has an underlying ontology of a single truth, one true reality. Constructivism is a paradigm with a relative ontology where there is more than one construct of reality (Hall, Griffiths, & McKenna, 2013). This is the ontology with which I approached this project. The ontology that I have become during this research is hermeneutic ontology, "in which reality is constituted through being in the world and in shared practices" (Wilson, 2014, p. 30). Heidegger, in his fundamental ontology, explored in '*Being and Time'*, introduced the way of being, the openness of being as being-in-the-world (Heidegger, 2010; Ramsey, 2016). This was further developed by Gadamer (2013); "Understanding is the original characteristic of the being of human life itself" (p. 260). This central positioning of understanding in ontology somewhat blurs the line for me between epistemology and ontology. The leap of knowledge into understanding, Meyer's inseparable whole of knowledge, is where knowing becomes being and epistemology reciprocally opens the door for ontology; "... conversation holds possibilities to transform productively not only the understanding of the topic, but also the very being of the participants in the dialogue" (Binding & Tapp, 2008, p. 122). Gadamer tells us that "all such understanding is ultimately self-understanding," (p. 261) that new understanding is incorporated into our being, our horizon, the lens through which we see, interpret and create the world.

The philosophy of hermeneutic phenomenology and some of its notions important to this thesis will be further discussed later in this chapter and throughout the subsequent chapters. Armed with an ontological and epistemological perspective, it was time to find a congruent methodology.

3.1 Action research

The reading I did around positive psychology and, in particular, positive emotions, led me to appreciative inquiry. Much of the research in positive psychology is academic, research done in a lab. This project, however, is about lived experience, about thriving in our own context. I wanted to find a way of thinking that incorporated these ideas,

theories and growing knowledge around living a 'good life' and put them into action, using this knowledge in our context to promote thriving. I wanted to find a way to explore thriving in the Emergency Department in the always-busy midst of challenge, illness, death, despair, healing, care, and compassion. I wanted this exploration to highlight, accentuate, enable savouring of the precious moments, and for it to fuel an upward spiral of thriving for all involved. I found this in appreciative inquiry, a door that opened my mind, my being, to so much more than I ever could have imagined. It was a research approach that led me to discover my ontology and epistemology, one that is congruent with me as a researcher, clinician, person, and the objective of this project.

Appreciative inquiry is a variant of action research; a research modality that was developed to bring theory and practice together in the context of real life. It invites subjects of the research to be participatory as opposed to simply being observed (Cojocaru, 2012; Eikeland, 2006). The term "action research" was first coined by Kurt Lewin, a German-American psychologist, during his work with intergroup relations (Bargal, 2008). It has grown to encompass a number of different inquiry traditions often with different perspectives but common attributes. These include an evolving inquiry, the combination of theory and practice, the use of participation and democracy to make sense of practical problems and outcomes that promote human flourishing (Donald, 2012).

The philosophical influences of action research begin as far back as Aristotle. His practical philosophy was aimed at change and the development of individuals and communities, to cultivate virtue and excellence in the act of living. Aristotle's concept of phronesis, or practical wisdom, introduced in Chapter 1, remains prudent in modern life and research. It is a notion that provided, for me, a thread linking many different thinkers and ideas, giving me a glimpse of an interconnected whole. Phronesis is the coming together of knowledge, experience, skills and virtues, to act rightly in each unique situation, a way of living that is learned and yet cannot be taught by rules or protocols (Ransome, 2010; Svenaeus, 2003). It is a practical wisdom "of the practice of living which results from having lived life deeply" (van Manen, 1990, p. 32). This practical reasoning combining knowledge and its appropriate application in particular situations aligns well with action research (Carr, 2006). Toulmin suggested it is

phronesis that we seek with action research (Eikeland, 2006). This notion of growing wise in the deeply engaged living of life seemed to be just what I was seeking; a practical wisdom towards thriving fuelled by universal truths, knowledge, skills and excellence, yet grounded in context, time, and action.

3.1.1 Appreciative inquiry

Appreciative inquiry was developed by David Cooperrider in the late 1980s to promote and sustain changes within an organisation (Trajkovski, Schmied, Vickers, & Jackson, 2013b; Whitney, 1998). It is strongly based in social constructionism. Different methodologies ask questions from different perspectives to give us a richer, deeper understanding of what it is to be human. Each of us brings to our research our own histories and cultures that have shaped us and influence our interpretations and discourse, in turn constructing ideas and perspectives. I would like to explore a couple more ideas I have come across in my reading that have both informed my thinking and aligned with what feels like my truth.

Symbolic interactionism is an approach to thinking about and studying social life that preceded social constructionism. Herbert Blumer introduced the idea in 1937 with contributions from the work of William James, Cooley, George Mead and John Dewey (Schellenberg, 1990). The themes of symbolic interactionism are based around the idea that human action is derived from the meaning we have for things and that this meaning arises out of our social interactions and our own interpretive processes (Schellenberg, 1990).

A theme from many of the ideas and philosophies mentioned so far is the intrinsic role we play in constructing our realities. This gives rise to the possibility of influencing our own reality, such an empowering thought. Buddhist philosophy and teaching takes this idea and adds in some direction for influencing our thinking and our actions towards happiness (Dhiman, 2008). The realisation that there are many more perspectives or points of view than our own, none of which are necessarily more right than another, can open our minds with curiosity and wonder. This is in contrast to the frustration that can come with the belief of one absolute truth. Buddhist philosophy teaches that everything is in flux and interconnected. We may not have control over our external circumstances, but in developing an ability to control one's thoughts and

actions we can influence our perspective and our experience of the world. Marcus Aurelius echoed similar ideas in his study of stoic philosophy, that our happiness depends on the quality of our thoughts, we each have the ability to control our reactions to events in our lives (Gregoire, 2014).

One aspect that draws me to appreciative inquiry is its affirmative approach, a method to accentuate the positive (Whitney & Trosten-Bloom, 2010). This is a real point of difference from most change and development models that are based in deficit. Searching for, identifying, and fixing problems can create some change but excellence is not simply the opposite of failure. Focusing on problems inhibits dynamic, creative solutions that inspire positive change towards excellence (Cooperrider & McQuaid, 2012). Appreciative inquiry is based on the belief that "human systems move in the direction of what they most frequently, deeply and authentically ask questions about" (Cooperrider, 2012, p. 111).

The application of social constructionist ideas that knowledge, meaning, and identity are socially generated is foundational in appreciative inquiry (Whitney, 1998). This is the basis of the first of five principles underpinning appreciative inquiry. These principles are;

- Constructionist principle
- The principle of simultaneity
- Poetic principle
- Anticipatory principle
- Positive principle

The principle of simultaneity is one that is particularly attractive from an emergency medicine point of view. It states that inquiry and change occur simultaneously. The pace of life in the Emergency Department is fast; our attention spans tend to be fairly short so quick and efficient change methods fit in nicely.

The poetic principle refers to the idea that the focus of our inquiry can be chosen from any number of possible points of view. There are always vast sources of information and interpretations available to study. The language we use, particularly metaphors, are crucial in creating the change we ultimately want to see (Whitney & Trosten-Bloom, 2010).

The power of reframing, imagining, and designing a future is the basis of the anticipatory principle. These images guide our thoughts and actions in the direction toward their development (Trajkovski et al., 2013b).

Positive change begins with positive questions. The positive principle uses this statement and the growing body of knowledge and evidence of positive psychology. The generative energy in amplifying strengths and accentuating the positive is transformative (Cooperrider, 2012).

In using these five principles, appreciative inquiry classically follows a four 'D' cycle of discovery, dream, design, and destiny. Participation is crucial with whole system engagement the ideal. The discovery phase encourages exploration of what it is that gives life to the human system being studied. This is an opportunity for participants to tell stories about when they and their system are at their best. With this first step change has already begun. It begins a project with celebration rather than the despair that usually follows problem analysis.

Dreaming is where the stories from the discovery phase can be shared and used to generate core values and inspire the desired vision of the future (Richer, Ritchie, & Marchionni, 2010). The next phase is designing the path to that vision. It is co-constructed, harnessing the creativity, cooperation and differing perspectives of all the participants, all the while building high-quality connections that facilitate discourse, understanding, and moving forward as a united group. The destiny phase enacts the designs and developments generated in the earlier phases including thoughts of reflection and sustainability.

In a paper looking at appreciative inquiry within large organisations, Cooperrider, the father of appreciative inquiry, draws together theory from positive psychology and brings it to life in the actions of appreciative inquiry (Cooperrider, 2012). He does this with real stories of organisations and organisational change. There are stories of integrating and bringing people together across silos and professional or hierarchical boundaries and together combining strengths, being creative, innovative, co-operative, and excited towards a meaningful and shared purpose. These stories look at positive strengths, positive emotions, positive re-framing, high-quality connections, achievement, meaning and purpose as they happen in lived experience. Appreciative

inquiry adds to this a social constructionist paradigm; “the process of studying a phenomenon changes that phenomenon. We create new realities during the process of inquiry” (Cooperrider, 2012, p. 109). I was excited to find a way to translate theory into doing, in an inclusive, co-operative, and participatory way that opened our eyes to a potential that already exists, possibilities for being that are always already there. “Organisations are centres of human relationships, and that relationships come alive when there is an appreciative eye – when people take the time to see the best in each other” (Cooperrider, 2012, p. 113). In another paper, Cooperrider and McQuaid weave in neuroscience, networks, and contagion to the discussion on the appreciative inquiry process. “We define mirror flourishing as the consonant flourishing or growing together that happens naturally and reciprocally to us when we actively help, or witness the acts, that help nature flourish, others flourish or the world as a whole flourish” (Cooperrider & McQuaid, 2012, p. 97). I was beginning to get a sense of moving towards a bigger picture, a more fundamental way of thinking and seeing where concepts and theories, fascinating on their own, were part of a much greater captivating whole.

In the healthcare setting appreciative inquiry has been used to increase effectiveness, improve organisational culture and processes, patient satisfaction and staff engagement (Cojocaru, 2012). It has also been used to facilitate knowledge translation (Watkins, Dewar, & Kennedy, 2016), bringing together diverse groups to collectively impact care design (Trajkovski, Schmied, Vickers, & Jackson, 2016), enhance best practice (B. Carter, 2006), and promote compassionate care (B. Dewar & MacBride, 2017).

Locally, within AUT, there have been several recent examples of using appreciative inquiry in doctoral research projects. Two have used appreciative inquiry as their primary methodology, both incorporating thematic analysis of gathered data (Hennessy, 2015; Murray, 2012). Others have used aspects of appreciative inquiry within other methodologies, including hermeneutic phenomenology (Awatere-Walker, 2015; Donald, 2012; Jenkin, 2010).

Appreciative inquiry is not without its challenges and limitations. The flexibility of appreciative inquiry can be seen as one of its limitations as a research methodology.

The lack of consistency in methods and reporting has also been seen as a limitation (Trajkovski, Schmied, Vickers, & Jackson, 2013a). It has been noted that some participants find the positive stance difficult and can feel that legitimate concerns are being dismissed (Trajkovski et al., 2013b). The ability to track changes as attributable to the process in a complex healthcare setting can also be difficult. Various forms of collecting data have been used in different settings (Richer et al., 2010).

3.2 Philosophical influences

There are four philosophers who have significantly influenced me, both personally and with respect to this project. Aristotle, whose work underpins that of both Heidegger and Gadamer, and Frankl, a philosopher and psychiatrist whose work I am drawn to and admire greatly. Some brief background information presented here will be followed with discussions of their philosophies later in this chapter and throughout this thesis.

Aristotle

Aristotle [384-322BC], a Greek philosopher, introduced in Chapters 1 and 2, continues to influence throughout this thesis. His writing on eudaimonia or flourishing and the 'good life' underpins much of positive psychology. His notion of phronesis, the practical wisdom developed by fully living life, is one to which I am particularly drawn. His work has strongly influenced many thinkers including Heidegger and Gadamer.

Martin Heidegger

Martin Heidegger, a German philosopher, was born in small town Germany to a Catholic family. He developed Heideggarian phenomenology, a philosophy and approach to considering our existence grounded in lived experience. For a short time, Heidegger was a member of the Nazi party, a decision he later regretted and one that altered his career; "Many years after, in a famous interview given shortly before his death, Heidegger characterized his excursion into politics as an incidence of inauthenticity, an insight that only came to him *in hindsight*" (Thompson, 2005, p. 147). I have found this fact a difficult one to reconcile with his words and philosophy, notions that have led me to an openness of being. It has coloured my 'conversations' with him. I do not like the man; yet his words speak a truth I can hear. It is what it is.

Hans-Georg Gadamer

Hans-Georg Gadamer, also a German philosopher, was Heidegger's student. Soon after submitting his doctoral thesis on Plato, Gadamer developed polio, an illness with a slow recovery and residual disabilities that stayed with him throughout his life (Malpas, 2016). While he was in Germany during the Nazi era, he quietly opposed the National Socialist Party. "Fairness, openness, and respect for the rights of others have always been trademarks of Gadamer, personally as well as philosophically, testifying to the truth of his claim to be politically a liberal" (Palmer, 2002, p. 469). His work is founded upon the hermeneutic phenomenology of Heidegger, further developing the notion of understanding. He is considered to be "one of the most important figures of 20th century philosophical thought" (Binding & Tapp, 2008, p. 122).

Viktor Frankl

Victor Frankl [1905-1997] was a psychiatrist and philosopher. He too was born in Germany; however as a Jew, his experience of Germany during World War II was very different from that of Heidegger and Gadamer. His interest in the meaning of life started as a teenager, continued through medical school and his training in psychiatry. His experience as a prisoner in the concentration camps strongly influenced his thoughts on the central role of meaning and love: "the salvation of man is through love and in love" (Frankl, 2004, p. 49).

3.3 Hermeneutic phenomenology

The early stages of this doctoral project were exploratory; reading, learning, soaking in information, acquiring new knowledge, having conversations with the authors of so many different texts, occasionally in person, most often in the to and fro of questioning and learning as I read their articles and books. The more I read, the more these really became 'conversations'. With the direction of my supervisors and my own sense of wonder I read widely searching for a big picture, each paper adding to a tapestry taking shape. My eyes, initially focused on and accustomed to a positivist paradigm, took some time to readjust and open fully to other paradigms, to see their value, and to fully immerse myself in a process of deconstruction, reflection, and prizing open my horizon. This process introduced me to hermeneutic phenomenology and, in learning more about it, a desire to incorporate the philosophy into this project. When the data collected during the discovery and dream phases of appreciative

inquiry needed analysis, hermeneutic phenomenology emerged as my interpretive lens and, subsequently, as mentioned earlier in this chapter, became my way of being.

Hermeneutic phenomenology, as a methodology, is an interpretive exploration into the lived experience of a particular phenomenon. This methodology considers questions of ontology to journey into a deeper understanding of what it is to be a human being. Hermeneutic phenomenology is steeped in language; text, dialogue and literature as a path to understanding and then to articulate so "to bring the mystery more fully into our presence" (van Manen, 1990, p. 50). Insights are drawn from two main philosophers; Martin Heidegger and Hans-Georg Gadamer (Smythe, 2011).

Heidegger reminds us that that meanings and truths are often hidden, covered over and taken for granted (Holroyd, 2008). With an openness to ourselves and others, hermeneutic researchers listen, question, think, read, write, dwell, re-write, and contemplate in order to understand, to uncover meanings and illuminate truths that lead us to the "fulfilment of our human nature: to become more fully who we are" (van Manen, 1990, p. 12). There are some important philosophical notions that both guide this process and light the path toward the clearing, a space for wisdom to emerge.

3.3.1 Being-in-the-world

We each come to every moment with our history, culture, time, previous experiences, moods as well as the influence of others around us and those in our hearts and minds. We are what Heidegger calls being-in-the-world, the totality of our being, influenced, created, and given a unique lens by care and time. We are situated, subjective and mortal beings who understand the world by interpreting it from our own horizon. "The uncovering of meaning is driven by a concern for our existence and the underlying sense that we, others and life fundamentally matter" (M. D. Dewar, 2016, p. 74).

Heidegger described our way of being as having three primordial structures; understanding, attunement, and language. These three structures reciprocally and interdependently create and interpret our being-in-the world. We are thrown into a world, a time, a culture, a country, a community, a family; a situation of which we have no say. Often, we live this life as is expected or predetermined by others, our

possibilities for being determined by the status quo, without reflection or our own choosing. Then, occasionally, we hear a call of consciousness, often at a significant time in our lives, a time when our mortality, our temporality hits us in the face, shaking us to the core; a time when reflection and self-awareness can bring an understanding that our possibilities for being are multiple and that our freedom lies in being able to choose our ownmost meaningful possibilities for being. We can choose an authentic way of being.

3.3.2 Fusion of horizons

Gadamer further developed Heidegger's philosophy of phenomenology, with a focus around understanding and language. We each have a vantage point from which we both see and interpret the world. This is what Gadamer calls our horizon. It includes all our being-in-the-world, a dynamic, ever changing view. Understanding occurs as horizons are fused, two or more different perspectives are shared, not to become one, rather that a new, shared understanding is reached. This process occurs in language, in particular, in genuine dialogue; "dialectic consists not in trying to discover the weakness of what is said, but in bringing out its real strength" (Gadamer, 2013, p. 376). This dialogue can be in text with an author of another time and even another language. The dialogue can take place in self-reflection, in thought; "the dialogue of the soul with itself" (Gadamer, 1996, p. 167). It can occur in text, in the 'conversations' between reader and literature. It can also take place in the here and now in conversation with one another; "Hermeneutics in its purest form is found in the living dialogues carried out between people of real flesh and blood" (Svenaeus, 2003, p. 415). Genuine dialogue is characterised by an openness, to oneself, the other and to the subject matter (Árnason, 2000).

Our prejudices and pre-conceptions often represent the limitations of our horizon (Árnason, 2000; Binding & Tapp, 2008; Regan, 2012). Unconscious and unchallenged, our prejudices and pre-conceptions can limit our understanding, closing off conversations and blinding us to possibilities beyond the boundaries these prejudices represent. An important aspect of genuine conversation and an authentic way of being is an openness to ourselves. This is a purposeful awareness of our own prejudices and pre-conceptions and a willingness to challenge them in light of new understandings, a willingness to be transformed by new possibilities (Árnason, 2000;

Binding & Tapp, 2008). Ramsey (2016) described this process with respect to reading text:

> An idea can be *opened* only insofar as a reader's understanding allows, and as the reader develops deeper understanding—and this can only be accomplished if intellectual growth and spiritual growth happen simultaneously—so the same idea will yield more of its living *dynamism*… We should take the time to re*think* ideas written into text, not merely read *about* them, so to grasp them and drag them into our egoistic, presuppositional framing, but actually break open and rethink ideas here and now, through the unique possibilities open to each and every one of us. (p. 503)

An important task of the hermeneutic phenomenological researcher is becoming explicitly aware of his or her own prejudices and presuppositions (Spence, 2016).

3.3.3 Hermeneutic circle

The hermeneutic circle represents an ontological structure of understanding (Gadamer, 2013; Heidegger, 2010). It is a structure upon which we jump; question by question, cycle by cycle, revealing and discarding our own biases and presuppositions that are clouding or limiting our view. We do this with an openness of being; reflection, with reflexivity and in genuine conversation. "When we take the views of the Other seriously, we are compelled to look at our own basis for convictions, our own presuppositions" (Binding & Tapp, 2008, p. 129). With each round of the circle, the idea or text "can present itself in all its otherness and thus assert its own truth against one's own fore-meanings" (Gadamer, 2013, p. 282). Heidegger (2010) tells us of the circle;

> A positive possibility of the most primordial knowledge is hidden in it which, however, is only grasped in a genuine way when interpretation has understood that its first, constant, and last task is not to let fore-having, fore-sight, and fore-conception be given to it by chance ideas and popular conceptions, but to secure the scientific theme by developing these in terms of the things themselves. (p. 148)

The hermeneutic circle has no beginning and no end. With each new insight, each time we are open to another's truth, our own understanding, of ourselves and of the phenomena in question is enriched (Gadamer, 1996; Ramsey, 2016). This deeper understanding alters our being such that our horizon is broadened and our

possibilities-for-being expanded. It involves more than a cognitive knowing, this depth of understanding is embodied, a notion Gadamer called application, our knowing becomes our doing. Our ears hear more, our eyes see more, our words speak a more profound truth, and our dreams open to embrace a larger world.

3.4 Summary

The word hermeneutics originates from the Greek messenger-God, Hermes, who is said to have translated that which "is beyond human understanding into a form that human intelligence can grasp" (Svenaeus, 2003, p. 411). The philosophy of hermeneutic phenomenology, as outlined by Heidegger and Gadamer, guides us back to ontology, to thinking about being; a quest to discover what matters and to find a way of being that is congruent with this; to find a way of being that enables us to thrive. This methodology allows us to consider the question of thriving in a fundamental way, to listen to stories and interpret them in a hermeneutic circle, peeling away our own biases and presuppositions, to reveal a profound understanding of what really matters. It creates space in the realm beyond everyday human understanding for wisdom to emerge.

Appreciative inquiry, by its very nature, is a hermeneutic pursuit, a search for what matters, the things that make us want to get out of bed in the morning and be fully engaged in life. In discovering this knowledge, appreciative inquiry provides a structure to practically apply this knowledge in our lives and incorporate it into our workplaces and communities. This is not in a theory or a set of guidelines, rather in developing a new lens, a way of seeing, interpreting, and creating the world such that our most meaningful possibilities for being can be realised.

My quest for truth has brought me to an openness-of-being, an ever evolving and expanding horizon open to fusion and shared understanding. It has taught me the skills and wonder of genuine dialogue and set me on a pilgrimage towards Aristotle's phronesis, Heidegger's authenticity, Gadamer's application, and Frankl's freedom. My hope is that the use of this knowledge with the influence of many great thinkers, philosophers, researchers and practitioners, will enable positive change towards promoting thriving of our acute healthcare workforce and subsequently the health and wellbeing of our patients.

Chapter 4 Methods: The Treasure Map

> Gratitude bestows reverence, allowing us to encounter everyday epiphanies, those transcendent moments of awe that change forever how we experience life… and the world. (Ban Breathnach, para. 8)

Appreciative inquiry is a participatory research methodology that follows a four 'D' framework using positively valenced questions to discover, dream, design, and consider the destiny of a topic, as discussed in the previous chapter. It does not, however, have a step-by-step method to follow. Within the principles and phases of appreciative inquiry, multiple research methods have been incorporated (Murray, 2012). In the healthcare setting, appreciative inquiry researchers have used methods such as semi-structured interviews (Dematteo & Reeves, 2011; B. Dewar & MacBride, 2017; Hennessy, 2015), observation (B. Dewar & MacBride, 2017), focus groups (Murray, 2012), practice meetings (C. A. Carter et al., 2007), workshops (Trajkovski et al., 2013a) and whole group summits (Richer et al., 2010). The analysis of data also invites a variety of methods including thematic analysis, grounded theory, Kaupapa Māori (Cram, 2010), and phenomenology.

The methods used in this thesis needed to be congruent with hermeneutic phenomenology with which I pondered the stories and insights from the four 'D' framework. The combination and sequence of methods that have emerged are my own, designed to be authentic to me, my chosen methodologies, the research questions, and the context of this study. This chapter will outline methods employed with some discussion on choices made and processes that emerged.

4.1 Research question

The choice of question in appreciative inquiry is thought to be pivotal; it is with the first question that change begins. As stated in the previous chapter, the foundations of appreciative inquiry are built on the assumption that "human systems move in the direction of what they most frequently, deeply and authentically ask questions about" (Cooperrider, 2012, p. 111). In hermeneutic phenomenology, questions also hold a central role. Questions asked within genuine dialogue is where understanding happens, in the to and fro of conversation (Binding & Tapp, 2008).

When I think of research questions, I see in my mind a well thought out hypothesis, an idea to be investigated, proven or disproven with the outcome being the answer. A positivist frame of question and answer, of true and false. However, I have come to this research project with a sense of wonder and hope, not looking for 'the' answer, rather searching for our truths as people, looking for what matters to us. I came with a belief that thriving is right there, at our fingertips, if only we knew the way of seeing and the direction in which to look.

It is with Gadamer's view of questions that I begin my search for understanding: "this is the real and fundamental nature of a question: namely to make things indeterminate. Questions always bring out the undetermined possibilities of a thing" (Gadamer, 2013, p. 383). With this in mind, there are two questions that begin this conversation as an openness to possibilities:

> **How do we experience thriving in the Emergency Department?**
>
> **In coming to understand our way of thriving, how can we promote thriving for our staff?**

These questions are the beginning of wonder, the first step towards an openness to be explored in dialogue. They are deep and authentic questions guiding the way to understanding and inevitably to more questions.

4.2 Study design

There have been three underlying beliefs that have driven this project design.

- Language is powerful. This project is different from the things we normally talk about and research in the Emergency Department. Some early conversations were shut down quickly with language that seemed to invite defensiveness, dismissiveness, and eye-rolling. I needed to find language that would invite curiosity, intrigue, and an openness to genuine dialogue.
- Participation is key, the greater the opportunity for participation, for as many members of staff as possible, the richer this project will be.

- The Emergency Department is a busy place with many demands on our time. This project should be incorporated into the flow of the department as much as possible rather than an additional thing to do.

With these beliefs in mind, a framework of the study was set out with room for evolution and taking advantage of opportunities as they arose (refer to Figure 2).

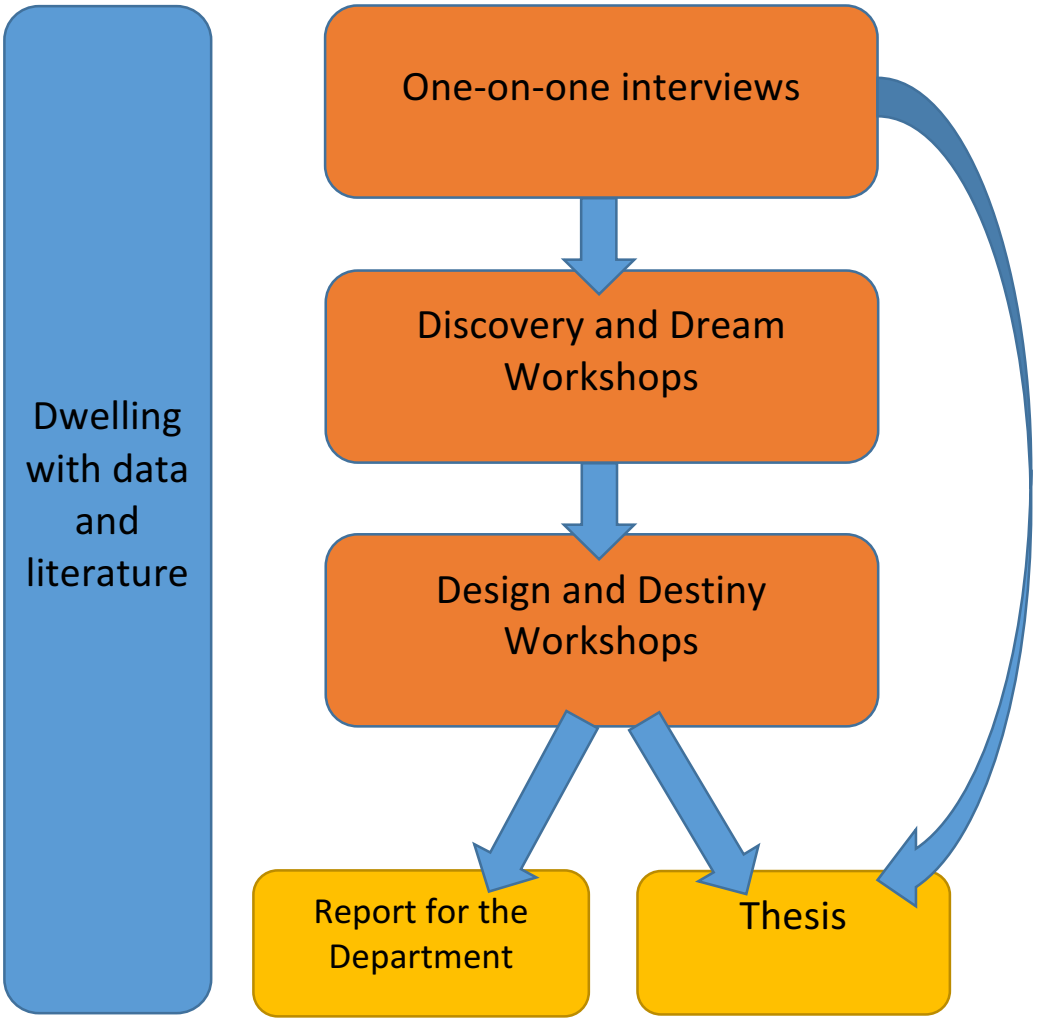

Figure 2: Outline of study

4.2.1 Approval for the study

This research project was approved by the Auckland University of Technology Ethics Committee (AUTEC) (Appendix A) and Awhina, the Waitemata DHB Research and Knowledge Centre (Appendix B).

4.2.2 Participant selection - interviews

Participants for the interviews were purposefully selected from the Waitemata DHB Emergency Medicine Senior Medical Officer group. The aim of these initial interviews included an exploration of language that would open curiosity and intrigue with respect to thriving in the Emergency Department. I anticipated the greatest challenge with this amongst the doctors. This type of research is not common within the medical fraternity; I wanted to gently introduce a different paradigm with its associated language and vision of truth with carefully selected colleagues. Participants likely to be open to these conversations were selected and invited to participate by email or personal contact. All the invited participants agreed to be a part of this research.

Interview participants were protected from harm and coercion in several ways:

- Participation was entirely voluntary with an ability to withdraw at any stage. They had the right to delete part or the whole of the data during and after the interview should they have chosen to do so.
- Informed consent was gained prior to conducting all interviews as per AUTEC consent process (Appendices C & D)
- Participants involved in the interview phase of the research were at the same level or higher in terms of hierarchy within the department as the researcher. Agreeing or declining to be involved in this phase of the process had no impact on their standing or position within the department. The researcher had no managerial affiliation or 'power' within the department. I clearly stated my role in the research process as a student researcher (DHSc doctorate candidate) and put aside my other roles for that time.
- Confidentiality was maintained with no use of names or identifying features. Pseudonyms, often chosen by the participants (Allen & Wiles, 2016), are used in this thesis.

4.2.3 Participant selection – workshops

Participation in the workshops was by open invitation to all nurses, doctors, healthcare assistants, and clerical staff of the Emergency Departments at North Shore Hospital and later at Waitakere Hospital. These two hospitals are both a part of Waitemata DHB, they share management teams and senior medical officers. Nurses, healthcare assistants, and clerical staff tend to work at one hospital or the other.

Discovery and Dream workshops were incorporated into teaching and study days already set aside as much as possible. That meant most staff were released to attend workshops and paid for their time.

Design and Destiny workshops were incorporated into two departmental strategic planning days, taking up the first half of the day. A third workshop was made available to charge nurses unable to make the other two days.

Workshop participants were given written information about the project and formal consent was obtained (Appendices E & F). As with the interviews, workshop participation was entirely voluntary and withdrawal at any stage, up to the end of the workshop, was possible. Confidentiality of all participants was ensured with no disclosure of personal information, no use of names or identifying features of the participants.

4.3 The phases: discovery and dreams

These two phases were explored in one-on-one interviews and workshops.

4.3.1 Qualitative interviews

The study began with one-on-one interviews with six senior medical colleagues to draw them into the discovery phase of the project. These semi-structured interviews used open ended, positively focused questions to elicit stories of thriving. Examples of questions used can be found in Appendix G. Congruent with hermeneutic interviewing, the interview structure was loose, allowing a freedom for a genuine conversation:

> … the more genuine a conversation is, the less its conduct lies within the will of either partner… The way one word follows another, with the conversation taking its own twists and reaching its own conclusion… a conversation has a spirit of its own, and the language in which it is conducted bears its own truth within it – i.e., that it allows something to 'emerge' which henceforth exists. (Gadamer, 2013, p. 401)

Interviews were conducted at a time and place convenient to the participants. On average, they took 1.5 hours. The stories of thriving came overflowing with energy, excitement, and generosity. This project represents a very different way of looking at life in the Emergency Department; different is not always accepted with open arms. I wanted to start these conversations with people whom I knew would be open to possibilities, people who, as well as sharing their stories of thriving, could guide me in getting my language and expression of purpose articulated in such a way that curiosity

and engagement would be opened and encouraged. Together we found our way to discovering the deep pulse of thriving in the Emergency Department, always already there. Sometimes it was blatantly obvious, sometimes sitting just below the surface of everyday conversations and consciousness. Once tapped it flowed forth rippling out with joy, meaning, motivation, connection, and love.

The interviews were recorded and transcribed verbatim. I transcribed the recorded data from the first interview myself, enabling an immersion into the lived experience, particularly in the language used and the feelings subsequently provoked. The following five recorded interviews were transcribed professionally. This allowed me to spend more time dwelling with the transcripts and crafting the data into stories. The crafting process involves using the verbatim data of the transcribed interview to "craft rich and meaningful stories that may become allegorical exemplars, using a mantic quality of language that resonates with the reader vividly describing and revealing the nuances of contextualized experience" (Crowther, Ironside, Spence, & Smythe, 2016, p. 827). The spoken words of the participant were taken, the grammar tidied up, and superfluous words such as 'ah' were removed leaving a story that will "invite readers into acquiring deeper insights and awareness about shared phenomena" (Crowther et al., 2016, p. 827). An example of crafting can be seen along with an initial interpretation in Appendix H.

Reflection of themes began on the day of each interview and continued though readings, discussions, and writing. Analysis of the stories was begun early in the process, such that themes emerged with data from the workshops. A deeper analysis was continued after the completion of the four 'D' stages of appreciative inquiry.

The stories collected during the one-on-one interviews provided an opportunity to go deeper in exploring the experience of thriving in our department. With a hermeneutic phenomenological lens these stories were crafted, unpacked, considered with wonder, and given space for wisdom to be rediscovered (Holroyd, 2008; Smythe, 2011; Smythe et al., 2008); rediscovered in the sense that it was always already there within each of the stories. It was there in the experience of thriving, sometimes taken-for-granted, always experienced in an embodied holistic sense that can be difficult to articulate; the words at times only giving a glimpse of a hidden essence. The spoken words as well as

the spaces between, the taken for granted and the hidden essence together held the wisdom to be explored in these stories. Slowly, thoughtfully, in writing and re-writing, notions emerged.

In practice this exploration and consideration of the data collected from the interviews evolved by fostering a space where threads of knowledge, wisdom, and understanding wove together forming new perspectives and insights. van Manen (1990) suggested six practical activities to facilitate this process:

- Turning to the phenomenon of interest (what fosters thriving)
- Investigating the lived experience rather than the concepts (listening to stories)
- Reflection of essential themes of the phenomenon (what makes this a story about thriving)
- Describing the phenomenon by writing and re-writing (findings chapters)
- Maintaining a strong and orientated relation to the phenomenon (thriving)
- Balancing the context by considering parts and the whole (emerging themes and interconnected whole). (p. 31)

The emergence of insights happens cooperatively with researcher, participants, supervisors, fellow research colleagues and a variety of reading from literature. Keeping a reflexive journal throughout this process has been an important aspect, particularly with respect to reflecting on themes, maintaining a strong and orientated relation and in considering parts and the whole.

Hermeneutic phenomenology partially reveals the hidden meaning through repeated reflection and questioning (Crowther, Smythe, & Spence, 2014). The researcher is recognised as an integral part of both inquiry and interpretation of gathered data (Crowther et al., 2014). Not only do I come to this research with my own fore-understandings, I am intimately, subjectively, and passionately involved in every step of this research as both researcher and participant. To enable good understanding, to see, hear, feel and be genuinely open to the experience of others, it is necessary to come to know myself also (Gadamer, 2013). The hermeneutic circle, “an element of the ontological structure of understanding” (Gadamer, 2013, p. 282), introduced in Chapter 3, is the structure within which this process happens. It is here that layers of pre-understanding, bias, and assumptions are peeled back enabling “a deeper, more profound kind of knowledge” of the phenomenon being studied (Ramsey, 2016, p.

501). This happens in genuine dialogue with self, philosophy, literature, supervisors, and others:

> The genuine conversation brings us face to face with the Others views and convictions that have far greater potential to show us our own weaknesses and prejudices. When we take the views of Other seriously, we are compelled to look at our own basis for conviction, our own presuppositions. Awareness of one's presuppositions does not guarantee a positive stance; what it does promote, however, is a more open stance of questioning and the ability to hear something new from the recipient. (Binding & Tapp, 2008, p. 129)

In alignment with appreciative inquiry and hermeneutic phenomenology, these interviews were not only for the gathering of information, the collection of data, they also form an integral part of the change process. Within discovering moments of thriving, telling stories of success, of compassionate care and excellence, an appreciative lens is being developed. The language, the re-living, and harnessing of positive experiences and emotions have the potential to generate energy, motivation and to influence a future focus towards thriving, it has the potential to be transformative.

4.3.2 Workshops

The discovery and dream workshops held with nurses, doctors, health care assistants, and clerical staff were the next step in this discovery phase. Seventeen workshops were run over a 14-month time-period, designed to enable maximal participation for nurses, doctors, healthcare assistants, and clerical staff. The numbers of participants at these workshops varied from three, at the smallest, to 16 participants at two of our largest workshops. There were a mix of professions (see Table 1 below).

Table 1: Participants of Discovery and Dream workshops

Participant Group	Numbers	Percentage	% of total in department
Nurses	92	62.16	81.42
Doctors (senior)	47	31.76	79.00
Healthcare Assistants	5	3.38	41.67
Clerical staff	5	3.38	12.82
Totals	148		

The workshops were run over two or three hours, depending on time available and the size of the group. These workshops were incorporated into departmental teaching time as much as possible. The nurses and healthcare assistants at North Shore Hospital all have a charge nurse mentor group to which they belong. This group has a study day once a year. During 2016, I went to every one of these study days and did a workshop. There are also continuing education meetings weekly. These sessions are mostly attended by doctors, consultant nurse specialists and occasionally other nurses. There were two workshops done during this teaching time. Two workshops were scheduled during senior doctor meeting time. An evening workshop was made available to ward clerks as this was the only means by which they were free to attend.

Discovery

After an introduction to the project, stories of thriving were shared in pairs. At every workshop the atmosphere in the room during this storytelling was itself an experience of thriving. There was laughter, joy, occasionally tears, an excitement, and bubbling up of connection and wonder. After each of the workshops I wrote reflections, below are some of the comments from these reflections.

> *The positive vibe and generative energy in the room during these storytelling was palpable. (03.05.16)*
>
> *The group then told each other stories, in pairs, of experiences in the department of thriving, of moments of awe or times they felt working in the Emergency Department is what they are meant to be doing. There was a great atmosphere of joy, excitement, of reliving positive experiences in the room during the storytelling. (15.11.16)*
>
> *The mood, that was already open, interested and positive lifted even more with everyone sharing their moments of thriving. (20.12.16)*
>
> *Then in pairs, they turned to each other and told stories – immediately the feeling in the room lifted – with excited noise, laughter, happy noises. It never ceases to amaze and delight me how this happens!! (28.02.17)*
>
> *Then in pairs they told stories of thriving. It was silent at first – then the stories started, the volume started going up, the smiles, concentration, sharing of joy… yehaa – I love this feeling! (14.03.17)*

The pairs then came together as a group and the essence of each story was shared. The words or phrases that best captured that shared essence was collected on a whiteboard (see Figure 3).

> *Coming together as a group brought out ideas, themes and more stories. Often people would add their perspective – adding a richness to the words and phrases I was collecting and writing on the whiteboard. (28.02.17)*

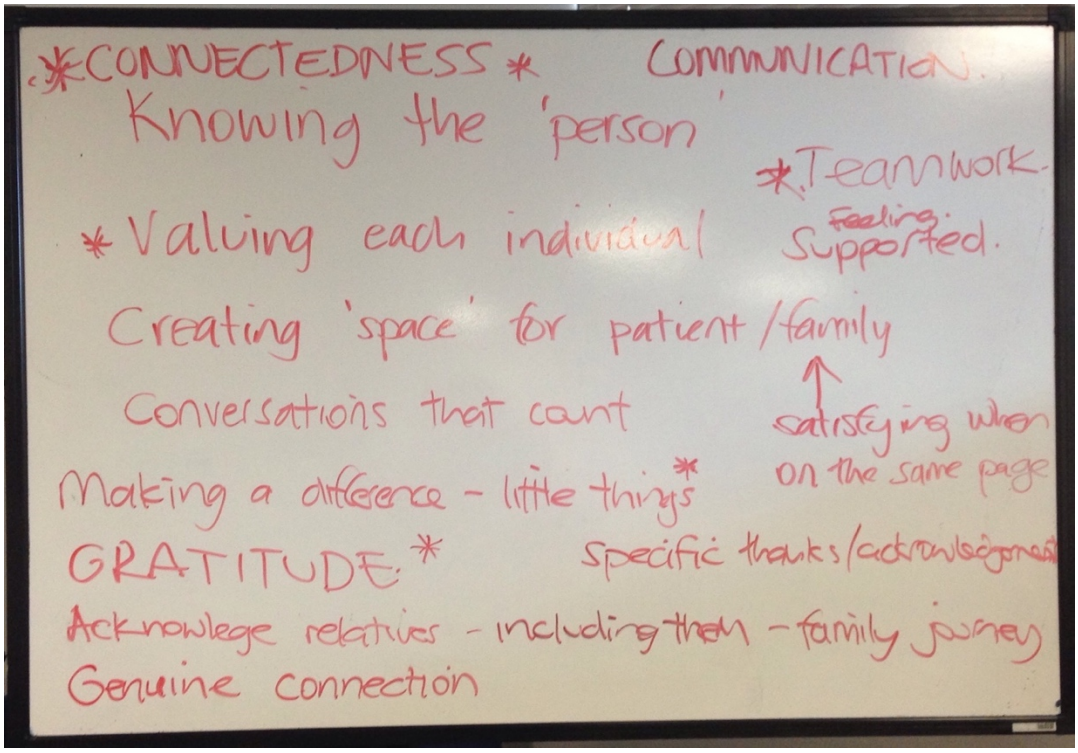

Figure 3: Collected words / phrases representing the essence of stories of thriving told during one of the Discovery and Dream workshops

At the end of all the discovery and dream workshops, the collected data were analysed. The workshops took place over a 14-month period. During this time, I had presented preliminary data at an annual doctoral presentation session at AUT as well as to a conference for emergency nurses. Themes had started to emerge from early on. I had a sense of what had come through; however I needed more than a sense, I needed to go back to the discoveries, back to the data to see what was there. I wanted my colleagues, my participants' discoveries to drive this – not my ideas alone. So back to the data. I went through each of the workshops, reading through the reflections I had written and through the words gathered on the white-board after listening to people's stories of thriving. I collected all these words and phrases and put them into a word document, noting how many times words were repeated. I then put these

same words into a programme to create a word map (https://tagul.com/my-clouds). I chose the shape I wanted my word map to make; two hands holding a heart (Figure 4).

Figure 4: Word map of the words and phrases collected during the Discovery and Dream workshops

The process of making space for the themes to emerge was an organic and creative evolution. I sat with these words; some were saying the same things in different ways. I wanted to find some structure in them, to come up with 8-10 concepts of thriving that represented all these words. Reading over the words from the workshops, remembering some of the stories from which they came; themes of thriving started to form. The collated words and phrases were printed out with repetition denoted by a + sign. I cut out each word or phrase and then with poster paper, coloured pens, scissors, and glue I played with them, together with the stories and notions from the interviews. In this play I found connections and similarities and within these, themes emerged (Figure 5).

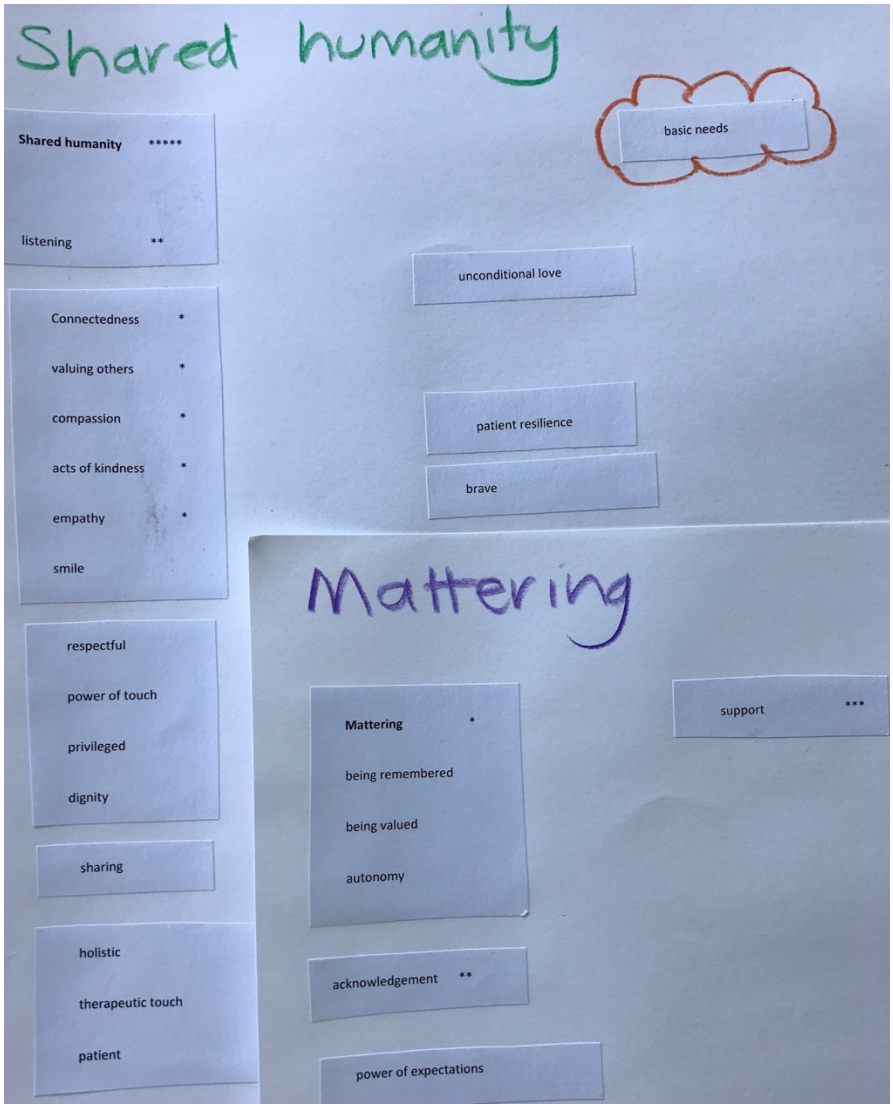

Figure 5: Themes of thriving emerging creatively with play of words, phrases and interview stories.

Many ideas appeared recurrently, some forming new perspectives of a theme that emerged in the interview stories, some adding depth and breadth to those themes. They were all interconnected, closely related and often reciprocally influencing one another. Eight themes emerged:

- Self-care
- Knowledge / Wisdom
- Achievement (plus Hero)
- Gratitude / Appreciation
- Fun
- Shared humanity
- Connection
- Making a difference

This process was different from my analysis of interview transcripts; crafting, writing, and re-writing to make space for the wisdom to emerge. Yet, in a sense, it was the same; making space for wisdom to emerge from the collected stories of thriving. I was not simply coding and counting words, I was remembering the stories behind the words, reading through my reflections of the workshop and pulling them both together. The discovery phase had begun with my six interviews, the stories from these interviews had since been crafted and considered, written and re-written entwining wisdom from participant, literature, philosophy, poetry. This exploration was a continuation of that process threading in language of thriving from the workshops. It felt congruent.

One of the most difficult aspects of this process, for me as a researcher, was trying to separate out different themes of our thriving, so many of them are inextricably linked, interwoven, interconnected in reciprocal, circular, complex ways. Within this attempt to capture a theme, such that it can be described and explored, there was a feeling of loss; losing possibilities, losing an openness, a panorama that enabled more. Yet, I needed to give these themes language, to be able to express them in a way that did justice to the vulnerability and honesty of the storytellers and gave voice to the things that matter; some separation was necessary. As you read the next chapters exploring the themes of thriving please leave room for possibilities, for wonder and for interconnectedness.

Dreams

The second half of the discovery and dream workshops were dedicated to the dreaming phase of appreciative inquiry. This was the time to take the discoveries and to dream of possibilities, of what the Emergency Department might be like when thriving is promoted. To encourage imagination and creativity, this phase was done with arts and crafts; the participants actively creating their dream department or an aspect of it. The whiteboard with the themes of thriving that had come through in the discovery stories was visible for reference during this phase.

Participants gathered around tables, five or six per table. Each table was set up with a craft bag (Figure 6), large poster paper, coloured paper, craft bits and pieces, crayons, glue and balloons. They were asked to think about one or several of the themes that

added to our thriving and to dream about a department that fostered these things. What did that look like? What did it feel like to work there? What kind of behaviours were displayed? What kind of words were used? They were then given approximately 45 minutes to brainstorm, to come up with ideas to express their dreams in any way they wanted; skits, role plays, poems, music, posters, crafts. Each table group presented their dreams to the whole group at the end of this time.

Figure 6: Arts and craft bag for the dreaming phase

Photographs of the process and final dream creations were taken. Notes were taken during each of the group presentations and reflections written after each of the workshops (Appendix K). Below are some reflections of this phase:

> *Great fun, the participants seemed to really engage, talk and share. Lots of laughter… One group really flew in terms of their dreams – thought of absolute ideals. The ideas and talk flowed and triggered new thoughts, new ideas. Their presentation ended with playing the song "happy" by Pharrell Williams, they danced to it and then got us all up for a boogie. Great day! (25.02.16)*

> *Time to dream – take the themes we had talked about and dream of what our department looks like or feels like when we are noticing these things more often, when we are fostering these things. The groups had about 45 minutes to create. They had a lot of fun. (24.03.16)*

The participants were divided up into three groups, we moved one table to spread the groups out and give them space. Each table was given a craft bag and paper. The instructions were to dream of what our Emergency Department would look like if the stories, the themes we just talked about happened all the time. What might it look like to the staff? To the patients? To the families of patients? This was a time to come together as a group and create stories, poems, songs, role-plays, posters to represent our dreams of a department that fostered our wellbeing. (12.04.16)

There were two tables of 5 and one of six people, creating together. Once again, each table had some chocolates to encourage creative thoughts and ideas. I wonder if the size of the group added to the sense of engagement – with a bigger group there are enough people excited about the concepts to bring everyone else along and get excited too. It certainly seemed to add to the fun. (15.11.16)

I put out the arts and craft material, had two bags of chocolates (facilitating creativity was needed!!) - eyes were rolling and there was even some head holding. After explaining and answering some questions – I then decided it might be easier for them all if I left for a while. I went just outside to a nearby desk and started writing these reflections. I popped back in to take some photos, answer any questions and then did some work on my computer in the room. They were well on their way! They were even having fun. (16.11.16 – first doctor workshop)

The most fascinating part of this group is that they ended up each creating their own dream and then came together at the end to share with others. All the other groups have created a combined project, often with several aspects to it. They talked together at times, at other times during the process were intent on their own thing. At first, I thought I should help them pull it all together, it then occurred to me that there is no right way to dream, this worked for them and was great to hear all the different ideas when they came together. (20.12.16)

The next phase of the workshop was dreaming! We divided up into three different tables of 5-6 participants. I handed out the kete[1] with craft material in them, chocolate and poster paper. I explained I wanted them to take the themes we'd written up from the stories of discovery and turn them into dreams of a department that fosters these things. The excitement, noise and laughter returned. There was no head holding or eye rolling! (Yay). One group thought they might need some more direction – however left to their own devices,

[1] Kete is the Māori name for a bag or basket often woven from flax (http://maoridictionary.co.nz/search?&keywords=kete)

started playing with the things on the table and the creativity flowed. (28.02.17)

Photographs of many of the dream creations were made into laminated posters for the next phase workshops (Figure 7).

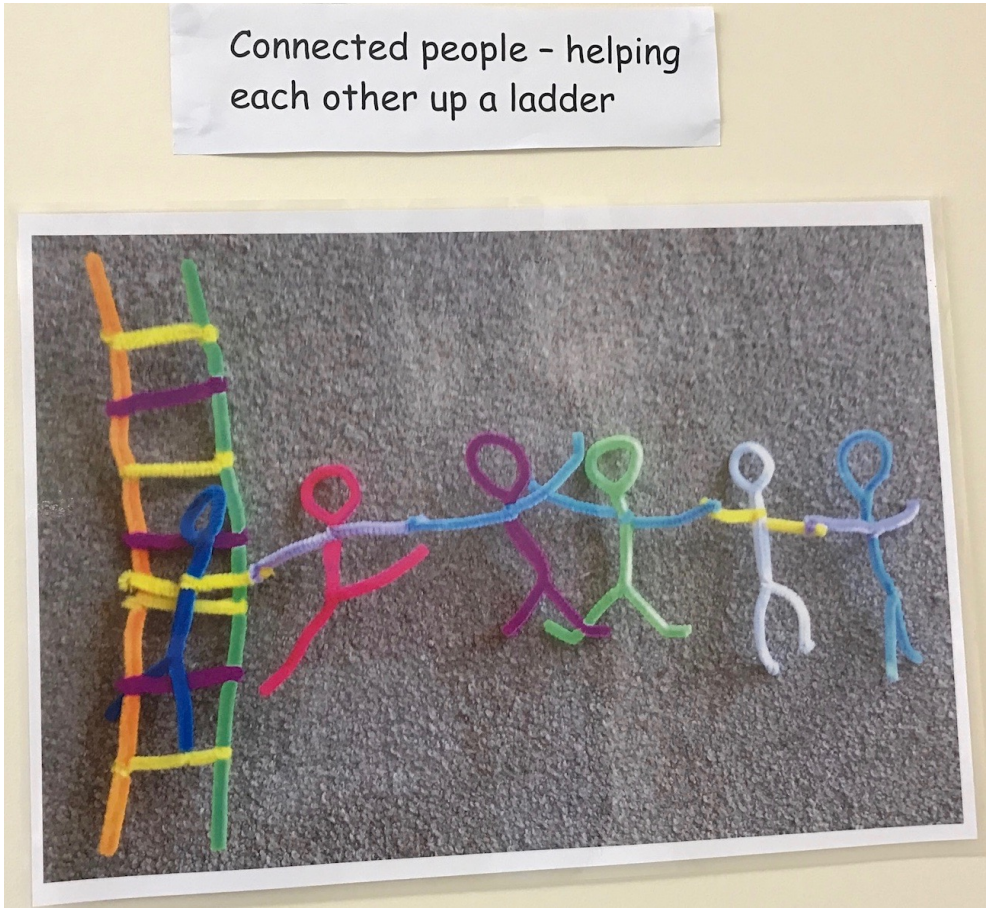

Figure 7: Laminated poster a dream creation

Further analysis of the dreams was done during collation of all the phases to develop the "pillars of wellbeing," a framework for valuing what matters to us in the Emergency Department. This process is explained further in Chapter 8: Design and Destiny.

Design and destiny

The design and destiny phases of appreciative inquiry played out in three half-day workshops. Ideally this process would involve as many people as possible from the department as one group. Given the realities of life in the Emergency Department, this was not possible, so three half-days organised at times to suit as many people as possible were arranged. Two of these workshops were incorporated into strategic planning days, one run at each hospital; North Shore (28 participants) and Waitakere

(21 participants). The participants were mostly doctors, with some clinical nurse specialists, nurses, and management staff. These workshops were an opportunity for inter-professional groups to work together, taking the strengths and dreams from earlier sessions and developing realistic practical processes to make them happen. A third workshop was offered to charge nurses not able to attend either of the two larger sessions, at their request. There were five participants at this workshop.

Each of the workshops were similar, the second and third building on designs and ideas developed in the first workshop. The workshop started with me presenting an overview of the discovery and dream phases with a combination of PowerPoint and a 'pass the parcel' game. I love the idea of sharing knowledge in an experiential way, not just didactically, to have an experience of fun, joy and thriving (depicted in Figure 8, p. 77). This is to experience the themes of thriving in a way that potentially opens other possibilities, widens our attentive view, promotes pro-social behaviour, cooperative interaction, and invites creative solutions. I think often in emergency medicine our fall-back position is a defensive one; what is the worst that can happen here and am I prepared for it? I wanted to turn this upside down, to a position of appreciation, curiosity, and openness. What matters to us? What are the possibilities here in promoting these things, in valuing them, in developing a space to thrive and how can we create this space together? With each parcel a new theme of thriving was remembered.

Figure 8: The gift representing the theme of fun in pass the parcel

After the presentation, the participants, sitting at three different tables, were given a task to brainstorm and design (Figure 9). One table designed practical activities to promote thriving in the department, another developed the 'pillars of wellbeing' to practically value the themes of thriving, and the third table developed a sustainability plan. At half hour intervals, participants moved tables such that they could contribute to each task. Further details and results from this process can be found in Chapter 9: Design and Destiny.

Figure 9: Participation at the Design and Destiny workshop

As the workshop came to a close, each of the tables presented their ideas to the group. These presentations were recorded and transcribed in addition to notes being written. The data; ideas, transcribed presentations, notes and reflections, were collated from the three workshops and combined with data from the early phases to produce three outputs:

- Activities to promote thriving in the department
- Pillars of Wellbeing – a framework to value what matters
- Sustainability plans

These are presented in further detail in Chapter 9. Below are some of the reflections written during and after the workshops:

> *This feels like a big day! I got to work early to print off some dreaming statements to go up with the posters of the dreams. Went*

to the venue – it was held at the squash club rooms – looking out over Lake Pupuke. Other people arrived and helped me get set up – we put posters up around the room, the dream statements with them, set up tables and chairs in three large groups. People came together to help set up the computer and display – it took a little bit of jiggling and some combined wisdom. It felt like a great start to the workshop – right from the very beginning – participatory – our workshop. I felt a whole lot less scared. (28.03.17)

Every half an hour – half the people at the table stood up and moved clockwise to the next table – discussions continued. I gauged the time a little bit by the noise, the energy in the room. The discussions were starting to wind down a little – I wanted to move them to the next table before the energy waned. With each move came a renewed excitement, noise, sharing of ideas, collaborating. (28.03.17)

This has been such a very cool process. The openness, engagement and enthusiasm from everyone has blown me away. So much hope for thriving... indeed – so much thriving already! (28.03.17)

4.4 Limitations / Challenges

Appreciative inquiry is not without its challenges and limitations. The flexibility of appreciative inquiry is often seen as one of its limitations as a research methodology (Richer et al., 2010; Trajkovski et al., 2013b). There seem to be many more studies done with an appreciative lens, rather than having appreciative inquiry as a primary methodology. It can be a challenge to find ways to get high levels of participation and to follow through the four 'D's in different contexts. The lack of consistency in methods and reporting has also been considered a limitation (Trajkovski et al., 2013a). Various forms of collecting data have been used in different settings (Richer et al., 2010). The flexibility and openness of methods, although from a positivist paradigm is considered a limitation, in fact, from a hermeneutic phenomenological viewpoint, is an advantage and congruent with the underpinning philosophy. Appreciative inquiry and hermeneutic phenomenology are not methods or recipes to follow to get a prescribed outcome. They are methodologies to guide thinking and to open one's horizon to possibilities. Appreciative inquiry is about harnessing collective wisdom. It is contextual, ever evolving and co-creative such that flexible and emergent methods are more than advantageous, they are philosophically congruent (Van der Harr & Hosking, 2004).

It has been noted that some participants find the positive stance difficult and can feel that legitimate concerns are being dismissed or the inquiry is limited (Trajkovski et al., 2013b; Van der Harr & Hosking, 2004). It is here that the concept of flexible and emergent methods can be an advantage. The researcher takes on a huge responsibility in terms of being open and receptive to the needs and mood of the participants and to be able to facilitate the process most appropriately in various contexts. The facilitation skills of the researcher are influential. "As with all research, the robustness, credibility and authenticity of the research lies with the rigour with which the researcher approaches and manages the study" (B. Carter, 2006, p. 51). There was one workshop that took place after a particularly difficult clinical shift with which several of the participants had been involved. It was not possible to go directly into positive stories, these participants needed to work their way through the difficulties first. The following is a reflection written after this workshop;

> *The afternoon before and the overnight shift had been very difficult; a completely over run department, overflowing hospital and difficult patients. The nurses who had been involved were talking and clearly distressed. Jumping into talking about happiness and positivity was not a happening thing. So, we started differently. We started as a group talking a little about the shift, those involved getting an opportunity to talk and to reflect, get out some of their frustrations. Slowly we came to talk about some of the things that got them through – what gave them the energy to carry on? What enabled them? What helped? Sometimes it was kind word from a colleague, sometimes a simple smile. (09.03.16)*

Appreciative inquiry is not just about the positive; it is about how we thrive as individuals and organisations. In the Emergency Department, this is often in the midst of chaos, difficulty, challenge, illness, and even death. The intent has never been to put on rose-coloured glasses and wipe away the difficulties, rather to accentuate and celebrate our resilience, thriving, connection, compassion, and excellence in amongst it all.

The ability to track changes as attributable to the process in a complex healthcare setting can also be difficult (Watkins et al., 2016). In a world where the dominant paradigm remains positivist with a cause and effect way of thinking, it can be difficult to language the impact of appreciative inquiry. Evaluation of the process is, in essence, given back to the participants (Van der Harr & Hosking, 2004). There are no

right or wrong answers to the questions posed, rather there is an openness to the truth of another and what matters to us in our context and time. There is a risk of raising hopes if the process is begun and the project left before designs and destiny phases are embedded. This can also happen if management are not involved and on board (B. Carter, 2006).

The challenges and limitations of hermeneutic phenomenology are similar to those described above for appreciative inquiry. The intention with this methodology, indeed as previously stated, this ontological philosophy, is to "reveal conditions that facilitate understanding" (Debesay, Nåden, & Slettebø, 2008, p. 58). The challenge is in remaining congruent with this philosophy (Debesay et al., 2008; Spence, 2016).

4.5 Trustworthiness

In the creation and acquisition of knowledge, one must decide somehow if what is being shared or learned as new knowledge is true. Is this piece of new information worthy of being incorporated into what is known? Can I trust that this knowledge adds to collective wisdom? How do I know it is not simply made up, or false? In the objective natural sciences, these questions are much easier to answer. There exists an objective truth that can be reliably reproduced following a precise method. In studies of being human, the concept of truth becomes much less clear – there is no longer one absolute truth.

The Oxford English Dictionary defines truth as "the quality or state of being true, that which is true or in accordance with fact or reality and a fact or belief that is accepted as true" (https://en.oxforddictionaries.com/definition/truth). The word truth comes from an old English word *triewð* meaning "faith, faithfulness, fidelity, loyalty; veracity, quality of being true; pledge, covenant" (https://www.etymonline.com/word/truth).

The truths we are searching for in this study of being human, of thriving are 'belief(s) that [are] accepted as true.' There are many truths when it comes to being human, truths that can all be equally valid and in accordance with one's reality. Truths that are completely and majestically subjective, influenced by context, history, mood, time, place, and others. Heidegger and Gadamer talked of truth as an openness to possibilities, an openness to others (Gadamer, 2013; Heidegger, 2010; Smythe & White, 2017; Svenaeus, 2003). The consideration of truth with respect to this work

therefore lies with me as a researcher; my thinking, interpretation and the process I have followed throughout this study. Have I been faithful and loyal to my stated ontology and epistemology? Is my thinking and interpretation congruent with the philosophical underpinnings of my chosen methodologies? Is there a 'quality of being true' in my findings and my writing?

Rigour and trustworthiness in hermeneutic phenomenological studies involve a consideration of congruence, openness, and resonance (Crowther et al., 2016; Smythe & White, 2017). "Rigour and legitimacy are tied to the way in which a research paradigm's ontology and epistemology inform the interpretive framework brought to the question" (Tina, 1996). As a researcher, my openness to possibilities and to others has been a constant effort; journeying around the hermeneutic circle becoming more aware of my own prejudices and pre-understandings at each turn and, in doing so, opening my horizon wider to 'other.' I have engaged in this research with my own thoughts, understandings, experience, history, and passion for this topic. I will always have my own horizon from which I view the world; my task has been to constantly examine, question and come to understand this horizon. "The important thing is to be aware of one's own bias, so that the text can present itself in all its otherness and thus assert its own truth against one's own fore-meanings" (Gadamer, 2013, p. 282). This has been done in dialogue, with myself in reflection, and with others in conversations with data, philosophy, literature and my research team. "Hermeneutics allows us to move beyond our pre-understanding by recognising our biases and seeking to be open to how experience is different for another person" (Smythe & White, 2017, p. 463).

The trustworthiness of appreciative inquiry, in this instance, so entwined with hermeneutic phenomenology, can be considered in the same light. Appreciative inquiry is a participatory methodology; the 'quality of being true' is challenged and kept in line at each step. The gathering of data, interpreting it and presenting it back to the participants to use in each subsequent phase ensures congruence and openness. The genuine dialogue, the to and fro of question and answer, the rounds of the hermeneutic circle challenging assumptions, biases and pre-understandings takes place actively in each phase. The 'truths' collectively "become known to us by how it resonates in felt, shared plausible meaning" (Crowther et al., 2016, p. 828).

A report of this study was written for the department and shared with everyone in electronic form as well several hard copies being available (the report has been submitted with this thesis). Feedback was invited and all that was received has been positive, expressing both resonance and gratitude.

The test of trustworthiness for you, the reader, is resonance (Smythe et al., 2008), defined in the Oxford English Dictionary as "the quality in a sound of being deep, full, and reverberating" (https://en.oxforddictionaries.com/definition/resonance). Is there depth and fullness in this story of thriving? Do the words reverberate? Do they invite you to explore your own questions and come to your own understanding of thriving? This is certainly my hope; that in these words you will share in our path to thriving and, in doing so, find your own.

4.6 Summary

The practical application of appreciative inquiry in this exploration of thriving has captured the essence of thriving in the Emergency Department and remained congruent to hermeneutic phenomenology. With some general principles, to be mindful of language, to be maximally participatory and to be integrated into the flow of the Emergency Department as much as possible, the four 'D's of appreciative inquiry took place through interviews and workshops. Although the intention early in this project was to analyse the interview data with a hermeneutic phenomenological lens, in fact, my whole horizon became immersed in hermeneutics, and so too, each phase of this work. This enabled an openness to other and a growing awareness of my own horizon such that I became more attuned to its influence and peculiarities. With time, I was able to hear more from others.

These methods have given voice to what matters to us in the Emergency Department, to the moments of thriving that lift our spirits and motivate us to get out of bed the next day and return. They have gathered our collective wisdom and given us space to connect with one another and celebrate our successes.

The purpose of appreciative inquiry is to ask questions and move in a direction of what deeply matters. It is to discover what brings life to a system or organisation and then to purposefully create a pathway to a future based on these discoveries. The discoveries, dreams, designs and destinies are all co-constructed and open to evolving

as new discoveries, dreams and designs develop. The cycle begins with a question and invites wonder and openness, thinking and challenge, co-operation and co-creation, reflection and application, and moving forward together.

Discovery – The Treasures Found

The first of four phases in appreciative inquiry is 'discovery'. This is the phase where the life-giving pulse of an organisation, or in this case a department, is palpated and amplified. Armed with the question: What are your experiences of thriving in our Emergency Department? I set out to discover our stories of thriving.

The data collected for the discovery phase consisted of transcripts from six one-on-one interviews, together with words and phrases representing the essence of the stories told during the workshops. The initial analysis of this data produced eight themes (see Figure 10).

Figure 10: Eight themes of thriving emerged from interview and workshop data

Themes of thriving that emerged from the data:

- Self-care
- Knowledge / Wisdom
- Achievement
- Gratitude / Appreciation
- Fun
- Shared humanity
- Connection
- Making a difference

These themes are all interconnected, closely related and often reciprocally influencing one another. They give us a starting point to explore and shine a light on the often intangible or hidden aspects of our working lives that help us to thrive.

The journey of this research meant that these themes emerged from a first level interpretation of the interviews amidst that process of interviewing as well as from the workshop data. It was only later, in the process of writing these chapters, that I more fully immersed myself in the ontological thinking of Heidegger, the 'being'. That immersion has transformed the language of the earlier themes from nouns to verbs. It has taken the language from being fixed in 'meaning' into an always being-and becoming-, never achieved-once-and-for-all, rather a forever evolving work in progress; the lived experience of our practice.

The discovery findings will be reported in three chapters with the themes re-thought in an ontological way (see Table 2, p. 85).

Table 2: Presentation of discovery chapters with themes of thriving

Themes as named in an ontic manner, as used in the workshops	**Themes re-thought in an ontological way**
Chapter five: Thriving begins with me	
Self-care	Caring for self
Knowledge	Knowing; in the moment know-how
Achieving	Towards achieving, fixing, making better
Chapter six: Thriving continues in being-with	
Connection	Connecting
Appreciation	Appreciating and being grateful
Fun	Having fun, making fun, being part of fun
Chapter seven: Thriving comes full circle in interconnectedness	
Shared humanity	Seeing the essence within
Making a difference	Making a difference

The findings relating to the above themes will be presented with stories shared during the one-on-one interviews and their in-depth exploration with a hermeneutic phenomenological lens. The subheadings represent an introduction to each story with philosophical notions explored within the text. Workshop data will be linked to each of the themes in the form of word maps and quotes from workshop reflections.

Chapter 5 Thriving Begins with Me

> Ten times a day something happens to me like this – some strengthening throb of amazement – some good sweet empathic ping and swell. This is the first, the wildest and the wisest thing I know: that the soul exists and is built entirely out of attentiveness. (Oliver, as cited in Bedard, 2014)

Thriving, like emergency medicine, seems to be a team sport. Having said that, who we are, what we do, and how we see the world has a huge impact on our ability to thrive and to promote thriving in others. Three of the eight themes of thriving had an individual focus; caring for self, know-how, and towards achieving. For each of these, an in-depth exploration using stories and quotes from the interviews will be explored with hermeneutic phenomenological notions. This is followed by supporting data from the workshops. There are photos at the beginning of each of the theme sections. The themes of thriving were presented to the department at the design and destiny workshops using gifts, each one representing a different theme. The photos are of these gifts; see Figure 11 (page 86), Figure 13 (page 95) and Figure 15 (page 103).

5.1 Caring for self

Figure 11: The gift representing self-care during a presentation of themes to the department.

In the Emergency Department the needs of others can sometimes be overwhelming. It can be easy to lose oneself in trying to fulfil those needs, in the act of caring for others. The words we use, the people and the actions we celebrate, so often promote self-

sacrifice. Yet we are coming to realise in healthcare that to perform at our best, long-term, we need to also look after ourselves.

5.1.1 Caring for self brings rejuvenation and authenticity

This story is one of self-understanding right from basic needs through to ways of rejuvenation as Faye explores the things that add to her wellbeing.

> *The things I know give me wellbeing are simple things like being outside, nature, I absolutely have to have a lot of outdoor time. I like being in my garden growing stuff so that definitely for me is a balm for the soul. I really enjoy the relationships I have with people and if they're going well I get a lot of satisfaction out of that. I have a very lovely husband and I'm lucky with that respect, not everyone has that kind of relationship that keeps them very grounded. Good sleep, I love sleeping, love it! I make sleep a real priority, I'm keen to regenerate as much as possible after work. And I'm notorious for being the queen of green smoothies and health foods and everything else vegetables and some sort of super food, I try to feed my body and my soul a bit to make up for work because work is pretty depleting and bad for me and I know that. Also being at peace with yourself. I think a lot of people aren't and they don't accept themselves. I've worked really hard slowly to be at peace with myself and not drive myself too hard or be a perfectionist like I used to be at med school, pretty much all doctors I think are type A perfectionist types aren't they? And so I'm pretty kind to myself these days, I cut myself some slack.* (Faye)

Caring for self begins right at the basics; good food, sleep, exercise, nurturing connections, and learning for ourselves what we need to re-fuel. For Faye, this includes plenty of time in the outdoors. She is aware of what adds to her own wellbeing, things that help her rejuvenate after hard work. There are aspects of our job that will always be draining – shift work, long hours, difficult decisions, busy shifts, challenging situations, knowing our decisions have very real impacts on our patients' lives and sometimes even their deaths. In having an awareness of the nurturing aspects of her life, Faye can build resilience for the challenges.

Faye speaks of having worked hard to learn to be at peace with herself. The threads of reflection and self-knowledge weave their way to the essence of her authentic self. Heidegger speaks of authenticity as a mode of being (Dahlstrom, 2013). Our capacity, as humans, to interpret and make meaning of the world is influenced by our historicity as well as our ability to leap forward and imagine many possibilities for our being.

Much of the time, these possibilities are forged from norms within our context, they are possibilities presented by the society in which we live, without our awareness of choice or our own purposeful intention. Authenticity is when we become aware of the influence of our historicity, broaden our possibilities-for-being beyond what society expects and actively choose those that will lead to our most meaningful, life-giving and sustaining existence (M. D. Dewar, 2016; Guignon, 2012). In the story above, Faye comes to know her authentic self, leaving behind the need to be a perfectionist and drive herself hard. She becomes aware of the things in her life that are nurturing and purposefully chooses and fosters these.

Our moods, our self-understanding, and the language we use weave together to play an integral role in creating and interpreting ourselves and the world around us. In coming to know the things that add to her wellbeing, Faye can actively make space for them in her day. In doing so she positively impacts the way she sees herself, her mood, and her narrative. In her story, Faye mentions being hard on herself in the past and now working to 'cut herself some slack.' The self-talk that was once judgmental and demanding now authentically gives way to acceptance, kindness, and peace.

5.1.2 Caring for self opens a space for self-compassion

Roy explores compassion, in this next story, realising it is difficult to have genuine compassion for others without first learning to be compassionate towards yourself; a journey of caring for self that turned out to be one towards authenticity.

> *What's very important, is before you can be compassionate to other people and other things, you have to have that for yourself. It was something that I used to fob off or thought wasn't really important because it seemed to be, you know, a bit selfish to me. But it's not selfish. I thought, and quite wrongly so, that it was a sign of weakness in letting things in medicine affect you so I actively went out there and made it seem that it didn't really affect me. You detach from the patients sometimes but also from the event itself, you know especially if it's a terminal diagnosis or a dying patient. Elderly patients that have multiple problems that may have once reminded you of your grandfather or your own parents for that matter, and I stopped doing that. I don't know how it happened, again it was probably a very gradual process, a matter of falsely thinking that you're protecting yourself. And thinking it's a sign of weakness. Part of my rehab right now, part of my ability to deal with work and everything else is to have time for myself to enjoy, time for things I have a passion for, time to myself.* (Roy)

In this reflection, Roy acknowledges the importance of self-compassion; yet he talks of how easily it can be eroded and quietly discouraged in medicine. He reflects how early on in his career his compassion was fuelled by empathy and connection that enabled him to identify with his patients. Somewhere along his career he lost that and is now finding his way back by making time for himself and seeing the value in self-compassion.

There is something here with respect to Heidegger's authenticity, conscience, and resoluteness (Dahlstrom, 2013; Heidegger, 2010). Within our medical culture, we hold ourselves to very high standards, expecting excellence. We are often most critical and judgmental towards ourselves. Part of our Hippocratic oath is to put the needs of others before our own. Those who work long hours and stay beyond their work day to finish the care needed by their patients are generally held in high regard. Self-sacrifice, emotional detachment, and dedication to patient care is honoured and strongly woven into our professional identities. Roy slowly fell into this way of being, determined by the medical culture, hiding himself away from the emotional impact of the illness and despair we see daily. Somewhere along the way his conscience called him back to his authentic self (Heidegger, 2010). His conscience called him back to a mode of being that was his own, returning him to empathy, connection, and compassion.

Roy's authentic mode of being is not negating the cultural norm, but modifying it in a way that is true to him. The medical culture promotes some wonderful qualities, yet there can also be something about these qualities that seem to draw us away from thriving. Aristotle believed that virtues have a continuum, along which there are points where they are constructive and others where they can be destructive with respect to the 'good life' (Schwartz & Sharpe, 2006). He believed that too little or too much of any virtue is not ideal, rather somewhere in the middle there is a sweet spot. Phronesis, Aristotle's master virtue, is the practical wisdom that enables one to find that sweet spot of virtues in the right moment, right circumstance with the right people. In coming to understand the influence of the medical culture, Roy is now better placed to choose his sweet spot within it.

The resoluteness for Roy comes in his doing, his acting compassionately towards himself and others, his finding time to enjoy and rediscover his passions. In *The*

Heidegger Dictionary, Dahlstrom (2013) said "to be resolute is to hear Dasein's[2] silent call to choose to be oneself as the entity responsible for the choice it makes – not in the abstract, but in terms of the factical possibilities that it projects" (p. 77). Roy's care for himself has led him back to authenticity and being resolute in his actions. It has opened him to his ownmost possibilities for being. It has opened him to thriving.

5.1.3 Caring for self can lead us to the clearing

Bailey's story, crafted from her interview, leads us to a clearing created by a deeper understanding and compassion towards herself.

> *I'm definitely more aware. Because I'm not in that loop of 'I'm doing wrong blah blah blah', I can actually just be in each moment and notice what's happening. Things like interactions with colleagues have changed. When you're in that defensive place and people do things, you interpret it as them saying what you already believe about yourself, that there's something wrong with you. But now I can see that what they're saying actually has nothing to do with me. It has everything to do with what's going on with them. In that judgmental space, you're internalising, you take it personally. But now, I can see where they're coming from and have compassion for them, hopefully I can even help lift them up from where they are.* (Bailey)

Bailey is reflecting on a recent change in her 'being' at work, coming out of a phase where she had been feeling 'not good enough.' She reflects on just how much of a difference her internal frame and self-talk makes. In taking time to care for herself she managed to let go of her self-doubt and self-judgment. In doing so she found the energy and freedom to 'be' in the moment. This care of herself created space, a clearing. Heidegger speaks of the clearing as an openness, a space where concealed truths of our being can be illuminated (Dahlstrom, 2013; Heidegger, 2010; Heidegger & Boss, 2001).

Bailey discovered within the clearing that her vision changed. It also changed her behaviour. Comments and body language from colleagues to which she once reacted defensively, interpreting these as judgments of her, Bailey was now able to see within a bigger picture. It became clear to her that much of the behaviour of others is driven

[2] Dasein is a German word used throughout Heidegger's writings. It translates to 'being-there' or 'openness-of-being'. In essence it refers to the way of being human.

by their own perspective and baggage. Rather than feel threatened she was now able to see the other person and their difficulties with compassion and care. This completely changed her view and her interaction with people at work.

The way we feel about ourselves, the inner voices that play, regardless of where they come from, have an impact on the way we see the world. Our view, our 'lens' profoundly impacts almost every aspect of our reality. Time, reflection, and care of ourselves can bring us to a clearing, a space to develop an awareness of our own feelings, our inner voices, and our reactions to others. This in turn helps us to see others more clearly. It allows us to be fully present in the moment and to be open to connection, compassion, and thriving.

There is something here of Gadamer's concept of prejudice (Debesay et al., 2008; Gadamer, 2013; Lawn & Keane, 2011). Bailey's story gives us an awareness of just how easy it is to misinterpret the actions and words of others. That criticism or meanness from another is in fact very often much more about their own being-in-the-world at that moment rather than a true response to us. Yet, unconsidered, it is so easy to take this on board ourselves, to be hurt by the behaviour of others regardless of its basis. We each come to this moment with our own prejudices, our own pre-understandings that influence our interpretation. Bailey shows us that becoming self-aware, learning to understand these prejudices and the assumptions we all have, can open a space. This space is an openness that allows us to see ourselves and others more clearly, an openness to possibilities beyond our first impression and a space to invite care, compassion, and thriving.

5.1.4 Caring for self can empower us to choose

Avery's story follows the thread of caring for self in understanding; an understanding of one's own perceptions, worldview, and assumptions. Avery takes us a step beyond understanding into openness, illuminating the impact of his lens, offering him the freedom to focus his lens, to choose a way of seeing that promotes his own thriving and the thriving of others around him.

> *The knock-on effects of viewing something positively or negatively can be huge, in terms of how someone else will receive the information or interaction, how you will perceive it, your subconscious, communication, body language and how that will*

> *influence others. It can have a massive effect. There are a number of times I can think of that were quite gratifying where the nurses have thanked me for running resus's saying it was very helpful having me calm. That was clearly viewed in their mind as a big positive as in, gaining control of the situation or room. I think obviously, the opposite can happen when people are flustered and stressed or angry or cross or worried and it can throw a team out of synchronisation and common purpose. There are lots of little opposites you know any time we see someone really wound up, they cognitively stop thinking clearly. You can see how the positive versus negative has an ability to rapidly influence interpersonal reaction and communication. For example, when you phone up radiology to ask for imaging, there will be some who will often be critical about your clinical reasoning and want to limit their engagement and there will be others who may also want to know a lot of clinical information but it's very much trying to work out what is your common goal to look after the patient and how they can contribute to that.* (Avery)

Avery shows us how the frame or lens from which we see things influences our own experience and that of others. The way we look at a situation, our attitude towards it, will colour what we see and how we interpret what we see. With an awareness or not, this way of seeing seeps out in our actions, body language, tone of voice, the words we choose, our facial expression; all of which have an impact on ourselves and those around us.

In the context of a resuscitation, Avery vividly brings to life the influence of our lens. Working in a very stressful, time-critical context with the actions of the team immediately impacting the patient's chance of survival, the team relies heavily on communication and cooperation to function well. Under the influence of a negative lens Avery talks about people being flustered, angry, out of synchronisation, with people unable to think clearly. Under the influence of a positive lens – he talks of calm, control, common goals, mutual contribution, curiosity, and open communication.

Our lens, the way we look at the world, what we see there and how we interpret it is a part of our being-in-the-world. Heidegger, in his ontological consideration of being, describes three equiprimordial structures of being; understanding, language or discourse, and attunement or mood (Elpidorou & Freeman, 2015; Gendlin, 1978-79). In the previous stories, we have seen the influence of understanding explored as authenticity and the clearing. Avery's story provides an opportunity to consider

attunement. Heidegger believed we are mooded beings, always in a mood as a fundamental condition of our being. Our mood, or attunement, colours the lens through which we see the world as it also creates an atmosphere that reveals the world to us. Our moods influence what we see, what we notice, how we give meaning to things and relationships and how we live in the world. They also alert us to how we are faring, they connect us with what is going on in our world. They both reflect and create our world. Although often not consciously aware of our own moods and their impact on us or others, the impact remains.

Our moods are already there before we name them, as in Avery's account, 'calm'. Nevertheless, Avery has learned the value of a mood that feels calm. He goes about in such a way that creates a mood of 'calm' around the patient. His own mindfulness to 'staying calm' enables the staff working with him to draw into that mood of calm. An ability to recognise this influence and learn to understand our own lens can afford us the opportunity to be purposeful in choosing a way of being that creates our mood and the focus of our lens in such a way that the positive is possible: connection, cooperation, openness, and thriving.

5.1.5 'Caring for self' emerging from the workshops

The word map below (Figure 12, p. 94) represents the essence of the stories told of thriving during the discovery workshops that related to 'caring for self.' In the process of sharing and listening to the stories, we identified the essence of each story together. It became clear that many of these 'essences' surfaced again and again. They centred around an understanding of self in a very similar way to the stories from the interviews above.

Figure 12: Word map created with self-care words and phrases from the Discovery and Dream workshops

Below are two quotes from reflections written by myself after each of the workshops, they describe brief snippets from stories shared on the day.

> *One of the participants told us a cool story of going outside into the sunshine for a 10-minute break during her shift the day before and how rejuvenating it was. (20.12.16)*

> *Another participant talked about how working in the department has really helped her appreciate her own life. It has given her a perspective she may not have otherwise had. An appreciation for her own good health and all the aspects of her life for which she is grateful. Seeing others, their ill-health, their misfortune – gives her reasons for gratitude. (29.03.17)*

There were stories of nurturing oneself and stories that showed how one's attitude impacts thriving, as does one's perspective, language, and behaviour. There were also stories about one's mindset or lens changing what we see. Some of the stories were about being 'thrown' into situations not always of our own making for which we need both the courage to change when this is possible and the serenity to accept when it is not.

'Caring for self' emerged from the interview and workshop stories as a theme of our thriving. We have seen there is more to the act of living than simply knowing the way we want to be. Knowing does not always translate into doing. Our stories gave us the

opportunity to explore beyond the 'knowing' of looking after oneself and into the doing of looking after oneself. We broadened our consideration of 'caring for self' to encompass self-understanding, the authentic self and self-compassion. Perhaps with openness and wonder we can begin to see that we have some choice in the way we see and interpret the world, we have some choice with respect to our being-in-the-world. Choices that can lead to our most meaningful possibilities-of-being and to our thriving.

5.2 Knowing, in the moment know-how

Figure 13: The gift representing knowledge / wisdom during a presentation of themes to the department.

We seem to have a love of knowledge in the Emergency Department. The participants spoke of an inherent joy in acquiring, perfecting and sharing knowledge. The combination of know-how and helping someone was particularly powerful. Stories of putting knowledge into practical action to make a difference in the lives of others were frequent.

5.2.1 Know-how empowers oneself and others

This first story from the interview with Faye is describing an experience at work that facilitates her thriving. Faye puts her knowledge into action to make a difference and to reciprocally empower herself and those around her.

> *It's probably in resus, where someone comes in really unwell and there's an air of panic and you just feel totally in control, you know exactly what to do, you give your treatment and the patient gets*

> *better and everyone's calm again and you feel like you've just sailed through unscathed, a situation that would terrify a lot of people. It's that feeling of control because you've seen it before, you know what to do and it's that joy of improving something quickly and making a difference. But it's also that wave of confidence that you get from all your staff working together as a team and cohesive kind of effort that has saved someone or made a real difference to their health. That is probably why I love emergency medicine*. (Faye)

In this story of thriving in the Emergency Department Faye talks about a resuscitation situation, a crisis; a time-critical, urgent medical event for the patient. This is one of the places that she experiences aspects of her job that she loves. She speaks of a feeling of control during a time when many others would be out of their depth – a control coming from knowing; a practical knowing of what to do in this particular situation. A knowing that comes from having the skills, expertise and experience; and then a joy when her 'knowing', her practical wisdom results in improving the patient's life and in 'making a difference.' She talks about a confidence that she gets from her colleagues, the team with her in resus, working together to save someone's life.

The knowing that Faye is describing in her story is more than a theoretical knowledge of a medical condition, more than a practical knowledge of skills that may be needed in this resuscitation, it is both together with an ability to use this knowledge in just the right way, with this team, for this patient on this day. This is more than knowing, it is a living example of Aristotle's phronesis or practical wisdom.

Heidegger has similar views on knowledge, considering it a way of being, "to know means: someone finds his way" (Heidegger & Boss, 2001, p. 145). In an essay on technology, Heidegger traced knowledge back to its Greek origins with the words *techne* and *episteme*, meaning to be "entirely at home in something, to understand, to be expert in. Such knowing provides an opening up" (Heidegger, 1977, p. 5). Faye feels at home in the resuscitation room, her knowledge and expertise allow her an agility to face whatever crisis comes through the door with confidence and calm. It opens a space to see a bigger picture and enable the practical application of her wisdom.

From a position of knowing, Faye empowers her team and in return feels a wave of confidence coming back from them. She guides them to put their own knowledge into

practice and gain experience in a way that boosts their own confidence and their trust in her as the team leader. This idea of guiding another brings to mind Heidegger's consideration of dwelling in his paper *Building, Dwelling, Thinking* (Heidegger, 1993). Heidegger once again went back to language and looked at the root word of 'dwell'. He traced the meaning back to *bauen* which means "to cherish and protect, to preserve and care for specifically to till the soil, to cultivate the vine" (Heidegger, 1993, p. 349). Not only is Faye caring for her patient, using her knowledge, skill and wisdom to save a life, in the process she is also taking care of her team, this fundamental care being expressed in education, the sharing of knowledge, in cultivating the vine. She is laying the foundation for thriving.

5.2.2 Know-how: the challenge, the excitement and making a difference

Avery also finds moments of thriving in the combination of knowledge and making a difference. Within Avery's story lies the satisfaction and excitement of putting his wisdom into use in a way that feels right, a way that feels like his own most meaningful possibility for being.

> *In a work environment, feeling excited and fulfilled is usually about a combination of problem solving and making a difference. Those two combined feelings would be for me something along the lines of there's a dilemma, you can overcome it, that makes a big difference for someone and that feeling that you've influenced an outcome in a strongly positive way. An example was a time when we had someone in respiratory failure who was very large. They were going to be a difficult intubation and so it was exciting from that side of things, that was a really good thing from my perspective because I'd rather that than just ho hum; it's nice to have a challenge! And it all went very smoothly. So, there's that whole dilemma of who do we call in, who do we not, when do we do it, when do we not, how much time, how much not. So, it's all of those dilemmas and in the end, we got anaesthesia down and I intubated the person with anaesthesia just as the back-up plan. It was all very, very good and you know it's nice to utilise the skills that you learned and it's very rewarding to do what you think you're meant to be doing.* (Avery)

Avery's story gives us a slightly different view; where Faye finds comfort and control in her knowledge, in her being at home in a crisis, Avery delights in the challenge of taking his knowledge to the edge, pushing his boundaries, using it in more and more difficult or complex situations. The experience of stretching his knowledge and ability

in the purpose of helping another gives Avery the sense of doing what he is meant to be doing, of living a meaningful possibility for being.

This story of knowledge and wisdom takes us back to Aristotle and forward into leading a meaningful life. Avery's knowledge and ability laying idle, sits in frustration; it is when these are given the context and opportunity to be used and extended that he thrives. Gadamer (2013) would call this application, a stage of understanding beyond assimilation and explanation. In *Truth and Method*, Gadamer explored application and tied it closely to Aristotle's moral ethics, and in particular, phronesis, in that both are "concerned with reason and with knowledge, not detached from a being that is becoming, but determined by it and determinative of it" (Gadamer, p. 322). It is in the practical application of his knowledge in different and increasingly challenging situations that Avery continues to grow in phronesis, a wisdom that is constitutive of his being and his becoming.

Avery talks about this practical combination of problem solving and making a difference culminating in the rewarding feeling of "*doing what you think you're meant to be doing*." This idea of cultivating a meaningful life, a life that is worth living seems to be central to our existential questions of being and inextricably woven into our thriving. Heidegger talked of our being-in-the-world, a phrase used to express the inextricably, tightly woven connection of our being to our context. He believed we are our world, there is no way to separate the two; our existence is a complex interwoven interconnected whole of reciprocal influence of being-with others and being-in-the-world. That in coming to understand ourselves, what shapes our being, the reciprocal influences we have on one another, we can begin to more fully engage in the shape and direction of our own lives towards one that is worth living.

5.2.3 Sharing knowledge can be a mutually beneficial gift

The previous two stories have explored knowledge and wisdom from the perspective of learning and application. In the following reflection, Roy takes us to teaching; an opportunity to impart knowledge and wisdom to his students and junior colleagues. An experience that in turn deepened his own self-knowledge and invited more opportunities for thriving.

> *Then I got a bit more involved in teaching students, house officers and the registrars. As I was teaching I focused a little bit more on attitude, you know, it's a small thing but it makes a big difference. By teaching this, it reminded me constantly as well. Often you just ignore that the way you behave at the workplace will influence the people around you and then they'll influence people underneath and it's a whole you know, eventually it will come back to you. I think once a culture is there it becomes progressive you know, once you have external stressors we think 'oh it's the management, it's the winter, we are overworked, we are short staffed' and that kind of thing. You can be part of the system and feel like you have a weight on your shoulders and sort of, you know, rubbing your neck, rubbing your nose against the ground or you can say okay listen there are problems, let's try to make the best of it, the best use of what we have. Then try to actually get joy from smaller things, seeing your kids smiling, doing a bit of exercise and seeing work the way it is. So, if your mood is down and if you're sort of struggling with a department full of patients and you know it's easy seeing all the negative aspects. This hasn't been done, the physio hasn't gone to see a patient, but again, you could actively coach yourself to notice the positives. Once I actually started doing that I realised, oh there are a lot of positive things. Everything from the healthcare assistant bringing the trolleys back for you as opposed to you moaning why things are not there; you now see them, appreciate them. I find the discharge coordinators an absolute delight, day in, day out it's a very challenging role but they do it with a smile on their face and you know they'll say it as they see it. And the healthcare assistants, even the friends of the ED, the fact they are volunteers and they're running around, giving patients food, talking to them. I think these are small things worth noticing. And then you've got your own staff as well, nursing staff, all of a sudden you start seeing them for what they're actually doing as opposed to what they're not doing and that's what I train myself to see. Then I see everyone's important, everyone's doing their stuff and, you know if you don't appreciate that, that's a lost opportunity.* (Roy)

Teaching is often a time when one must reflect, to deconstruct thinking and doing, consider the steps that, with experience, become automatic, taken for granted. To pass on this knowledge, Roy considers the aspects of his practice that matter, the pearls of wisdom that will make a difference to his students. This deconstruction serves to remind him of ways to actively create an improved work day, for himself and for others. Roy talks of getting caught up in the difficulties of a busy Emergency Department, a state that can make it so much easier to see the negatives and to feel somewhat helpless. He understands that the way he looks at the world impacts what he sees. That actively altering his frame, training his mind to notice all the small

positive things that are happening, Roy can create such a different view of work and with that, an understanding that he does have the power to make a difference. With this new wisdom, he can become attuned to the positive aspects of life in the Emergency Department, a choice that completely changes his experience, changes his being-in-the-world.

Gadamer, in considering reflection and its ability to impact each moment of doing, noted that our ability to be curious and seek deeper self-understanding results in choice. "Reflection is rather brought into play in such a way that it accompanies the lived performance of a task. This is our real freedom, which enables choices and decisions to be made even as we participate in the performance of life itself." (Gadamer, 1996, p. 53). This is certainly congruent with Roy's experience.

There are positive aspects to our workplace and there are challenges; both are real, yet the things we notice, the things we focus our attention on influences almost every aspect of our day. Actively choosing an appreciative lens, the world looks so different, it is now possible to notice the wonder, the excellence, the care and compassion. This positive view influences both the way Roy sees the people around him, and the way he interacts with them in his behaviour and his language, both verbal and body. This in turn impacts the experience of the staff around him, now feeling supported and appreciated.

This story weaves in many of the phenomenological notions we have seen in previous stories. Roy's recognition of the pull towards cultural norms and their resulting feelings of being helpless to effect change brings to mind Heidegger's inauthentic mode of being. This is contrasted with the freedom Roy finds in his authentic self, taking charge of his attitude and making choices about what he focuses on. He speaks of his mood and its impact on what he notices. In Roy's story, we can see the structures of his being; his understanding, his attunement and his language all reciprocally influencing and creating his possibilities for being. Possibilities from which, with authenticity, he can choose a way of being that is open to meaning, connection and thriving.

5.2.4 Know-how emerging from the workshops

The word map below (Figure 14) represents the essence of the stories around knowledge and wisdom that were shared in the workshops. Many of which are reflected in the interview stories above.

Figure 14: Word map created with words and phrases of knowledge and wisdom from the Discovery and Dream workshops

Below are some quotes taken from reflections written after each of the workshops.

> *The joy of learning new skills and knowledge also emerged. We had some junior doctors in this workshop who had stories of the excitement of doing a difficult procedure for the first time and the*

> *feeling of being supported, taught well, given the space in a safe situation to learn a difficult skill. (28.02.17)*
>
> *… she (a participant) learns new things all the time – fascinating things – about medicine, about people. How the variety is great, every day is different. They see life and all its glory. (29.03.17)*
>
> *One participant found thriving in a slightly different aspect of work from the other three – more in challenge – getting a difficult diagnosis, having a patient that really challenged him intellectually, achieving something. (21.03.17)*

There were stories of being guided to learn a new skill or new information. Others spoke of the joy of sharing knowledge, be it in educating patients, students, or junior colleagues. There were also stories of thriving centred around having opportunities to put into practice acquired knowledge and experience.

This theme of know-how has been purposefully tied to wisdom. As we have seen in the exploration of 'caring for self', there is more to the act of living than simply knowing. There is a step beyond knowing; wisdom, an embodied experience of knowing, of taking knowledge into the practical act of living. Aristotle called this phronesis (Weidenfeld, 2011), Gadamer (2013) called it application, and Heidegger (2010) called it an authentic way of being. The stories shared and the essences within were about more than just the inherent satisfaction of acquiring, perfecting, or passing on new knowledge, these stories brought knowledge to life with the empowerment that comes with wisdom, the opening of new opportunities and new possibilities-for-being.

5.3 Towards achieving, fixing, making better

Figure 15: The gifts representing achievement during a presentation of themes to the department.

There are many opportunities to have a sense of achieving in the Emergency Department, an experience that came through strongly in both the interviews and in the workshops as promoting our thriving. It seems there is an inherent satisfaction in doing a job well, whether it be fixing things, mastering a skill, calming an agitated patient, running a busy department or helping a patient through a tough time. The real magic in terms of our thriving came when our achieving was combined with, or a part of, making a difference in the lives of others.

There is a subgroup of stories within this theme that warrant special mention. These are the stories where the achieving of an individual or a team resulted in the immediate and obvious saving of a life. The intoxicating feeling of being a hero, of swooping into chaos, bringing calm, wisdom and saving someone's life turns out to be a real boost to our thriving.

5.3.1 In the doing we become…

These two short stories from Cameron share his thriving in doing, in action.

> *A woman came in with an arm injury, a complex Smith's fracture. She was an acquaintance so I went in to help her. Reduced the fracture, got it perfect. Saw her three months later socially – wrist is perfect.*

> *That kind of thing gets me out of bed in the morning, it's satisfying, I like fixing things… I want to do a job where I can do something for someone they can't do for themselves*. (Cameron)

> *I arrived to a resus in the early hours of the morning, it was a post cardiac arrest patient, the room was stagnant, not moving. I put in an arterial line because it needed to be done, then made a plan to get the room moving. My skills are getting a practical early solution and getting the team moving towards that. To get the room moving, I think it helps to actually do something. You've just got to move and everyone will come with you. I don't ever want to stop doing.* (Cameron)

In these two short stories, Cameron is telling us about something that matters to him. Something that, in its practical expression, makes him feel good – good enough to make getting out of bed in the morning worthwhile. Cameron places emphasis on getting in and doing; on achieving. He likes fixing things, something he remembers knowing right back at his medical school entrance interview. He wanted to become a doctor to be able to do something for his patients that they were unable to do for themselves. He wants to be useful. Fixing a broken arm to restore normal function and getting a team moving towards a goal give Cameron opportunities to practically use his strengths in the service of others. These moments of achieving, in turn, fuel his own thriving.

Aristotle believed that we become good by doing good, that moral virtues are acquired and perfected in the acts of doing them. He explained in *Nicomachian Ethics*:

> ... the virtues we get by first exercising them… we learn by doing them, e.g. men become builders by building and lyreplayers by playing the lyre; so too we become just by doing just acts, temperate by doing temperate acts, brave by doing brave acts. (Aristotle, W. D. Ross/350 B.C.E.-b, p. 1)

It is here in the doing that Cameron finds satisfaction and meaning. In the second story, Cameron uses this notion of 'doing to become' as an act of leadership. He begins with practical actions and, in doing so, mobilises the team around him, building a momentum of action that he takes forward in the direction of excellent care for the patient.

Working in the Emergency Department provides many opportunities to achieve, to fix things, to be useful, and to make a difference in the lives of our patients. Existential questions about ourselves; who we are, what is our purpose, what is the meaning of our lives are not questions we often consider in depth. Yet, here they are beneath the covers of Cameron's bed pushing him out to live a meaningful life. This meaning is found in things that matter to us. Heidegger's notion of care is all about mattering (Dahlstrom, 2013). Care is the foundation of our being; "This being has the "origin" of its being in care" (Heidegger, 2010, p. 191). The inherent satisfaction of a job well done and the feedback of seeing a patient fixed and back to living her own life makes Cameron feel alive, drawing him towards his most meaningful possibilities-for-being, drawing him towards a way of living that matters to him.

5.3.2 Finding a way back to joy in medicine

In the following story Faye remembers a moment of achieving that drew her back into the joy of medicine.

> *And then there was a little baby who had a cardiac arrest at 5 weeks of age, maybe 3 weeks. And that was a good end to the day because we saved that kid and again it felt very easy and we knew exactly what to do and I felt quite in control. I came home pretty tired, because I was already depleted from that horrendous shift but I also thought oh I do like emergency medicine after all, that's good. And I'm good at it, I still know what to do! I like the little ones so I got there and thought oh I'm glad it's me looking after this one, because I love looking after kids. And then I thought yeah, I can still do this job and I do still like it and it reminded me why I love it. And the teamwork and you know, how grateful and relieved the parents are and it all comes together to make you realise that it's a very worthwhile job it's just that things get in the way, the system gets in the way. The medicine itself is quite pure, but it's the system that degrades it and corrodes it and I think we just need to recognise that and not get disillusioned and burned out because emergency medicine is a great specialty.* (Faye)

During this interview with Faye, we had been talking about a very difficult shift that had been overwhelming and made Faye question her desire to go back to work. We talked about some of her experiences in the subsequent days that were restorative. This story was one of those. Saving a life, being in a moment of crisis and feeling a sense of control in knowing what to do, and receiving the heartfelt and genuine gratitude of the patient's family; here she found her way back to loving her job.

This is a story that fits the subset of 'hero.' There is something intoxicating about being able to put your knowledge and skills into action with your team to save a life. This one for Faye was special, a dying baby and a terrified family transformed by her care.

This achievement, this moment when Faye was able to very deservedly give herself a high five and feel proud, is not an isolated incident promoting her thriving, rather it is the culmination of many factors coming together. Perhaps this is a good time to remember, although these themes of thriving have been separated to give them language and an opportunity for deeper consideration, they remain entwined.

In this deeper consideration of Faye's story of achieving lies 'caring for self', in her reflection and savouring of the moment, bringing her back to her authentic lens with the view of her as a good doctor loving her job. There is also 'know-how', coming to this crisis with the knowledge, skills and wisdom needed for this child in this moment. Connection and team work are inherent in this story. There is gratitude from the family amplifying Faye's sense that she mattered that day – that she made a difference. And holding these all, making them all possible is care. Our being is care; our thriving is found in moments of living our ownmost meaningful possibilities of being. "The *perfectio* of human being – becoming what one can be in being free for one's ownmost possibilities (project) – is an "accomplishment" of "care" (Heidegger, 2010, p. 192).

5.3.3 Towards achieving: when it all came together

This moment of achieving involved so much more than one simple skill or one lone person. Thriving came for Dory in an act of leading a team and gifting back to the patient, her life.

> *So, a little girl, she was 13 months old, came in to resus seizing brought in by her parents. She'd already been seizing for a long period of time. Ah probably about 45 minutes. Came in by car, I don't know really the reason for the long delay. But it was a very difficult and complicated resuscitation. We couldn't go into resus 4*[3] *so we went into an adult bed space where everybody feels incredibly uncomfortable with children in any case. A lot of things had to happen at the same time. And we had called ICU, we couldn't get IV*

[3] Resus 4 is the dedicated paediatric resuscitation room at North Shore Hospital

> *access and I don't need to go into details of the exact scenario but essentially, I just planted myself at the end of the bed, finally got control, got one IO in, got the second IO in. Lots of things happened, lots of communication happened and at the end of it when the patient finally got to go away to PICU, everybody just said wow that was, amazing, that was really good teamwork. Then somebody came back afterwards and just said wow that's the best resuscitation she's ever seen. Now that to me is everybody worked together, everybody listened, communication was good, lots of cogs that all turned in the right direction and somebody who was really in need. So, I guess the thing is, something happened like our day-to-day life is a lot of dross and a lot of things that are not making a difference. But that day me having been there, and orchestrating all of this, I made a difference. And that makes, that feels amazing. That feels really good. Yeah.* (Dory)

In this second hero story, Dory takes us back to her moment of thriving. I still get goose bumps and a feeling of excitement as I read it and share in her delight. Once again this is a story of a difficult, highly charged, time critical resuscitation that went well. An opportunity for so many different things to come together to bring satisfaction and thriving. The clinical challenge of difficult venous access enabled a significant feeling of technical achievement on securing the two interosseous (IO) catheters. The need for many hands, for many jobs to be done simultaneously allowed for the formation of a team, humming, working well together, all becoming more than the sum of each of its parts. A sense of belonging, of being part of something bigger than oneself, all focused, all with a common goal of saving this little girl's life. What could be more purposeful, more meaningful? The opportunity to palpably make a difference in someone's life. Appreciation and gratitude were there in abundance, felt and voiced by the team, by colleagues. Acknowledged achievement. Mastery of a difficult, complex situation using knowledge, expertise, skills, and know-how in the moment.

This moment of thriving is again, always already underpinned by care. Dory, in her authentic being-with is focused on this ontic manifestation of her care, caring for this child in extremis. She brings to bear all the resources available, knowledge, wisdom, equipment ready to hand and relationships with others to orchestrate the saving of a life. This achievement feels amazing, amplified by the acknowledgement and affirmation of others. This is a moment of Dory realising an authentic possibility of being, an accomplishment of care.

Solicitude is a term that Heidegger used in considering care with respect to other people, an action of care towards another. An action that, in its authentic type, acts in a way that enables care to be given back to the person, enables 'being' to be given back to the person. It would seem that saving the life of another is the ultimate act of solicitude for it is only in the living that 'being', which is care, is possible.

5.3.4 Towards achieving emerging from the workshops

The achieving stories shared during the workshops had almost as many kinds of achievements as there were stories. Figure 16 (below) represents a summary of key words and phrases of achieving to emerge from the stories.

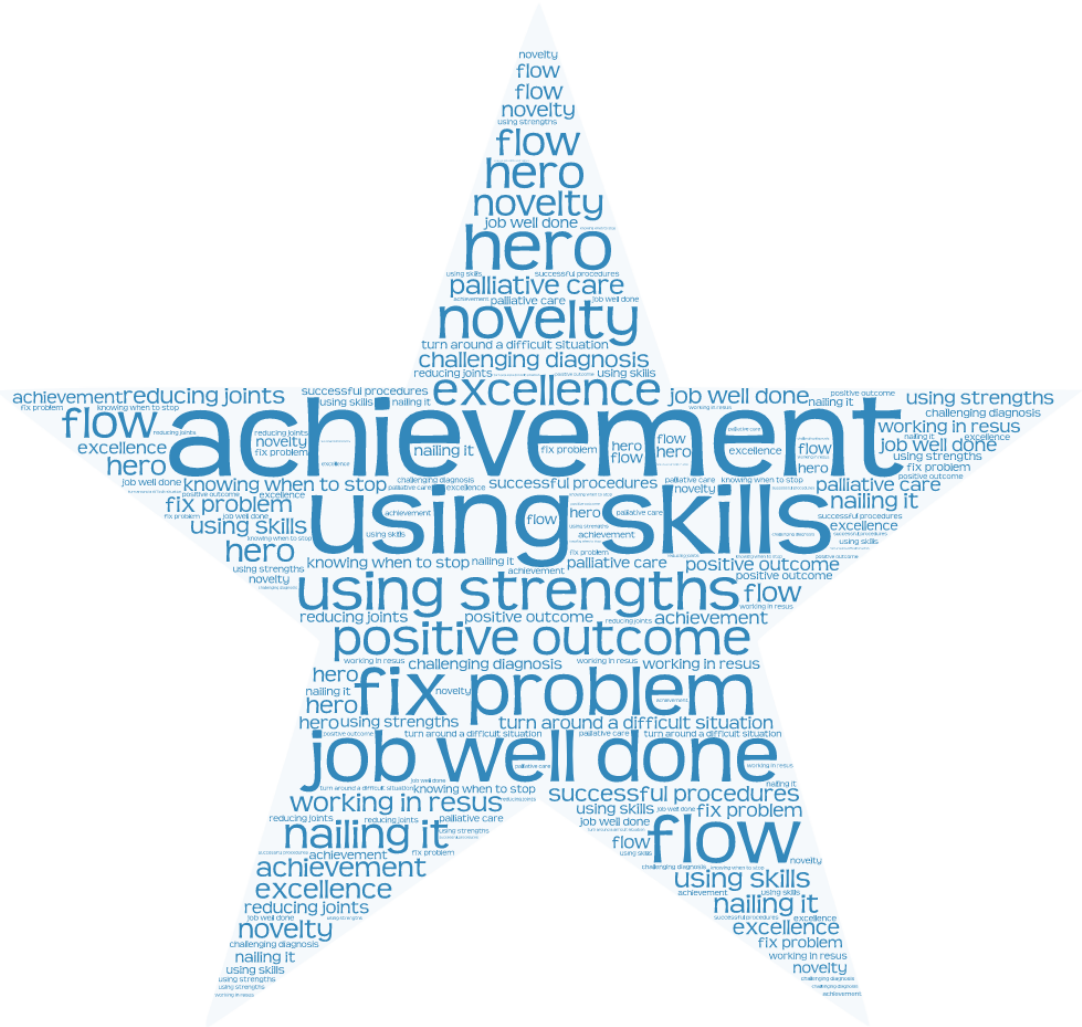

Figure 16: Word map created with achievement words and phrases from the Discovery and Dream workshops

The essence lay in that feeling of giving yourself a high-five – or even better, getting one from someone else who also noticed what a great job you did. Below are some reflections from the workshops.

> *We had a discussion around some of the really cool things we do, saving people, being involved in very high impact, immediate influences in people's lives – particularly resuscitation situations. The story we focused around was one of a young nurse being part of a team reverting a patient with an SVT, and just how cool the new nurse thought that was. How infectious her excitement was and the realisation that we really do some cool things. Sometimes there is a bit of a feeling of being a hero. (25.05.16)*

> *I made up one of the pairs, listening to a wonderful story of a great pick up of a difficult diagnosis – a real moment of saving a life, persisting with a niggly, intuitive feeling of something not being right and the tenacity to stick with that feeling… and finally acknowledgment of others, and appreciation from the patient and family. This was a patient she will never forget. (27.10.16)*

> *We talked quite a bit about phronesis – about the right amount of many of these aspects, particularly with respect to achievement. How easy it is to have our ego, our self-worth tied up in our technical success… or not. (16.11.16)*

> *We also talked quite a bit about the feeling of being a hero, introducing Aristotle's concept of the mean of a virtue, just the right amount fostering wellbeing, with too much or too little potentially being unhelpful. And yet just how intoxicating the feeling of being a hero can be. (13.12.16)*

> *Using our skills / strengths combined with making a difference came through powerfully again too. (20.12.16)*

> *From a more experienced doctor this was reinforced with the great feeling of making a difficult diagnosis – not always a good thing for the patient when the diagnosis has a bad outcome – but adds to the doctor's feeling of achievement and a job well done. (28.02.17)*

> *Having these life skills and using them to make a difference really made them thrive. (29.03.17)*

There is an overlap with know-how and achieving, particularly with respect to application – the doing of knowledge. However, there was also something different about these stories, more than just the application of knowledge, these were

experiences of the satisfaction of fixing something, of doing something with excellence. The essence of the stories shared at the workshops were similar to the stories from the interviews above. These stories were all moments where "in the doing we create the being" (Smith, 2014, p. 2). They were all manifestations of care in our everyday being in the Emergency Department. The many opportunities that we have in the Emergency Department towards achieving are also opportunities for us to thrive.

5.4 Summary

This discovery phase of appreciative inquiry provides the opportunity to illuminate and explore the life-giving aspects of an organisation. We collected and explored stories of thriving in our Emergency Department, stories of moments that made us feel alive, moments that got us out of bed the next morning to come back for more. The stories were abundant both in the interviews and in the workshops.

This first discovery chapter pulls together some of these stories with a focus on self; thriving that begins with me. These stories revealed the importance of taking care of ourselves, realising this lays the foundation, creates the well from which our authentic being can then pour forth to care for others. Stories of coming to understand oneself helped us to realise we each have a view, a horizon, from which we see ourselves, others, and the world. A view we can actively influence to promote thriving in ourselves and others.

The stories of know-how voiced our delight in learning, perfecting and taking our knowledge to the edge, honing our wisdom to act rightly in the service of others. The achieving stories spoke of the inherent joy in fixing things and doing a job with excellence, particularly when this achieving involved making a difference for others.

These stories have given us glimpses of the essence of thriving. In purposefully opening my own horizon and fusing with those of my colleagues I have given voice to truths as I see them. Notions of wonder and openness woven throughout these pages have taken us to a clearing, illuminating structures of being; understanding, attunement, and language. Within these stories, we have begun to explore historicity and pre-understanding, the notion of being thrown and to see ourselves as meaning-making beings. The stories have introduced Heidegger's version of authenticity, a

mode of being which gifts us the freedom of choice. They have followed the thread of meaning that touched on what really matters, a totality of care manifest in all the themes of our thriving. These illuminations have shown us that although our thriving may begin with me, it is always already tightly connected to us, to being-with, to love.

Chapter 6 Thriving Continues in Being-With

E hara taku toa
I te toa takitahi,
He toa takitini

My strength is not
As an individual,
But as a collective (Alsop & Kupenga, 2016, p. 117)

So many of the stories of thriving were stories of being-with others. Our existence is inextricably woven, connected to others with whom we are created, shaped, moulded, and sustained. These connections have the potential to form a foundation, a nurturing space to develop our possibilities-for-being and from which to draw the courage to fly into our most meaningful and life-giving possibilities.

Many indigenous cultures have a holistic concept of our coming to be as people, as family, as community, all tightly bound to one another. This ancient wisdom is passed on in their culture, in their collective knowing. Our western preoccupation with the individual has enabled us to gather valuable scientific advances but perhaps has taken us away from this knowing how to be. We are social beings, an adaptation that affords us, as a species, a survival benefit. Our bodies have evolved to reward connection and to adapt to our context. We are discovering more and more that we are wired for connection, responsive to one another and to our environment in ways we never imagined; in ways that challenge our concept of an independent 'me' and rather suggest a permeability and reciprocity of 'us'. We are coming back towards ancient wisdom, a knowing that, as Heidegger (2010) would say, has always already been there.

As in Chapter 5, each of the themes are introduced with a photo of the gift used to represent that theme during a presentation to the department at the design and destiny workshops; see Figure 17 (p. 113), Figure 19 (p. 129) and Figure 21 (p. 137).

6.1 Connecting

Figure 17: The gift representing connection during a presentation of themes to the department.

The opportunities to make connections with people in the Emergency Department are abundant. Fostering a genuine human connection can open a space for healing, for trust and the beginnings of genuine understanding. Creating high quality connections; the basis of our social fabric, creates culture. These connections foster feelings of value and worth, they help us to bring out the best in one another. The stories of connection spoke of people being open and engaged; interested, curious and available.

6.1.1 Connecting – opens a space for understanding

Dory tells us about connecting with her patients with words and without, in being present with her whole body, her ears, eyes, body position, and touch.

> *I think good communication is huge. I'm not just talking about verbal communication; definitely non-verbal communication is really important too. If you can't connect with somebody how can you know what it is that they really want and need? I'll also teach this to the CNSs and to anybody, the first thing that I will always do is I'll say hello to a person, shake their hands and then if it's an older person or somebody I think is in need of some sympathy, I'll hold their hands while I'm talking to them or have my hand on the bed or perhaps on their leg if it's appropriate obviously. With children, I play with them and once you've got that rapport and connection that lets the patient know, look I'm actually on your side, I'm here listening to you now, I might get distracted but I'm here to help you. It opens up a whole stream of communication and clues, cues that you would have otherwise missed if you were just standing there, with your piece of*

> *paper. And I guess really that's what made my interaction with this lady so special because it was not just the exchange of information it was really an exchange of emotion and feelings and stuff that goes beyond just the medical things that we needed to talk about.* (Dory)

Dory finds joy in the connection she has with her patients. This short reflection is about the nature and benefits of that connection. Her style of communication, verbal and non-verbal, convey that she is listening, that she is interested in what her patients have to say and that she is on their side. Dory is building trust and connection which then helps the flow of information so that she can get a full picture of what is going on for her patients.

The building of trust happens in small, mundane, everyday moments of care that create relationship (Flores & Solomon, 1998). Playing with kids, having physical contact with her patients, getting to know them; all ways of letting her patients know they are important to her, that they matter. She is listening to more than words or clinical information. For Dory, when the connection is at its best, it is an exchange of emotion and feelings. The role of emotions and feelings, of mood, here is an ontological one. Moods give us clues to how we are faring in our being-in-the-world. Listening to these clues, Dory builds trust with her patients and connects with their whole being.

Dory is telling us about her being-with others in the Emergency Department, that in developing a relationship with her patients she comes to know who they are and what they need and want. The relationship, formed in language and attunement, opens a space for understanding; needs, wants, circumstance, symptoms, fears, and hopes. It opens a space for connection and the beginning of healing. In the last chapter, we began to see the influence of language in thriving beginning with self, exploring Heidegger's notion of language as a structure of being. However, it is here in being-with that language, attunement, and understanding come into their fullness.

In exploring Dory's story of thriving we discover a way of being-with others in which her attention toward trust and connection, together with her language, allow an understanding of her patients to emerge that is not simply an increased level of knowledge. It is a deeper, embodied understanding that has the potential to transform those involved. Dory communicates with her patients in a way that takes

them, together, to the heart of what matters, allowing transformation; a healing space for the patient and an opportunity for thriving for Dory. Faye describes a similar experience below.

> *But what makes me happy at work, talking to them and just having that connection with people. And you get like a feel-good connection, it just comes around and you can tell you've made a difference to how they're feeling. You give them what they need and it's not a physical level, it is more on a human level really, isn't it?* (Faye)

Here Faye realises that talking to people, creating a connection can have a positive effect on her patients. It makes a difference to the way they feel and to their experience. Faye then realises this connection makes her happy too. The connection is not just about the physical; a realm that is so often our focus as clinicians. Rather, it is within the realm of being human. It is an openness of one human being to another, acknowledging that each of us have our own perspective and pre-understandings that we bring to our being-with. It acknowledges the patient as a person first and foremost, presenting with an illness rather than a medical condition attached to a nameless patient. It gives recognition to the fact that this illness is not only a biophysical event, it is also situated in this patient's life story, within his or her whanau and social context. How they find themselves has an impact on their possibilities for being. Like Dory, in the previous story, Faye is connecting with her patients to find out what really matters to them, so often conveyed in their mood (Gendlin, 1978-79). Heidegger (2010) told us; "Mood makes manifest "how one is and is coming along'" (p. 131).

In really listening to her patients, Faye is being open to what Gadamer called one's horizon. This is our view of the world through which understanding begins (Binding & Tapp, 2008; Gadamer, 2013). In dialogue with another, language invites the fusing of horizons to co-create a new shared understanding, one that changes each of the horizons of those involved.

There is a special connection that is possible between patient and clinician. Gadamer (1996) believed that this connection and the therapeutic dialogue between patient and clinician should be considered part of the patient's treatment. "Medicine is compared with the true art of rhetoric which allows the right kinds of discourse to

exercise an effect on the soul in the right kinds of ways" (Gadamer, p. 128). It is an aspect of patient care that can be easily lost in the busyness of the Emergency Department; yet, as we have seen for both Faye and Dory, this connection with patients is good medicine for them and their patients. They both find joy in the connections they make with their patients. Their openness to the other enables genuine dialogue, transformation, healing, and thriving.

6.1.2 Anything is possible with a friend

Dory's thriving at work is so much more possible with friends nearby.

> *So, I think a huge plus is just friendship. Honestly if you walk in and you go yeah, it's my buddy Karen or my buddy John or my buddy Melissa, Amy is on yes! Nice and somebody who is nice, who's smiling despite the fact that it's busy, who just gets on with it, and who I know look, if I'm in trouble and I press that red bell somebody's going to come and help. Where I know, because I've done it several times and others sit on their particular bottoms and just stay in the fish bowl and don't come and help. The difference knowing that if I say help, you'll come and help. So, collegiality, friendship and, positive attitude and a happy smile are so incredibly powerful, it is having a positive aura. Trust. Ah trust, having a team on that you know that you can trust, trust their judgement…. You know. She's there and all of a sudden you can take the worries on your plate and just shed it and all of a sudden what you're left with is manageable.* (Dory)

The above story was told during the interview with Dory as we were talking about the influence of other people, in particular colleagues, in adding vitality and energy to a shift at work. The theme of connection remains; this time in the form of friendship, collegiality, trust, and a positive attitude. Dory talks about the power of a smile and a positive attitude, even in the midst of a really busy shift. The power of trust, of being on with people you know have got your back, people you know will help in a crisis.

The notion of trust in this story is about feeling safe. There is always an element of vulnerability involved in trusting another person, a team, or an organisation (Flores & Solomon, 1998). In an earlier story Dory actively created trust, showing her patients in several small ways that she was trustworthy, that it was safe for them share their story. Here, with colleagues, we see again the empowering nature of being with another whom you trust, someone for whom you matter. There is a feeling of safety

in knowing they have your back; they will come to your aid when needed, they will share the difficult as well as the joyful times. Trust is a feeling associated with optimism, an existential dimension of relationship that is formed and strengthened in every interaction that says 'I care about you.' It enables us to be more, to focus outwardly on our purpose and to get on with the living of a meaningful life.

In the discussion around education and the sharing of knowledge in the last chapter, Heidegger's (1993) consideration of dwelling as he came to see it as synonymous with being was introduced. Its relevance to this story shines through particularly in the exploration of etymology of the word dwell, connecting it to cherishing, preserving, and caring for and cultivating the vine. In a similar way to creating space for others to learn and grow in the context of education, this notion equally serves in the context of connection and friendship. The experience of being with friends, working alongside people with whom a trusting relationship already exists, creates a safety net of cherishing that allows a freedom to fully immerse oneself in the challenge of working in an Emergency Department. In contrast, alone or working disconnected from others, those challenges can seem overwhelming and even frightening.

Bailey speaks of another experience of friendship at work that boosted her energy levels and made her feel cherished.

> *Another big thing that I can think of is when someone is leaving a shift, this time it was at Waitakere, with Catherine. We were finishing a shift and it was busy, not crazy but it was busy enough and you know, it was like 1.45 in the morning, and I know she was done. She sat and she waited for me, she was like, we're leaving together. I literally could have started crying. I was like this how it used to be but I'd forgotten that that was even a concept, that people did that for each other. You know and that was all the inspiration I needed to hurry up and finish my stuff. It was really just like a, feeling like someone's in it with you I mean essentially. Empathy I guess. Connection, yeah*. (Bailey)

This story from the interview with Bailey is about a colleague having her back, making sure they both left work together. A simple gesture of caring, a message to say, 'you matter, we worked hard together this shift, let's make sure we get out of here together and get to our cars safely'. It was the end of an afternoon shift, finishing in the early hours of the morning, a time when we often feel spent, exhausted, and more

than ready for home. Last minute tasks that need to be done before leaving can take longer than usual; yet with this small act of kindness, Bailey was energised to get finished. She was touched to the point of tears.

I remember talking to one of the other doctors about my project. He talked about his view of life in the Emergency Department. He likened our experience at work to being in the trenches together, taking on and being involved in work that is often emotionally and physically draining, dealing with life and death and almost everything in between at any moment of the shift. He thinks the times that we stick together, having one others' back, supporting one another; these are the times we thrive. That much of our resilience comes from being in the trenches together, the strength we gain from our connections, shared experience and support of one another. Heidegger, it seems would agree;

> True comradeship only arises under the pressure of a great common danger or from the ever-growing commitment to a clearly perceived common task; it has nothing to do with the effusive abandonment of psychological inhibitions by individuals who have agreed to sleep, eat and sing under one roof. (Heidegger, cited in Young, 2001, p. 56)

Management theorist, Simon Sinek (2009), talked about the concept of having one another's back, with particular respect to leaders. He saw a film clip of a military leader risking his own life by going back into the danger zone to save one of his team. Talking to some military personnel he asked why? The answer was because they would have done it for me. It was not necessarily an intrinsic strength of one extraordinary person, it was about the context and conditions in which those ordinary people found themselves. Sinek believed that in the right environment, we all have the capacity to do remarkable things. The people with whom we feel safe, with whom we develop trust and co-operation, these relationships of reciprocal watching out for one another are relationships of reciprocal care, of tending to one another's vine. Dory and Bailey show us that within these relationships we can thrive. These connections create the conditions that enable us all to do remarkable things.

6.1.3 Listening is a way to say 'you matter'

In reflection, Faye can see the impact of connecting with her colleagues, a mutually beneficial act of thriving.

> *Valuing people and when they know you value them, the service improves because their productivity improves. Like when there's no chest pain protocols and I was having a chat with the ward clerk about the Christmas party and she's like – I'll go get them for you. It's not her job to restock those things or go to the bottom offices and get them for you, but she does because we have good rapport.* (Faye)

In this story, Faye realises that the rapport she builds with colleagues and co-workers lets them know she values them and improves the service they all provide for their patients. The building of that rapport is often in small moments of connection; asking after one another, taking an interest in others beyond their job or immediate usefulness, small acts of kindness or gratitude.

Faye talks about how our words and actions can and do influence those around us and therefore impact our work. She notices that when feeling valued, those around her are likely to go 'the extra mile.' The building of relationship, forging high quality connections is something that is difficult to measure, difficult to describe in terms of quality control, often difficult to value, and yet makes all the difference in the world to our ability to thrive as individuals, teams, and organisations. It is within these connections people feel a sense of worth and value that enables them to bring out the best in one another.

These connections are created, housed and nurtured in language, one of Heidegger's (1982) primordial structures of being. Being-with is language, it is the outward expression of ourselves, the means by which we communicate and come to understand ourselves, others and our world (Dahlstrom, 2013). The words we use, the way we speak, our intonation, the meanings we portray with body language, all contribute to the expression of our being. The openness and attentiveness with which we listen and the to-ing and fro-ing of conversation to gain a new or shared understanding convey our care for another. Heidegger (2010) said in *Being and Time*; "The connection of discourse with understanding and intelligibility becomes clear through an existential possibility which belongs to discourse itself – listening… Listening to… is the existential being open of Dasein as being-with for the other" (pp. 157-158).

Faye shows her interest in and care for her co-workers, asking after them and listening to their stories, building connection. It is a connection that adds to their wellbeing, to the efficiency of their work and, ultimately, to the care for their patients.

6.1.4 Looking out for your team

This story of thriving reveals the difference an act of kindness can make.

> *There's all sorts of very cool little things happening all the time like yesterday's shift, it doesn't happen often but one of the nurses, I don't know her name unfortunately, came out from the main area of Waitak and just came out to the consults area and went, right I've got nothing much to do right now, what can I do to help out here. And it was just spontaneous, you know it was very, very cool. Someone looking at their focused area and then they go, right that's under control and look out to other people's working areas and go right what can I do? That's pretty cool, that's a good situation.* (Avery)

In this story, Avery reflects on some of the cool little things that happen at work. It is these small moments of care, of helping another, of connection, and of fun that add up to create a positive culture in a workplace. This small act of another coming to see if she can help once her own work was done was powerful. It dips into many of the themes we have been touching on in reflecting on these interviews. That feeling of someone having your back, of how being a part of a cohesive team can change busy, chaotic days in the ED from overwhelming to challenging and sometimes even fun! The workload has not changed, the change is within ourselves and between one another. These feelings of support, of being valued, of being respected and appreciated create and reinforce connections. Work flow improves, cooperation improves, communication improves.

Heidegger believed that our beings are formed, created, nurtured, and are continually evolving within our being-in-the-world. We reciprocally have an influence on the beings of one another, we are our being-in-the-world. This story gives voice to that influence. Avery was moved by his colleague's act of kindness, by her care, perhaps even more so because it was random, he cannot even remember her name, yet her action created for Avery a 'good situation,' a space with that same safety net we saw within trusted friendships. It became a space that fostered Avery's thriving and his ability to embark on the meaningful tasks of working in the Emergency Department.

In the last chapter Heidegger's notion of solicitude was introduced, the practical action of care for another. He believed that in the average, everyday mode of our being-with, solicitude is noted more by its absence; not mattering to one another, passing one another by (Heidegger, 2010). In positive mode, Heidegger talked of solicitude having two possibilities. The first is characterised by one leaping in to take over the care of another, a possibility that can result in one dominating another. The second is that of one leaping forward to give back care to the other, and in doing so, returning their freedom. The unnamed nurse in Avery's story was leaping ahead, looking for ways to help reduce the busyness, gifting back a freedom to Avery and his colleagues in the consults area to concentrate on their job at hand, without the stress of work piling up around them. Her authentic care gifted them space to be and to thrive.

6.1.5 Teamwork – the influence of the many

Team dynamics are always in play. This story is one of a team thriving and bringing out the best in one another.

> *So, then a patient presented hypoxic, short of breath and I was like, let's get the airvo*[4] *and then bipap*[5]*. I started to help. There was a good dynamic and we also had a student. He was so keen, and you know he was with the nurse, she was his preceptor. Because he was so keen and engaged, it was just so easy to say 'you know you can do this, do you mind doing this'? and he apparently really appreciated being acknowledged. Being a part of the team. He was just so into it, so engaged. We had a good line of communication and it just went smoother. It just went smoother and you know part of it can be personalities in the team, how do we relate to each other and how do we communicate with each other. So yeah, we still had hiccups, because they always happen, but it was fine. Engaged and creative. So, if he didn't, if he couldn't figure it out he would say something and then I would say something, then he would notice something and it was just, it was real dynamic, you're just there. It was lovely.* (Bailey)

Bailey is telling a story here of a resuscitation that went well, contrasted with a similar clinical scenario that went very differently. There was something here, a good dynamic, good communication, the staff involved being open and engaged. All of which lead to a very different experience, not one without challenges, they will always

[4] Airvo is medical equipment used in acute respiratory distress

[5] BIPAP (bi-level positive airway pressure) is medical equipment used in acute respiratory distress

be a part of resuscitation, but in a team, that was humming, hurdles were overcome efficiently and effectively.

As we have seen in the previous stories on connecting, we each influence one another constantly. This is an influence that can become acutely apparent in the time-limited, high stakes situation of looking after a critically unwell patient. Often these connections that make a team really hum are difficult to identify and articulate, yet are profoundly important. Here Bailey has identified some of the factors fostering these connections; engagement and openness; being keen to learn, willing to ask questions, wanting to be involved and being helpful.

Openness is a notion that has thread its way through many of these stories. In the previous chapter, we connected openness to being. Throughout his writing, Heidegger's term for the being of human is Dasein, a term variously translated as 'being-here,' 'being-there' and 'being-of-openness' (Ramsey, 2016). We talked about an openness to one's historicity, the influence our history, culture, time and life experiences. We talked about an openness to one's ownmost meaningful possibilities for being with respect to authenticity. And now with respect to connection, to being-with, openness again is central, a way of being that invites others in with wonder and care. A way of being that invites thriving.

Engagement within this story reflects the practical living of openness and care. As human beings, things matter to us, we are grounded in care (Heidegger, 2010). Our affect, our level of interest, and our attention are shaped by, and often reveal, what matters to us. They have an impact on the interactions we have with one another. They reciprocally shape our being-in-the-world and our being-with others, what we notice and what we experience. The student in Bailey's story came to the resuscitation open to possibilities and actively engaged in the moment. This was noticed, it drew others to support and appreciate his presence, in turn fostering his ability to contribute creatively and openly, adding significantly to the functioning of the team. Bailey, as the team leader, enabled her team, picking up on their engagement and drawing the best from them. These reciprocally respectful interactions encouraged creative, efficient, and effective problem solving leading to the best way forward for the patient and the satisfaction of a collective job well done.

African wisdom has a word Ubuntu, roughly translated as "I am; because of you" (Torgovnick May, 2013, para.2). Māori, our own indigenous culture, have a similar concept, whanaungatanga, that also speaks to the reciprocal influence and value of relationships and belonging (*About whanaungatanga*). Heidegger's ontological exploration uncovers this same wisdom; we are 'being-with.' These connections we have with others, our interactions, the language we use, our dialogue, go deeper than simply influencing our day, these connections shape our being. The student who came with openness and enthusiasm to the resuscitation story above expressed it in a language of curiosity and interest. He was enveloped into the team becoming an integral part, his best being drawn from him as he also fostered co-operation and engagement from the rest of the team. I am because of you.

Avery talks of a similar experience with the positive influence of team members who are open and engaged.

> *It's a team game, anything like that is definitely a team game just because you don't have enough hands. I really enjoy working at Waitakere from the team member side of things. We have a very good nursing team, who are good, not necessarily from their skill base but good from being open and receptive and curious and engaged and so they were like well what do we do next? You know they're not blocked with a barrier to asking that. So, they'll say 'what shall we do next?' as opposed to standing in the corner or disappearing somewhere. So, you're like right, we're going to do this and this and this and they're like great. There's this good communication because it's open and two-way. We used the structure of the checklist for setting up the team which opened up discussions about how things were going to go, what was going to happen if there were problems, who was doing what, what were the back up plans so it had all been verbalised before we started, so that was good. It's very much a team dynamic thing because you can have a successful outcome with a procedure where it can be not satisfying if the team dynamics are poor, or you can have a poor clinical outcome, in a resuscitation for example, and you can think well actually that went well. But that particular one went very well. Yeah so team work is important.* (Avery)

In exploring what makes a clinical situation satisfying, Avery talks about the people factors as well as technical proficiency and clinical outcome. So much of the work in the Emergency Department is a team game. For Avery, connections that support and facilitate good team dynamics with openness and engagement outweigh individual

technical expertise. There is inherent satisfaction in working well as a team, knowing that everything possible was considered and put into place, regardless of success in terms of clinical outcome. Team members who are open, curious, and actively engaged in working together, co-operatively draw out the best in one another and collectively become an efficient and effective team capable of responding to a rapidly evolving clinical situation.

Avery talks about good communication being open and two-way. In previous reflections, we have seen the primordial ontological influence of language and understanding. Gadamer explored this further with his consideration of horizons and their fusion. One's horizon is a perspective we each have that is shaped by our history and context (Lawn & Keane, 2011). It is what we 'see' when we look out into the world, coloured and shaped by the totality of our being; the time, place and culture into which we are born, our language, understanding and attunement, our own personal histories and by our vantage point at that moment. It is continually moving and evolving (Gadamer, 2013). "To acquire a horizon means that one learns to look beyond what is close at hand - not in order to look away from it but to see it better, within a larger whole and in truer proportion" (Gadamer, 2013, p. 216).

This dynamic space is where understanding happens within genuine dialogue that involves the sharing and fusing of horizons (Árnason, 2000; Gadamer, 2013). A space where, together, new knowledge is co-created by being open to and respectful of each person's perspective. Avery, as a team leader, knows the value of gathering the different perspectives of his team members. Each member's vantage point offers slightly different information that, in combination, form a rich and colourful whole, a deeper understanding of their patient's situation and needs. This dynamic "process of fusion is continually going on, for there old and new are always combining into something of living value" (Gadamer, 2013, p. 317).

Avery talks about success and satisfaction being more than technical achievement; he can have a positive outcome without satisfaction when the team dynamics have not worked well. He can also have a satisfying experience where the team worked well and everything possible was done for the patient, but the patient still died. The satisfaction, excellence, and joy lie within the synchronicity and agility of the team,

coming together to become more than any one individual could be on their own. A new entity that draws the best from each member in a space of shared understanding, belonging, connection and being valued.

Cameron recognises this same dynamic of team as he describes below his ideal shift.

> *In large groups – I can't keep track of the nurses' names, but in small group of four nurses and two doctors – within 30 minutes we'd be on good first name terms and I'd probably know where they live and how many kids they have. My ideal shift would be in resus, all the doors closed, no oversight of anybody and 2-3 nurses, first name basis. We would be a humming machine. Trying to get back control, that's a large part is lack of control. Control and being valued, feeling as though you're being valued.* (Cameron)

Cameron's ideal shift is in resus, a place where he can combine putting to use his own skills with the power that lies in connection. A team small enough that they can get to know each other as people, where they live, who the important people are in their lives. They have the opportunity to share their horizons, open them up and make them available for fusing. Now they belong, they have formed connections and together they work like a 'humming machine.'

These connections transform the relationship of each to the other from what Buber calls an 'I-It' relation to that of 'I-You'. The 'It' of an object, becomes the 'You' of a whole human being involved in a living relation to another. Cameron and his colleague nurses become human beings to one another rather than tools that assist them each in doing their individual jobs. Buber (1970/1996) described this becoming;

> The basic word I-You can be spoken only with one's whole being. The concentration and fusion into a whole being can never be accomplished by me, can never be accomplished without me. I require a You to become: becoming I, I say You. (p. 62)

Within their new connections, they are each able to become more. "The It is the chrysalis, the You the butterfly" (Buber, 1970/1996, p. 69). Cameron has learned the power of connection, of feeling valued within a team, of building a cohesive interdependent 'machine.' These connections both bind them together and enable them to fly.

6.1.6 Connecting emerging from the workshops

Many of words and phrases collected from stories told during the workshops centred around connection (see Figure 18, p. 126). Like the stories above from the interviews, the connections that brought us joy ranged from a fleeting moment in the smile of a patient to the unshakable love from a trusted friend and colleague.

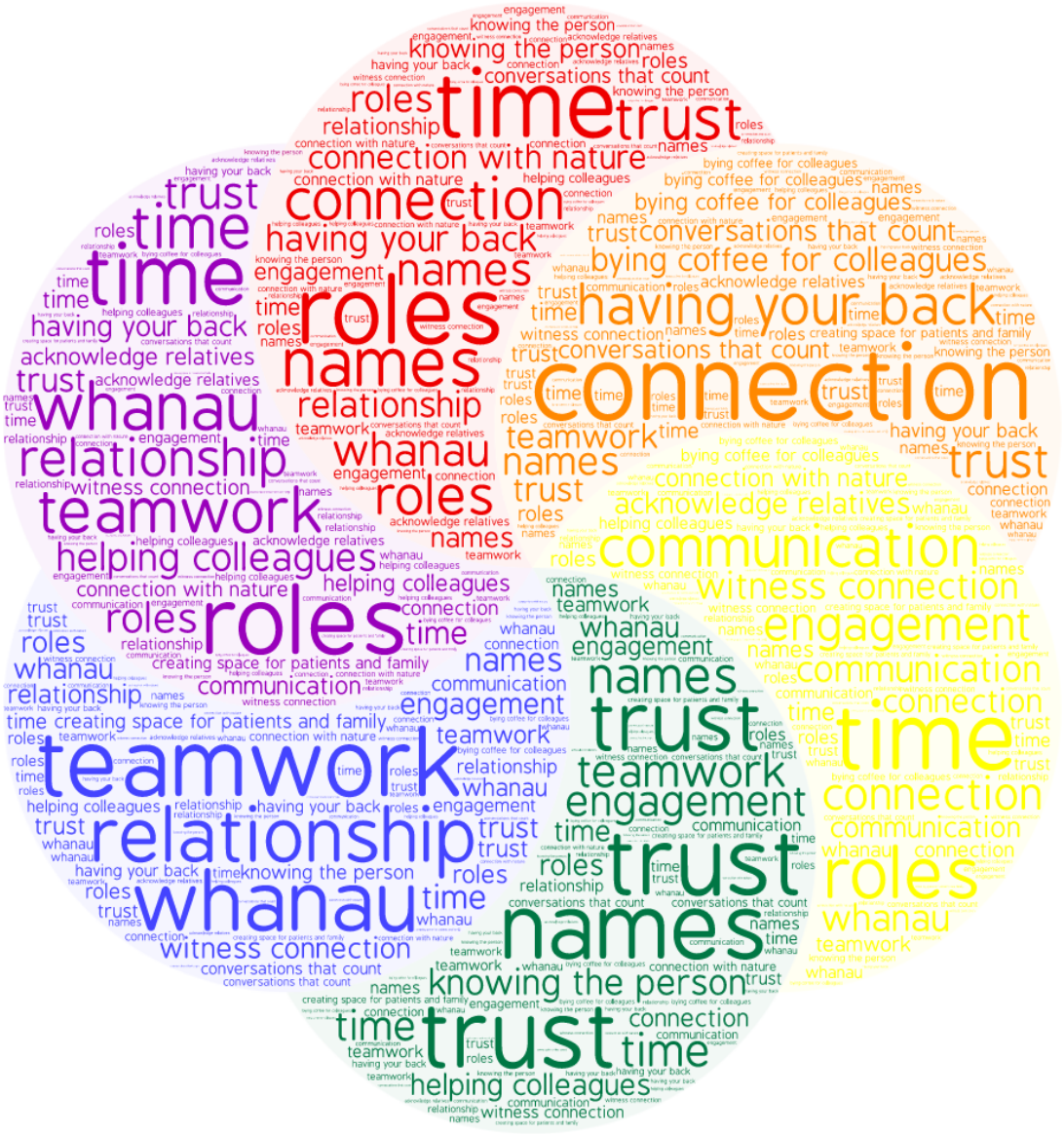

Figure 18: Word map created with connection words and phrases from the Discovery and Dream workshops

Below are quotes from reflections written after each of the workshops, remembering some of the stories told. The second one represents a new perspective on connection not seen in the interview stories, that of bearing witness to connection.

Making a human connection – both with patients and with colleagues. Having high quality connections – being open to fusing horizons – and realising the benefits of this came through in virtually all the stories, particularly ones of colleagues working well together, teams working well together. (13.12.16)

One of the things that came through in several stories is a perspective of connectedness that I haven't noticed come through before – one of 'being witness', being privileged to be an active or inactive observer of a close-knit whanau. Watching families care - looking after one another, the difference this makes to a patient, having their loved ones nearby. How being witness to that can make you feel good, boost your faith in humanity. (28.02.17)

Another story was about the infectiousness of a genuine smile and the difference it can make to your day. The person in this story who did the smiling was a ward clerk, one day the junior doctor telling the story smiled and called her by her name – her delight in being 'known', having her name used added to the doctor's warm fuzzy. (28.02.17)

The first story really set the scene for much of the discussion and sharing. It was a story of a patient who had come in one evening drunk and had fallen over. The patient was handed over as a 'drunk in room 12' as often happens. The nurse who took over responsibility for the patient went in and had a few moments to talk to the patient, found out a little bit about his life – enough to know him just a little bit as a person. She reflected on how different her feelings and behaviour were towards him as he changed from a 'drunk' to a person. How impactful it can be in acknowledging one's humanity. Feeling connected to one another and to our patients came through strongly as did making a difference. (28.02.17)

Another talked of getting close to people during ultrasound examinations – how at first, she found that uncomfortable, and then realised actually, what a privilege it is, and how healing it can be. (14.03.17)

The others had themes of connection – the satisfaction of finding out what the patient really wants and facilitating this, one participant in particular, really enjoys palliative care, helping to get it right for the patient and family. (21.03.17)

They talked about having friends at work. How tightly connected their group has been and what a difference this makes to their day. That when they are on together, on with people they know, people they trust, people they know have each other's back – how smoothly and efficiently the work progresses. (29.03.17)

> *That trust, connection, friendships – take time to develop, need nurturing and valuing. It's people who lift you. (29.03.17)*

> *There was a story of a doctor sticking up for one of the clerks when they were being hassled to get a patient registered and stickies ready – the doc replied – that the ward clerk was working as fast as she could, and the things would be ready as soon as possible. Her response – an internal leap for joy and 'alleluia' called out in her head. The feeling of someone having her back, of being valued was gold. (29.03.17)*

Being-with others is our way of being-in-the-world. It is through others that we come to understand our culture, our history, ourselves and our possibilities for being. It is with others in dialogue that understanding happens, a process that transforms our being, transforms the horizon from which we see the world. We each reciprocally influence and shape one another; I am because of you.

With openness and engagement, we can foster these connections with our patients, our colleagues and others who come into our workplace. And in doing so create a space for belonging, for healing and for thriving.

6.2 Appreciating and being grateful

GRATITUDE

APPRECIATION

Figure 19: The gift representing appreciation / gratitude during a presentation of themes to the department

There is something particularly powerful about appreciating others and being grateful with respect to our wellbeing. This theme emerged, again and again, as the star of its own stories as well as weaving its way through many of the stories that were primarily about other aspects of thriving. As a researcher, I was particularly sensitive to words, phrases, and stories that spoke of appreciating and being grateful. Appreciative inquiry is my methodology of choice for this project, my own lens has become very attuned to appreciating.

Appreciating and being appreciated seems to amplify the quiet, gentle, almost unnoticed moments of thriving that happen in our everyday. They bring these moments into the light, illuminating what was previously concealed. I wonder if it is attunement, one of Heidegger's primary structures of being that shines brightly in this transformation that is possible with appreciation and gratitude. As always, language is inextricably bound with attunement in the huge variety of words and actions that reciprocally create and express appreciation. And never to be left out, understanding, that primordial, embodied knowing that we matter, that others matter to us, takes us to deeper levels of connection and belonging.

6.2.1 Putting on the shoes of another

We each look at life from our own horizon. Taking the time to 'see' from another's view turned out to be an enlightening experience for Roy.

> *The day before yesterday, I had a run in with the ward clerk. I used to always get annoyed when the patients were not registered in time. And it happened again. The ward clerk has one job here, that's his only one job, I couldn't believe he can't do that properly. The patient had been there, with chest pain, they'd been there for 20 minutes and I couldn't believe they still hadn't gotten it done. Then I actually went through the process with them and I realised how hard it is! It is extremely hard, so they were able to get about 90% of the patients registered on time, they're there, their details are there. And half the patients are difficult, you know this patient was confused, was non-English speaking and had a wife there who could barely speak English. But within 5 minutes they had the name, they had the address, they had the phone contact and the son's contact as well. It was amazing, you know, and I appreciate now how hard it was. I think that's probably what I appreciate the most.* (Roy)

This short story of appreciating another is about transformation, the transformation that can come with taking a moment to put on the shoes of another and to consider an issue from his or her perspective. A moment of being open to possibilities other than one's own 'truth.'

Roy is reliant on others to be able to do his job efficiently and effectively. The first dependent step is patient registration into the computer system, a job performed by the ward clerks. It is very difficult to do much for the patient without this step being completed. Registration is a prerequisite to the prescribing of drugs, ordering of tests and x-rays, and accessing old patient notes. The frustration Roy often felt when this seemingly quick and simple job was delayed, flowed over into his thinking about and behaviour towards the ward clerks. This all changed when he had the opportunity to sit down with a ward clerk and see what was involved in their job. Roy's horizon was widened, he was humbled and gained a new appreciation both for the work they do and for the people themselves.

We each see the world from our own perspective or, as Gadamer would say, from our own horizon. From Roy's horizon, the ward clerk's task looked to be a simple one. He made his own assumptions about the why, how, and who with respect to their job.

Why they took so long, how they did their job and, as a result, what kind of people they were. We all jump to conclusions much of the time based on our horizon; our culture filled with its own stereotypes and prejudices, our own histories, the way we are feeling that day; all the multitude of influences on us in any one moment. The view we see, the way we understand the world; this is our truth. Viewed from a different vantage point, from another's horizon, that same vista looks different. Someone else's truth can be different, yet just as valid as our own. Coming to this realisation, either as an openness to another's truth or having the experience of being in another's shoes, brings forth understanding and with it, for Roy, a new appreciation for the work and dedication of his clerical colleagues.

Heidegger talked of the truth as something that emerges in the clearing, a space where the play between the concealed and the unconcealed offer moments of truth. "Thus, truth is never only clearing, but unfolds as hidden just as primordially and wholeheartedly with the clearing. Both clearing, and hiddenness, are not two but the essential unfolding of the one, the truth itself" (Heidegger, 1999, p. 273). For Gadamer, truth similarly is found in an openness, an openness to the horizon of another, a space where fusion is possible for a shared understanding to emerge (Svenaeus, 2003).

In learning a new truth and becoming open to the horizon of another, Roy came to value and appreciate the ward clerk, this experience not only turned his frustration in that moment into respect, it altered his way of being, opening his horizon to make more room for thriving.

6.2.2 Gratitude from a patient

In being grateful, a patient of Bailey's invited a connection that was nourishing for them both.

> *I had a patient, in her 80s who came in with SVT*[6]*…. When I walked in she was reading a book called Power of Now. I haven't read it, but I have heard of it, I think it's about presence, about being present. So obviously, she's primed a little bit to have that sense of mind but there was something about the way she asked questions. She started*

[6] SVT (supraventricular tachycardia) is an abnormal heart rhythm, where the heart beats abnormally quickly

> *kind of probing but it was in a particular way, not too nosy but she just wanted, you can tell, she wanted healing words…. She was really sweet because when she was done she was like you know I really appreciated having you as my doctor today…. We just talked about a lot of things. But it wasn't long either, it was like 15 minutes max. I checked on her when she was on the ward and she said you took care of me medically and you also gave me healing words and she was like that was so healing. And I thought, yes, that's something that I can offer people, that's something I do. It's something I'm interested in and something, you know, I don't think everyone is having those kinds of discussions with patients so I'm happy that someone appreciated it. And for me, to have that interaction was really, it was near the end of my shift and she made my day. I think she even said, you made my year, or something like that. I was like wow, she just enjoyed the experience so much so it was really, really rewarding.* (Bailey)

This is a story of being grateful, connecting, using strengths and making a difference in someone else's life. There is something special here in this story of an elderly woman continuing her search, continuing her curiosity into life and people and connections. Having lived a full life and getting to a stage where so many of the elderly people we see are slowing down and looking back, Bailey arrives to meet this woman who is opening her heart and mind to new frontiers, wanting to live fully in this present moment with all its uncertainty, vulnerability, and potential. Her openness acts as an invitation. Together they develop a therapeutic connection, a reciprocally healing bond. A mutual appreciation that fuels their thriving.

In Heidegger's (1993) writing on *Building, Dwelling, Thinking*, there is a sentence that speaks to me of an essence, of wisdom relevant for medicine; "To save properly means to set something free into its own essence" (p. 352). The act of saving others, of caring for them authentically in an ontological sense, is not to take over their care, but to empower them to once again find their own authentic self, to guide them back to a space where they can imagine and choose their ownmost meaningful possibilities for being.

Bailey and her patient are engaging in a connection that is saving each of them, inviting each to glimpse the essence of themselves and one another. A moment of being set free; free from the individual boundaries to which we normally adhere. It is a freedom that invites them to actively take part in a shared humanity, to openly appreciate one

another and realise their own worth. The woman's words of gratitude made Bailey realise she is good with therapeutic conversations, they are something she has to offer. The gratitude reinforced a belief in herself. The thriving that each of them felt in their connection was illuminated and amplified by their words of gratitude.

6.2.3 An appreciative lens

Roy echoes the hopes and impact of appreciative inquiry, that with an appreciative lens, we will see the world in a way that fosters our thriving and ripples out to positively impact others.

> *Those are the things that sometimes you have to change, to actually, you know, appreciate the work surroundings, your work colleagues, small acts of kindness and compassion. That's all it is. It's not someone jumping in front of a car and saving someone, we don't do that you know, it's small acts of kindness that feeds up to the person you are. That's the other thing as well that I try to do is be nice to my students and the house officers and all the others as well because, in your experience when you felt you were acknowledged and you felt you were appreciated, there was a much more positive outcome. And so, I think you have to do that. It's also good for the department, it's good for your soul, it's good for the patient eventually as well and that's why we're there.* (Roy)

This story encompasses much of the hope behind my project. So many of the things that add value to a life, moments that help us thrive; these things are all already here within our Emergency Department.

There is connection with our patients and their families, with our colleagues and team members. There is something special and privileged about being involved in helping people at a time of need, it opens a space for a unique connection. Equally, with colleagues, there is the opportunity for a sense of being in the trenches together, of supporting one another, of working together through a busy shift or a stressful resuscitation, sharing a joke or an understanding smile – all building high quality connections.

There are opportunities for achieving, whether it is getting in a difficult IV line, or successfully talking down an agitated and confused patient. There are multiple opportunities every shift to have a sense of achievement, opportunities to use our strengths and have a sense of doing a good job. There are also many opportunities to

appreciate one another in the role others play in our own achievements, in acknowledging the achievements of others, and in celebrating the achievements we have as a team.

What we do matters; the work we do, looking after others, relieving their suffering and pain, saving lives; inherently has meaning and purpose. This seems so much more real and tangible when we feel valued and appreciated.

With an appreciative lens Roy can see and appreciate others at work, appreciate our environment. He actively tries to notice all the small moments of awe, the acts of kindness and the flowing of compassion that are a part of our everyday in the Emergency Department. Roy has recognised that training his eyes to see with an appreciative lens and articulating this with his words and actions results in better outcomes. The flow on effect is good not only for Roy, also for his students, colleagues, the department, and for our patients.

In the last story, we explored Heidegger's notion of saving, of guiding others back to their essence, back to their authentic possibilities for being. There is a similar notion of safeguarding, that Heidegger (1993) explored in that same lecture. Safeguarding, Heidegger saw as a part of our dwelling, our being. It is where we strive to keep our world safe, to constantly bring it back to its essence, a place in which we are peacefully at home. In the busyness of our fast-paced lives, it is so easy to take things for granted and even exploit our world in the pursuit of misguided goals of wealth and power. Roy has found that with appreciation, stepping back and noticing the many small moments of wonder, he can begin to safeguard what really matters in the Emergency Department.

Inherent in this appreciation, the noticing of, creating and experiencing these moments of wonder, lies the generative energy capable of fuelling thriving; for ourselves, our department, and ultimately for our patients.

6.2.4 Appreciating and being grateful emerging from the workshops

The words and phrases below (Figure 20, p. 135) were collected during the discovery phase of the workshops. They were words that dipped into almost every story told of thriving. In the last chapter, we talked about caring for self, know-how, and achieving.

These had a flavour of appreciation or gratitude that helps illuminate or amplify the moments of thriving. Likewise, for connecting, appreciating and being grateful open our horizons and reveal opportunities for genuine dialogue and shared understanding. An appreciative lens enables us to see others and our world with wonder and delight.

Figure 20: Word map created with appreciation and gratitude words and phrases from the Discovery and Dream workshops

Below are quotes taken from my reflections written after each of the discovery and dream workshops.

> *Appreciation came through as a strong theme, appreciation from patients, their families and positive feedback from colleagues. (25.05.16)*

> *There was one story I would like to mention, one of the nurses had been on a very busy day shift, lots of patients, full resus's, people in the ambulance bay and the secure room. She got home and was*

> *exhausted, thinking over the day and remembering the difficulties and the frustrations. In the morning, she woke and saw a post on Facebook, one of the CNS' had posted with all the nurses names in her area that had worked so hard and how great it was to work hard together as a team, how impressive it was to get through the challenge and to thank them all. This post changed the way the nurse now remembers and thinks about that shift. She now remembers the team work, her colleagues having her back, the connections. Great story of how appreciation, gratitude and our words can so influence the way we see not only the world we are in, but also the things we remember, the colour of our memories. (15.11.16)*
>
> *… one participant had been hugged by an appreciative patient… (14.03.17)*
>
> *A hug of appreciation from a patient… (21.03.17)*
>
> *There was a story of appreciation and gratitude. One of the nurses brought some flowers to one of the ward clerks – unexpectedly, just to say how much she appreciated her smile, her co-operation and what she did. This act of kindness was small… its impact was huge. (29.03.17)*
>
> *Another participant talked about how working in the department has really helped her appreciate her own life. It has given her a perspective she may not have had otherwise. An appreciation for her own good health and all the aspects of her life for which she is grateful. Seeing others, their ill-health, their misfortune – gives her reason for gratitude. (29.03.17)*

These stories of thriving bring us back to what really matters; they are stories of guiding others home to their essence and, in doing so, finding an essence of our own. Appreciation and gratitude seem to aid this process, almost like a torch, shining light on moments or opportunities that are always already there.

It has been with an appreciative lens that this project has been undertaken and driven. This lens has brought into focus the things that really matter in the Emergency Department. Once illuminated, we notice them more often and have an opportunity to safeguard these aspects of our department that allow us to imagine and realise more meaningful possibilities for being; to thrive.

6.3 Having Fun

Figure 21: The gift representing fun during a presentation of themes to the department

The theme of having fun came through strongly as I was listening to and collecting the stories. Interestingly, when I went back through the transcripts and sat with the words, phrases, and reflections from the workshops, its presence was not nearly so vivid. The fun, the laughter, banter, and joking that formed a very real part of the stories and re-living moments of thriving were lived experiences that are not so easy to capture in written text. In the next section on dreams, it becomes abundantly, vividly and colourfully apparent.

Having fun draws me back once again to Heidegger's notion of attunement or moods, a primordial structure of our being. It has been described as the atmosphere in which our being-in-the-world takes place. I see in my mind a ferocious storm that can be invigorating, yet more often frightening, alerting me to possible dangers, interpreting noises, visions, and feelings as evidence of threats to guard and protect against. In contrast, the sun shining, waves gently washing over my feet, a gentle breeze bringing the vibrant perfumes of nature, provides an atmosphere where I can let go of thoughts of dangers, forget even myself and dive into living in the moment. Having fun heralds in this second vision, inviting a positive mood, facilitating connections and offering opportunities for shared positive experiences. It seems to calm tensions and anxieties and to offer hope.

6.3.1 Connecting in fun

This story of fun takes us to an unexpected discovery of wisdom.

> *There are people who are good to work with, but not necessarily because of the work side of things. They're fun to work with, share some jokes with, like-minded people. I like funny, although it has got me into trouble sometimes. But for me, a bit of light hearted banter, people who just muck in and not moan, people who just get on with it and see the funny side of things where they can, that for me is the important thing. Great thing about emergency medicine is that it attracts a large number of these people.* (Cameron)

During the interview with Cameron, he talked about fun being part of a good shift at work. Cameron enjoys working with people with whom he can share a laugh. He sees it as an attitude, he likes working with people who can get on, work hard and see the funny side to lighten up the day.

In thinking about humour, sitting with this story and letting the wisdom of fun emerge, I have found myself at two different levels of consideration. Both are valid and meaningful, perhaps one deeper or more fundamental than the other. The first is seeing fun as a social lubricant; breaking down barriers, releasing tensions and forming connections. This has been the way I have considered fun from early in this project as it emerged as an important aspect of our thriving. People having fun with one another and sharing positive emotions invites connection, sharing, and feelings of belonging. Reading the literature around positive emotions and their impact on our psychology, physiology and relationships, this level of consideration makes good sense. As we have seen in the earlier stories in this chapter, connection, being-with is fundamentally who we are as human beings. Our connecting helps to both create and sustain our being-in-the-world. Our connecting hugely impacts our ability to thrive.

There was something more I wanted to explore about Cameron's reference to '*these kind of people*.' The kind of people who have an attunement of humour, the kind of people who can see the funny side of situations that may not seem so funny at the outset, indeed there have been times when this has gotten Cameron into trouble.

Viktor Frankl, the psychiatrist and philosopher, considered a sense of humour to be a distinguishing human trait. A trait that enables self-detachment, allowing us to put some distance between ourselves and a situation. This distance allows us to see it

more clearly (Pattakos, 2010). As humans, we are meaning-makers, always already making meaning of the situation in which we find ourselves. Our moods guide our meaning-making, they disclose and help us to make sense of what Heidegger calls our thrownness.

Thrownness is a central feature of being human. "Dasein has been thrown into existence. It exists as a being that has to be as it is and can be" (Heidegger, 2010, p. 265). We are thrown into being human in a particular time, a particular culture and particular situations; much of this thrownness is out of our control. Humour offers some guidance for making meaning of our thrownness, it provides some space to invite connection, belonging, perspective, and cheerfulness. These all help direct our reflections towards meaning and possibilities for being in which we can thrive. Frankl (2004) believed this to be our last freedom: "Everything can be taken from a man but one thing: the last of human freedoms – to choose one's attitude in any given set of circumstances, to choose one's way" (p. 86).

6.3.2 Having fun emerging from the workshops

The words and phrases collected during the workshops that centred around having fun and humour were not particularly numerous (see Figure 22, p. 140); however the actions and flavour of fun permeated through many of the stories and was certainly present in the savouring as we all re-lived the stories of thriving.

Figure 22: Word map created with fun words and phrases from the Discovery and Dream workshops

Below are some quotes from reflections written after the discovery workshops.

> *… having time at the end of shift to talk and joke and laugh together to diffuse some of the difficulties and challenges of the shift… (03.05.16)*

> *Another story was about the infectiousness of a genuine smile and the difference it can make to your day. (28.02.17)*

> *Having fun, joking was another theme that came through again. (14.03.17)*

Having fun, sharing a sense of humour, laughing and joking brings people together, nurturing connections, easing difficulties and bringing perspective to moments that can seem overwhelming. We are all thrown into being human, and within our existence, there are many situations of which we have little or no control. There is however some freedom in how we consider these situations and in how we choose to respond. Gaining distance for perspective and adding cheerfulness that comes with fun seems to open our possibilities for being, our options for considering and responding, to possibilities that foster hope, connection, and thriving.

6.4 Summary

Our existence is always already intimately and inextricably tied up in being-with. Our own horizons are formed by the wisdom passed down in generations of being-with in our culture, by our own histories of being-with families, friends, communities, and our own experiences of living with and along-side others. Opportunities to learn and understand are always in dialogue with others, be they from another time and place in text, a formal education by teachers or a lively conversation with friends and family. Horizons are opened, assumptions challenged, and together new knowledge is formed and assimilated.

Our stories of thriving are stories of being-with others. The importance of connecting was explored with respect to patients, their families, and colleagues. These stories uncovered notions of trust, cherishing, and leaping forward. They brought us to recognise the foundation of care as our way of being, that we are beings for whom things matter. The moments when we are open to and actively engaged in what matters, are moments of thriving. Connecting matters; seeing our patients as human beings, witnessing the love of families caring for one another, working well together as a team and having each other's back. I am; because of you.

The stories of appreciating and being grateful led us to explore truth and the transformation possible in being open to the truth of another. There was the opportunity here to revisit Gadamer's notion of understanding with the fusion of horizons. To see appreciation and gratitude as tools to enrich our connections and also to illuminate and safeguard the things that matter.

The last theme of this chapter was having fun. This theme made its presence felt more than heard in specific stories. The one story shared gave us an opportunity to reconsider attunement and its role in alerting us to and coping with our thrownness.

Thriving in the Emergency Department is inextricably bound in being-with others. The structures of our being; our language, our attunement, and our understanding are reciprocally influencing and being influenced by one another and our context. This is our time and our place to thrive together.

Chapter 7 Thriving Comes Full Circle in Interconnectedness

> The boundaries between you and not-you — what lies beyond your skin — relax and become more permeable. While infused with love you see fewer distinctions between you and others. Indeed, your ability to see others — really see them, wholeheartedly — springs open. (Fredrickson, 2013a, p. 16)

The joy generated in telling and sharing stories was amplified by a shared re-living, illuminating an essence that belonged to all of us. It was an essence that gave voice to our interconnectedness and, within that whole, our inherent value.

These stories take the thriving we saw within connecting to a whole new dimension, where we belong to something much larger than ourselves and the connectedness embraces beyond our immediate world.

Each theme is, once again, introduced with a photo of the gift used to represent the theme when presented to the department during the design and destiny workshops (see Figure 23 below and Figure 25, p 154).

7.1 Seeing the essence within

Figure 23: The gift representing shared humanity during a presentation of themes of thriving to the department

The stories of 'seeing the essence within' acknowledge our thriving when we feel seen and heard as people, as worthy members of the human race. They also speak to the

depth of connection that can result when we see others in their wholeness too. In seeing the essence within and reciprocally being seen, we illuminate the invisible threads that connect us all, seeing ourselves in one another, accentuating our common humanness and, in doing so, honouring each person's uniqueness.

7.1.1 Seeing the essence within; attending to basic needs

Meeting the needs of another gives to both the one who receives and the one who gives:

> *... acts of kindness where you can see you've suddenly improved somebody's wellbeing, like getting them a glass of water or an extra blanket, that's what I thrive on, it makes me happy. It's not efficient for me to go and get someone a cup of tea or get them a glass of water, to walk all the way to the other end of the department, but it's that little act of kindness that makes a difference to them and makes the job so much more worthwhile.* (Faye)

Here is a short story of kindness, of attending to simple, basic needs. Faye helps a patient who is cold, thirsty, or hungry. There are many others who could perform these tasks – healthcare assistants, volunteers, family members –yet for Faye, these moments not only add to her patient's wellbeing, they add to her own.

Faye is acknowledging the whole person of her patient in this simple act of kindness. It has nothing to do with her medical knowledge or expertise; yet this moment of connection of one human to another adds to the therapeutic relationship between clinician and patient. It also adds to healing. Such simple acts help bind our social fabric, weaving in and strengthening trust and mutual respect. They acknowledge the human being behind the façade of doctor or patient or nurse or whatever objectifying identity is foremost.

In his letter on humanism, Heidegger (1993) spoke of this essence of the human being: "But if the human being is to find his way once again into the nearness of being he must first learn to exist in the nameless" (p. 243). We are so very quick in our complex world to give things and people a name, to objectify them and order them to give us a sense of control and knowing. It can seem to make our lives easier referring to people by their objectified label, "the appendix in room four," "that doctor," "that healthcare assistant." And yet these labels can put a distance between these people and their

essential humanness. In attending to the basic needs of another, taking care of the human within, we can close that distance and come back to a shared humanity, bringing us both back to thriving.

When patients tell their stories of hospital experiences, it is often the small things that they remember, that made a difference, the small gestures of humanness and kindness; an orderly who slows down over the bumps in the floor as they are being pushed to radiology, a nurse who talks to her unconscious patient about ordinary everyday things as she goes about her tasks in the ICU, a volunteer delivering a cup of tea and having a chat to a frightened patient in the Emergency Department (Youngson, 2012). People who connect with them on a human level. In the above story, Faye realises these genuine connections formed in simple kind acts have a positive impact on her as well as her patients. She realises that it is not always about the physical; a realm that is so often our focus as clinicians, rather it is within the realm of being human, that Faye and her patients can connect and thrive.

Bailey found a similar experience, this time the basic needs were her own and that of her colleagues.

> *Ok, so for example, Tues, last Tuesday night it was so busy none of us went for dinner by 7 o'clock, nobody, and everybody missed the café. The med reg had a pizza and offered me a piece. And I was like damn, we're ordering Hells Pizza for the team, and it was like, I don't know, I gave them diamond rings everyone was so excited. Everyone was so happy and it just reminded me of being a trainee, for your boss to buy you pizza, it's just pizza, but it's like one of nicest things that someone could do for you. It just really took me back how excited they were and how that touched them. You could tell that doesn't happen to them often. And it was like wow! So, fascinating. So simple.* (Bailey)

Bailey also reflects on the impact of a simple act of kindness. She saw everyone working hard during a busy shift and realised they had all missed dinner. Prompted by an act of kindness from another, she ordered in pizza for her colleagues that evening. Such a simple thing to do, yet it had a profound impact on those working with her that evening.

In this story of thriving we once again explore acts of kindness and the powerful messages in the provision of basic needs, in this instance, food. This is an act of taking

care of one another and letting people know they are valued. The sharing of food, getting someone a cup of tea, a blanket or helping someone get to the toilet; these acts seem to be an unmistakable way of expressing care and acknowledging the person within. Small, simple, humble acts that speak to our shared humanity, the essence of what it is to be human. Acts that help make our connecting to one another visible and tangible. These small acts say, 'I see you, you matter to me.' They are acts of love (Heidegger, 1993).

I wonder if it is love that is our essence and an act of love that is the most profound and simplest way to illuminate that essence in ourselves and in others. Frankl (2004) in his philosophy of a meaningful life, found love to be the source: "love is the ultimate and highest goal to which man can aspire… The salvation of man is though love and in love" (p. 49). Buber also spoke of love, in his philosophical exploration of 'I and Thou', of seeing the essence of another and realising that it is within this relation of I-You that becoming is possible. "Love is responsibility of an I for a You" (Buber, 1970/1996, p. 66). Heidegger (1993) spoke of love as an embracing of essence:

> To embrace a 'thing' or a 'person' in their essence means to love them, to favour them. Thought in a more original way, such favouring means the bestowal of their essence as a gift…It is on the strength of such enabling by favouring that something is properly able to be. (p. 241)

This imagery of gifting back one's essence has come through in Heidegger's writing under several guises, all synonymous with care; dwelling, cherishing, solicitude, accomplishment. In Heidegger's ontology of being, care represents the totality of being. It encompasses and is the source of all possibilities of being (Tomkins & Eatough, 2013). We are beings for whom mattering is our essence, "being-in-the-world is essentially care" (Heidegger, 2010, p. 186). It is within this totality of care that we make meaning of our lives, create our possibilities for being and actually live, with all the complexities of being human, in this present moment. Heidegger also told us that "care is never distinguishable from 'love'" (Heidegger & Boss, 2001, p. 190). Being in the world is essentially love.

Bailey, with her act of love in feeding her colleagues, found a way to directly acknowledge and illuminate the essence within each of them. It is here, in the clearing provided by love, where I and thou can thrive.

7.1.2 A shared humanity found in the feet of another

In this story Roy goes beyond his usual routine. In doing so he notices this elderly woman's feet and finds there the essence within, the human being with whom he connects.

> *I was on a clinical shift for a change and I saw a 93-year-old lady who had come in with mobility problems and a vague issue about dizziness. Normally this would be someone that you sort the bloods out, check the urine, do the x-ray, explore if it's pneumonia and then refer to discharge coordinator and discharge them. So, because I was working clinically and the department wasn't that busy, I was second on with Peter, we talked a little bit as well, these were all chronic problems. These were all chronic problems. This was the same problem she had a year ago, with the lower back pain, and the GP had started some pain relief, she was getting constipated as well. Then actually one of the things, which I'd never done before, was I looked at her feet. I looked at her feet and I, first thing I realised that her foot wear was entirely inappropriate for her and, and her nails were grown and you know she had callouses on the side as well, that's one of the things I'd never done before. Like never done in the last 10 years in fact, actually look at a patient's feet and then think okay this is part of the problem. So I got her seen by the discharge coordinator and it was actually quite satisfying. She stayed with us for half a day but we had support services set up as well and then she seemed a lot happier when we went through the plan. We managed to talk to one of the daughters as well who ended up coming in and at this stage I always felt like because of my own cultural background that kids have a responsibility for their parents. I know this is probably the right thing but I actually held that quite close to my heart and maybe because there's a bit of a guilty feeling because my parents are overseas and I don't look after them. But once I had a chat with the daughter I realised that she was 70 herself and comes in with her own problems with a headache and cancer and she was dealing with her own things. She and her partner had separated and it was actually good for me to see okay, you know the families can't cope in this day and age. They have to go out, they have to work, they have to look after their own health, their own problems so especially in Auckland. So much of the bigger picture and so much you know just dealing with a human as opposed to a patient for a change. And that was what we learnt about. We learned, we used to have this module called doctor, patient, society in medical school and this is all about that and I think somewhere from there to coming into*

> *hospital, you lose that, it's a slow leeching process but it does happen unfortunately. Yeah, yeah.* (Roy)

In this story, Roy is reflecting on an elderly woman whom he looked after during a quieter clinical shift. This patient, who came in with vague symptoms, would normally be someone Roy would process fairly quickly, ruling out a number of serious conditions and then send home. This time, however, Roy's experience was different. He had a little more time and used it talking and listening to the patient, going beyond her biophysical story. He did something he had not ever done before; he examined this woman's feet, he saw footwear that was inappropriate, calluses and issues that were clearly impacting on this woman's ability to function. He began to consider her wider context. In stepping back and considering this elderly woman as a human being Roy could see and begin to address some of the real concerns here. He connected with her family and discovered the challenges in her support network. With this information, he was able to help set up meaningful support in the community. Such a satisfying interaction, not because Roy had diagnosed and treated a medical problem, rather he was able to connect with a human being and begin to understand and address her needs beyond the biophysical. He treated this elderly woman in a way that was congruent with his own personal values, to treat her in a way he would his own elderly parents.

This story invites us to look closer at the clinician-patient relationship and the opportunities within. The opportunities for connecting and healing that began with seeing the human being that is this patient. Gadamer, in his writing on health and medicine viewed this relationship as a special kind of understanding; one that results from two different horizons or worldviews coming together purposefully to restore health (Gadamer, 1996; Svenaeus, 2003). It is an understanding that considers the whole person of the patient;

> The nature of the whole includes and involves the entire life situation of the patient, and even of the physician. Medicine is compared with the true art of rhetoric which allows the right kinds of discourse to exercise an effect on the soul in the right kinds of ways. (Gadamer, 1996, p. 41)

Roy considers this patient in her wider context, her life situation. He even realises the influence of his own horizon with respect to his cultural values of adult children's

responsibility in looking after their elderly patients. This shines through in his care of this elderly woman, care for someone else's mother in lieu of his own.

The application of understanding is an important notion for Gadamer and indeed for medicine (Gadamer, 2013; Svenaeus, 2003). This is the practical aspect of understanding, where the purpose of the patient-clinician relationship can be realised; the doing towards healing. It is also where Aristotle's concept of phronesis, or practical wisdom, becomes central to medicine. Gadamer (1996) considered phronesis from a medical perspective to be a "form of attentiveness, namely the ability to sense the demands of an individual person at a particular moment and to respond to those demands in an appropriate manner" (p. 138). Clinical phronesis is more than the technical and academic know-how of medicine, it is also the know-how of being-in-the-world, of understanding what matters to patients and finding a way to guide them back to health, back to an "active and rewarding engagement in one's everyday tasks" (Gadamer, 1996, p. 113).

Roy found that in stepping back from the routine processing of patients, he could see a bigger picture. His moment of attentiveness, and the understanding this gifted him, showed him the way forward for this particular patient in this particular situation. A phronesis that brought healing for his patient and thriving for himself.

7.1.3 Seeing the whole person

Our patients are so much more than their presenting symptoms and biomedical diagnoses; there is a person with whom to connect, an opportunity to see the essence within.

> *I really think it's just someone to take the time, I think she really felt like someone actually took the time to talk to her and know her as a person, you know what I mean? And not just as an SVT*[7]*. That resolved. I think there's that human, that human factor that we really, man we really forget like often actually.* (Bailey)

Here Bailey is reflecting on an experience with a patient that added to thriving, both for her and for the patient. Once again, what made the difference was acknowledgement and respect for the person behind the diagnosis; a difference that

[7] SVT (supraventricular tachycardia) an abnormal heart rhythm

Bailey realises is something that is so easily lost, so easily forgotten in our practice and our lives.

There is something powerful in being genuinely seen and heard. It is about having a sense of worth, a deeply held belief that we each have a reason for being, gifts to share with the world and an ability to influence and shape our world. And importantly that we belong in some small or large way to that world, to the important people in our lives, to the people around us. It is a knowing that we are worthy of love and connection.

Heidegger, in considering technology, challenges us to see how our essential humanity can get lost in the pursuit of technological excellence and efficiency (Heidegger, 1977). "Modern science's way of representing pursues and entraps nature as a calculable coherence of forces" (Heidegger, 1977, p. 12). How easy it is to think of people, of patients, as simply something we measure, a collection of vital signs, organs and physiological functioning. It is easy to think of them as objects, something of value for our use, puzzles to solve or, more frighteningly, something that is a nuisance, standing in our way of doing something more important. We order, we objectify, we put into boxes to understand and control; there is some purpose in doing this. It is useful to think of a patient in terms of a biomedical body, to consider diagnoses and arrange investigations or initiate treatment. This is an important thing to be able to do, particularly acutely, in a time-critical situation. However, in doing so, we risk overlooking the person, the essence within, the sense of the human being and see only an appendix or a potential aortic dissection. How can we remain open to the human being of our patients while making use of the remarkable technology available to us?

The experience of being genuinely seen and heard is one that stirs within us a profoundly human response, one that cannot be measured or ordered or objectified - one that must be lived! It is a response that opens our hearts to others and reminds us that we are all so much more than what can be measured.

7.1.4 Belonging to something bigger

In service to others, Faye finds the unfolding of her own essence and the opening of possibilities not seen before.

> *But then you get to work and you are rejuvenated by those experiences with patients, particularly the older patients, I love them. You feel better and I suddenly thought I don't feel as tired any more by the whole looking outside of yourself. When I'm at home it's all about me and how I feel right now. When I get to work, it's all about them. It's just a warm fuzzy.* (Faye)

In this story, Faye reflects on the rejuvenating connection she has with her patients. She realises there is more than a feeling of wellbeing that she gets in the interactions with her patients, focusing on others also gives her more energy. Broadening her focus beyond herself actually makes her feel less tired and gives her a different view of the world.

There is something inherently good about reaching out to others, helping us to feel connected, to feel a part of something bigger than ourselves. We are social beings; it is in social connectedness, in healthy interdependence with one another that we find a sense of belonging to a common humanity. It is here in communion with one another that we most easily find meaning and purpose. "The more one forgets himself – by giving himself to a cause to serve or to another person to love – the more human he is and the more he actualises himself" (Frankl, 2004, p. 115).

This opportunity to serve others in a very concrete way in the Emergency Department, living in authentic care and being-with others takes us beyond our own small world and opens meaningful possibilities-for-being for ourselves and others. In his phenomenological exploration of wellbeing, Dewar (2016) said:

> When we are empowered by a why, by a fundamental sense that we matter, we are less likely to find ourselves on the tracks and more likely to find ourselves in the midst of creating possibilities that add value to our lives and to the lives of others. (p. xix)

Faye is empowered by her service to others, giving her life a boost of energy and an expanded worldview. It is a wider horizon from which to consider and make meaning of her own challenges, with a view to new ways forward that were previously concealed. "We are meaning-makers, which means we make meaning of the world and worlds of meaning, and we live that meaning as always interpreting and emerging beings" (M. D. Dewar, 2016, p. 10).

For Gadamer, meaning and understanding always happen in being-with, in dialogue. His notion of Bildung, is relevant to Faye's experience of the opening of her horizon; "*When I'm at home it's all about me and how I feel right now. When I get to work, it's all about them*." Bildung is a complex notion, a process of ongoing self-formation by an openness to others (Bleicher, 2006; Gadamer, 2013). It is a process of becoming, of cultivating oneself, giving fullness to one's own humanistic potential, "in being selflessly active and concerned with a universal – working consciousness raises itself above the immediacy of its experience to universality" (Gadamer, 2013, p. 12). In being of service to her patients, Faye is opening herself to others, a gift that is returned to her in the fundamental sense that she matters, the widening of her horizon, and the expanding of her possibilities for being; the reciprocal gift of thriving.

7.1.5 The essence within emerging from the workshops

Figure 24 (p. 152) is a word map representing the words and phrases of the essence within collected during the discovery and dream workshops.

Figure 24: Word map created with shared humanity words and phrases from the Discovery and Dream workshops

The stories shared of thriving so often had an element of a shared humanity, of seeing the essence within, an essence so similar to that of ourselves and our own loved ones. The acknowledgement of this shared humanness opened the door to a deeper connection, authentic care and compassion. It opened the door to thriving.

> *Almost all the stories about simple, small moments with patients, nothing extraordinary and yet each one profound in some way. (27.10.16)*

> *The group discovered that the essence of these experiences were human moments, moments of acknowledging and celebrating a shared humanity. (15.11.16)*

> *One of the participants talked about a time when he helped a patient and family have a really good death. By making the patient comfortable and facilitating bringing the family together he made a*

> *very difficult time as good as it could be. The family were very grateful and the whole experience was both moving and satisfying. (20.12.16)*
>
> *One of the participants had recently been on the other side, being in hospital with a sick family member. Part of her story was about pride in our department, in how we treat our patients, remembering, acknowledging their humanity. How she felt the absence of this in her experience and the realisation of just how important it is. (14.03.17)*
>
> *The unconditional love story was one of seeing a nursing colleague treat a very difficult patient with respect, kindness and compassion. (14.03.17)*
>
> *The first one was so moving, it left several of us with tears in our eyes. It was a story of shared humanity, of attending to basic needs and of making a difference. There was a mum with a young baby who had come in and was looking distressed, they were on their way to x-ray, the clerk helped her find her way. She noticed as the woman was on her way back, she was distressed, the baby had been crying the whole time. The clerk helped her back to her room, settled her down and helped her get organised to feed her baby. She talked to the mum, letting her know she knew how frightening it was to have sick babies. She then got her a cup of tea and said she would check back in on her later. The shift was busy, she didn't get back into the mum, but saw her on her way out – baby was fine, the mum thanked the ward clerk – saying thank you so much for looking after me, you made such a difference. (29.03.17)*
>
> *the moments that were most meaningful to them were about seeing patients and families as people – connecting with them on a human level. Equally so – when others did the same with them. Having these life skills and using them to make a difference really made them thrive. (29.03.17)*
>
> *More discussion around being valued ensued. People knowing your name, being treated like a human being, like equals and a valuable part of the team. They talked about having mutual respect, how it led to people going an extra mile, being happy to pitch in and be flexible. A real feeling of belonging made such a big difference. (29.03.17)*

These stories of seeing the essence within, are "*about simple, small moments with patients, nothing extraordinary and yet each one profound in some way.*" It is in these small moments, so often and easily overlooked or forgotten, that there is a wealth of healing, connection, and thriving.

In the above stories, we saw thriving in acts of kindness, particularly in meeting the basic needs of others. Compassion and authentic care weave their way through each of these stories, starting with 'seeing' You, acknowledging our interdependence and striving to return to another, their essence.

Gadamer's notions of application, together with Aristotle's phronesis, reveal in the clinician-patient relationship that which is possible with openness to the other. In genuinely seeing the person of our patients, the way forward in their care became clear.

These lived experiences of thriving, of seeing the essence within, are part of our becoming, inviting us to actively participate in the interconnectedness of our shared humanity. It is a sense of belonging to something bigger than ourselves that empowers us to live our most meaningful potentials for being, empowers us to thrive.

7.2 Making a difference

Figure 25: The gift representing making a difference during a presentation of themes of thriving to the department

Making a difference in the lives of others was woven through almost every story of thriving told in both the interviews and the workshops. The stories of caring for self were founded in becoming a best self in order to serve. Stories of know-how spoke of an inherent joy in learning; however, it was in the application of this knowledge for the service of others in clinical practice or in education where that joy was amplified. The

thriving associated with achieving was further boosted when that achieving was a practical act of making a difference for another.

Connecting, appreciating, and having fun also, all have at their core, making a difference, often for both others and ourselves. The stories above in seeing the essence within, speak of the difference this makes – for connection, for care, and for thriving.

As humans, we all seem to have a deep desire to matter, for our individual lives to make a difference, to have some meaning and purpose. Embedded in that knowing that we matter is an acknowledgement that we are worthy of love and connection, that we belong to a greater whole. Feeling we matter, knowing we matter inspires, motivates and enables us to be more.

7.2.1 A first experience of making a difference

This story is a lovely remembering of a first experience of making a difference for a sick patient:

> *My first experience of the positive aspect of medicine was as a fourth-year student, when we started having our first patient, our first clinical experience. I was in the ED seeing a patient with bad asthma and we got him a nebuliser. So, this is the first time I actually gave a nebuliser to a patient and he's sitting there gasping away but talking as well, I was very nervous, sitting with the nebuliser and I didn't know how nebulisers worked. I knew about the chemicals and all the theory but the actual practical side, how to put the salbutamol inside and start the oxygen. There was a disconnection between what I had read about and the mechanics of actually doing it. That's the first time I did that and then after 5 minutes seeing the patient well and having a chat and smiling and this is the time I go oh this is great. That's the first time I remember and it's the first positive ED experience as well and from that point on I was quite keen on ED. I think initially the experience was rewarding, know you, you met patients you talked with them you made them feel better and I think it made you feel better as well. So, it was positive reinforcement of yourself and them.* (Roy)

In this story, Roy is reflecting on one of his first positive experiences with clinical medicine. He realised the huge divide between theory and practical, felt the fear of sitting with an unwell patient and then the joy of seeing him improve, knowing he played a part in that improvement; that is a great feeling. This feeling started his

interest and set in motion his path toward becoming an emergency medicine physician.

There are several aspects of this story that speak to me of Roy's thriving. The first is knowing, revisiting the theme from Chapter 5, know-how. It is a wonderful thing to sit with another person in need and 'know,' to have the skills to help, the skills to alleviate that person's suffering or pain and the practical wisdom to put these skills and knowledge into action in that moment. This story is the beginning of Roy's coming-to-know, a journey that is always in being-with. In exploring connecting in Chapter 6 the indigenous concepts of Ubuntu and whanaungatanga were introduced: I am because of you. Roy is guided by experienced staff to practically apply his theoretical knowledge for the patient's benefit. His connecting with the staff, being open and engaged with their guidance and his being-with the patient are all a part of his becoming, a part of his coming-to-know. In this lived experience, his knowledge and learning became real, meaningful, and gratifying in this first act of treating a patient with respiratory distress.

Inextricably linked to these themes of knowing, being-with, and coming-to-know is that of making a difference; the act of service to another. This is such a powerful overarching theme of wellbeing, a theme that circles us back to Heidegger's foundational notion of care. Heidegger's (2010) philosophy of being begins, becomes and continues in care; we are beings for whom things matter. We care about our existence. This care, often brought to our attention by our moods, underpins our understanding and language. It forms the basis of our interpretation of life events, of objects around us, of connections with others; of being-in-the-world. Our possibilities-for-being become available because of what matters to us. Care gives meaning to our lives; it is this, a meaningful existence that Aristotle called happiness; our ultimate end: "it is for the sake of this that we all do all that we do" (Aristotle, W. D. Ross/350 B.C.E.-a, p. 12). Frankl would agree, it is meaning that makes our lives worth living: "Meaning is simply the rhythm of life on earth - the tides, the stars, the seasons, the ebb and flow of life, the miraculous beingness of it all" (Pattakos, 2010, p. 69).

Meaning that is most profoundly discovered in service to others (Frankl, 2004; Pattakos, 2010). It is in this act of service to another that Roy finds his meaningful

possibilities for being. It is in the doing, the practical application of knowledge and skills to make a difference in the life of another, that Roy experiences his coming-to-know, the beginnings of phronesis and the way forward to thriving.

7.2.2 Right person, right time, right family…making a difference

In this next story Cameron, an experienced doctor, uses his practical wisdom to make a difference and finds satisfaction in taking the right way forward for his patient:

> *Recently I intercepted a GP referral, an elderly demented patient with pneumonia. I got called in 'cause she was quite sick, and I just thought – awwh – this isn't right. So, I spent quite a bit of time, got hold of the family and talked about other options. Things they had never talked about as a family. We all came to the conclusion that actually what this patient was trying to do was to die. I contacted the medical consultant and we managed to stop the medical process. Everyone involved was really grateful. It was rewarding.* (Cameron)

In this story, Cameron looks deeper into the needs of his patient, seeing the essence within, the human being in her own context and stage of life. We do not always do palliative care well in the hospital; it can be difficult to get off the biomedical treadmill once in the system. Yet, by including family and looking at the big picture, Cameron enabled the family to care for their loved one at home, letting her die with dignity, without unnecessary testing, procedures, or a hospital admission.

This story of making a difference is again a story in which many themes of thriving come together. Know-how, towards achieving, connecting, being grateful and seeing the essence within all weave together. Cameron's practical wisdom in this moment brought together patient, family, the medical team and community to enable the best possible care for this particular patient and her family. There are several philosophical notions that we have explored in previous stories that are at play in this coming together to inform and act rightly in the moment; Aristotle's concept of phronesis, Gadamer's notions of application and Bildung and Heidegger's notion of authenticity. Each of these are about a way of being that is authentic, having the wisdom and freedom to choose the way forward that is most meaningful in that moment; a life of authentic care. Guignon (2012) spoke of authenticity in such a way that is very close to phronesis:

> As authentically historical, one's life is taken over as a matter of one's choosing, and one gains the lucidity needed to understand what the current situation requires and the focus and resoluteness to act in the way forward for which one is ready to be held responsible. (p. 104)

Intricately bound to authenticity, care and being, is time, Heidegger's notion of temporality. We are beings for whom things matter. It is within this foundation of care that Heidegger (2010) explored the structure of being; understanding, attunement, and language. It is temporality, "the ultimate horizon," (M. D. Dewar, 2016, p. 72) that provides context and boundaries within which to understand and focus care. "Time must be brought to light and genuinely grasped as the horizon of every understanding and interpretation of being" (Heidegger, 2010, p. 17). We are born, or thrown, into a particular time, a particular culture that determines both the way we understand our lives and the possibilities we see for ourselves. Each present moment is a culmination of the past, present, and possible futures. The past informs our understanding, our language, and our attunement. The future, our leaping forward to consider possibilities for being, circles back to help us interpret the moment of now and each of these three aspects of time inform our actions (Guignon, 2012). Cameron's thinking and actions with his patient are informed by the notion of temporality. This patient is nearing the end of her time on earth. In realising the situation, Cameron was able to bring together family and medical staff to talk about what really matters for the patient and her family in the short time they have left together.

This story of thriving captures a moment of time where the coming together of past, present, and future offered a space to make a difference, a space for Cameron to see the possible ways forward and together with the patient and her family, choose the best one for them all.

7.2.3 Making a difference as a team

Dory finds an essence in mattering, an essence found on reflection after a successful resuscitation.

> *The thing was somebody (a child) was in real danger and something that we did took that danger away and changed it. To be honest, that's why most of us got into medicine right? That's why. And we*

> *don't get to do that very often. So, you kind of go yep I mattered today, and not just me, it wasn't personal, it was the team. We made the difference. I think that, that would be the essence for me.* (Dory)

Dory reflects on a moment of thriving, a successful resuscitation of a child where she and the team came together to make a difference in a very vivid and immediate sense, in saving the life of this child.

In an earlier story, Heidegger's notion of care was explored as the philosophical foundation of making a difference. In this story, Dory takes us immediately to care, '*that's why most of us got into medicine right*?' In making a difference, so dramatically and obviously in this moment of saving a life, Dory is reminded of what she cares about, what drew her and most of us to emergency medicine. Making the difference did not happen because of just one thing, it was more, it was Dory and her team, it was the coming together of several themes of thriving; know-how, fixing, connecting, and appreciating all combining to make a difference.

This coming together of different things brings to mind Heidegger's notion of the fourfold, an interconnected oneness of four influences joined together in the lived experience (Smythe et al., 2016). The components of the fourfold Heidegger (1993) named as mortal, earth, sky and divinity; each interwoven such that it is not possible to think of the one without the others. In the story told by Dory 'the mortal' represents the people involved, Dory, her team, the patient, and her family. 'The earth' is the place, the resuscitation room, already prepared with things ready at hand, equipment appropriate for this child and medicines at the ready. 'The sky' represents this moment in time, when the stars are aligning, inviting the sacred, the divinities, all combining to bring forth the interconnected whole that forms when the fourfold is at play.

It is in dwelling, the actual living of our lives, that the fourfold is preserved "by bringing the essence of the fourfold into things" (Heidegger, 1993, p. 253). The thing in this story that contains the essence of the fourfold is 'making a difference'. This is a story of different influences coming together in harmony, a synchronicity of being in the right place at the right moment with the right people. Together these influences become more than each of the individual parts, Dory, her team, the patient, the resuscitation room, all the elements of thriving. In the gathering, a new entity

emerges, a new energy is created. It is not possible to think of or explore one of these influences on its own without speaking of the others, they are inseparable, each one equally important and contributing to the whole, that is, saving a life; making a difference.

Dory and her team emerge as beings who matter, beings who are living their most meaningful possibilities for being. They emerge as beings who thrive in making a difference.

7.2.4 Making a difference emerging from the workshops

The words and phrases making up the word map in Figure 26 (p. 161) for this theme of making a difference could have included many others from all the themes of thriving.

Figure 26: Word map created with making a difference words and phrases from the Discovery and Dream workshops

The following are excerpts relating to making a difference from reflections written after each of the discovery and dream workshops:

> *A theme came through early – of connectedness. Of small teams in this or other departments that worked well together, as a cohesive group, supporting one another, acknowledging and valuing one another. (03.05.16)*

> *The theme of combining the use of skills with helping others came through very strongly as well. (13.12.16)*
>
> *One participant told a story of seeing a patient on during a shift, it happened to work out that several members of the team went in at the same time. The ward clerk really set the scene positively with the way she interacted with the patient – compassionately, warmly. Together with nurse and doctor, they were able as a team to get the information needed, hear the patient's story, work out priorities, get jobs done, have fun and get the patient sorted efficiently and effectively. It felt great. (21.03.17)*
>
> *We all talked about what a privilege it is to be working in this area – to see people, to be a part of their lives at a time that is often a crisis for them. That we are privy to parts of people's lives they very rarely share with others, certainly not with strangers. The opportunity for connection, for making a difference is huge. (29.03.17)*

The impact of making a difference to another person's life emerged clearly in many of the stories from the interviews and those shared in the workshops. For many, it is felt in the moments with patients where we have an opportunity to make an obvious and appreciable difference; pain is relieved, a dislocated joint is relocated, a wound is sutured, a cardiac arrhythmia is reverted. For some it was in a moment of acknowledging another's humanity; remembering a name, getting a patient a blanket or a cup of tea, including family members in the conversations. For others still it was in even less obvious moments of a job well done realising the careful restocking of supplies enables others to do their job of caring for patients, being a crucial part of the wider team. Lives were impacted positively with a shared moment of gratitude, a kind smile given or received as well as time taken for oneself, to recharge, ready to continue being of service to others.

Our ability to make a difference in the lives of others, to feel a sense of belonging to a greater whole and to find within this our own individual sense of mattering is a thing in which the essence of Heidegger's fourfold is preserved. It is a dynamic interconnectedness that emerges in our lived experiences. This 'gathering of threads' through all the themes of our thriving brings forth authentic care; that is love.

7.3 Summary

Our thriving started with stories of self, continued with stories of always already being-with and here comes into wholeness in interconnectedness. We are beings-in-the-world, always reciprocally being influenced by and influencing others and our world. With a sense of wholeness, knowing there is something bigger to which we all belong, this interconnectedness of mortals, skies, earth and divinity, we become more; we thrive.

The stories explored in 'the essence within' showed us a direct path to this interconnectedness. These were stories of acknowledging and nurturing the essence of others, of acts of authentic care that revealed the threads of interconnectedness that are always already there. Threads that bind us together, when given space, weave a foundation of care and love that ground us in meaning and enable us to fly; to live our most meaningful possibilities for being.

At the beginning of these discovery chapters, we spoke of an interconnectedness of the themes of thriving, so many of the stories contained several or many of the different themes, all linked in a whole that was sometimes difficult to untangle. This last theme of 'making a difference' allowed us to see the tangled, interwoven beauty of the whole. An essence of the fourfold of thriving held together in making a difference. The whole of our thriving revealed in love.

The sharing of stories for the discovery phase of this appreciative inquiry, in interviews and workshops, illuminated eight themes of thriving within the Emergency Department. Caring for self, know-how, towards achieving, connecting, appreciating, having fun, the essence within, and making a difference all emerged as interconnected aspects of our thriving. The stories shared in the interviews were further analysed with a phenomenological lens to enable a deeper understanding of the lived experience of our thriving.

Within these stories lies the essence of our thriving, an essence that we can more carefully safeguard, cherish and nurture when it is brought forward into the light, illuminated for us to see. These pages of findings have been an attempt to articulate this essence of thriving as I have caught glimpses of it within the clearing created by an openness in thinking, writing, discourse, reading, and writing again. A process of

travelling along and around the hermeneutic circle, inviting the wisdom of philosophers; Heidegger, Gadamer, Aristotle, Buber and Frankl to help me dismantle my own fore-understandings and guide me, to see what has always already been there.

The essence of thriving seems to lie within the unfolding essence of being human, of Heidegger's Dasein, a being-of-openness. A being grounded in care and time, grounded in love. A being reciprocally created in and creating the world in which he or she finds his or herself. A being-in-the-world that with love and authenticity can create a life of thriving, both for oneself and for others.

In addition to exploring and illuminating the essence of our thriving, this phase was also alive with the action of this research. Questions were asked in the direction we were hoping to go, and in asking, the positive was accentuated and a space for thriving was opened. Below are excerpts from reflections written after each of the workshops, describing the lived experience of thriving in the moment of telling stories:

> *I then asked them to get into pairs and to share a story of 'thriving' at work, a story of a time that made them feel alive, feel like they were in the right place, a story of a time that made them feel energised by something that happened at work. There was lots of chatter, laughter, excitement and energy generated by the good stories. (12.04.16)*
>
> *The positive vibe and generative energy in the room during this storytelling was palpable. (03.05.16)*
>
> *With such a small group, we could listen to a version of everyone's story. It was very cool. Lots of smiles, laughter, an inspiring atmosphere. (27.10.16)*
>
> *There was a great atmosphere of joy, excitement, of reliving positive experiences in the room during the story telling. (15.11.16)*
>
> *Her enthusiasm and obvious delight in re-living the story was a great boost to other's storytelling. The mood, that was already open, interested and positive lifted even more with everyone sharing their moments of thriving. (20.12.16)*
>
> *Then in pairs, they turned to each other and told stories – immediately the feeling in the room lifted – with excited noise,*

> *laughter, happy noises. It never ceases to amaze and delight me how this happens!! (28.02.17)*
>
> *Then in pairs they told stories of thriving. It was silent at first – then the stories started, the volume started going up, the smiles, concentration, sharing of joy… yehaa – I love this feeling! (14.03.17)*

This discovery phase explored the essence of thriving within our Emergency Department, it also created a space for the positive to be accentuated, for our thriving to be experienced, savoured, cherished, and nurtured. A space from which our dreams could grow, our possibilities for being expand and from which we could design our way forward.

Chapter 8 Dreams of Thriving in the Emergency Department

> You may say I'm a dreamer, but I'm not the only one. I hope that someday you'll join us. And the world will live as one. (Lennon & Ono, 1971)

This research project has been one of action. Each stage of the appreciative inquiry process has been intentionally designed to offer an experience of thriving in itself. With the first questions asked and the stories shared, each re-living of thriving in the discovery phase gave us all an opportunity to thrive yet again. It was within this atmosphere that the dreams came to life; an atmosphere that fostered thriving, connecting, co-operation, and creativity.

The dreaming phase of appreciative inquiry takes the energy and creativity that is generated in sharing, listening to and re-living the stories of thriving, and uses it to throw open our horizons to dream of many possibilities for being, for ourselves and collectively for our department. These dreams were created in the second half of the discovery and dream workshops. The participants worked together in small groups, provided with arts and craft materials, poster paper, balloons and chocolate (Figure 27, p. 167), and charged with creating dreams of an Emergency Department or an aspect of one that fostered thriving.

Figure 27: Arts and crafts material provided for the dreaming phase

During the first half of the workshop, words and phrases representing the essences of stories of thriving were collected on a whiteboard (see Figure 28). This was strategically placed to remind participants of our discoveries of thriving and to add inspiration.

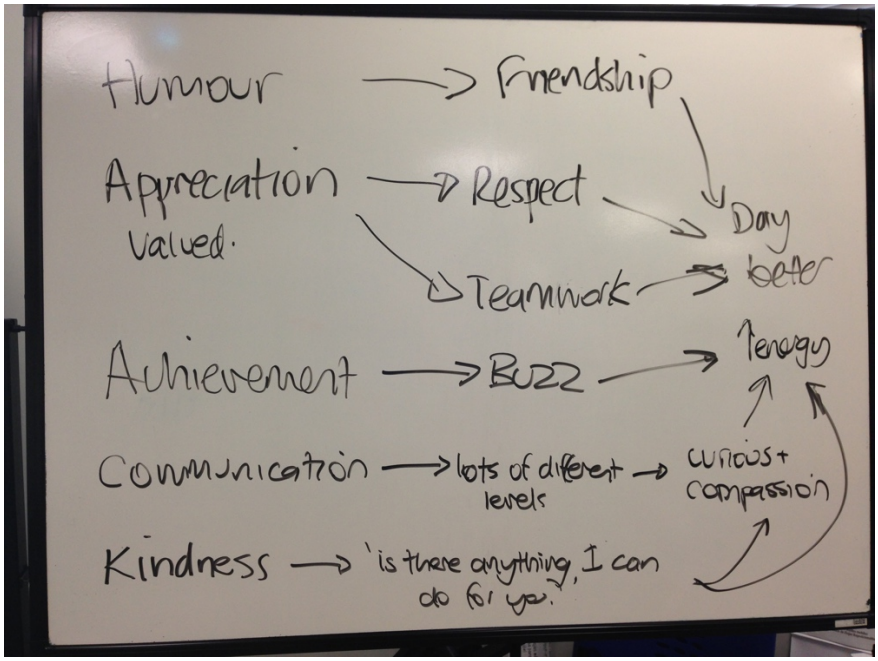

Figure 28: Whiteboard with themes and phrases of thriving that emerged during the discovery phase.

The dreams came to life most often as a combined team effort, occasionally with individuals creating their own dreams. This process has been described in more detail in Chapter 4 (p.71). Towards the end of this creative time, the small groups were asked to prepare a presentation of their dreams. They were presented in various ways, a continuation of the dreaming and a highlight of the thriving for those involved. There were role plays and games. Songs and poems were written and performed. Often there was background music and one workshop ended in a finale of a brief dance party! Posters and multidimensional creations were presented, the dreams shared with hope, thriving and love palpable in the room, and rippling out beyond.

This process was captured in photos and written reflections of each of the workshops (see appendix K). The eight themes of thriving that emerged in the discovery phase from all the workshops and interviews were separated in order to explore, understand, and articulate what really matters to us in the Emergency Department. Throughout that exploration, we have kept in mind Heidegger's notion of the fourfold, a notion of a coming together to create an essence, one that holds each of its component parts in such a way that you cannot think or speak of one without the others. It is a space where the stars align with the people, place, time, and a difficult to articulate magic coming together to create a wholeness, an interconnectedness that is the essence of thriving; something more than the sum of the parts. These dreams have given us

licence to once again weave these themes of thriving together into possibilities beyond the boundaries of earthly constraints. Below is a photo of one of dream creations weaving in all the themes of thriving (Figure 29).

Figure 29: Dreaming of thriving in the Emergency Department

To highlight the threads of each of the themes of thriving within the dreams, I will present them under the same headings as the discoveries, for they followed on from that same conversational space;

- Thriving begins with me (caring for self, know-how, and towards achieving)
- Thriving continues in being-with (connecting, appreciating, and having fun)
- Thriving comes full circle in interconnectedness (the essence within and making a difference)

8.1 Dreaming of thriving beginning with me

The themes of thriving that begin with me; caring for self, know-how, and achieving were well represented and woven into the dreams.

8.1.1 Caring for self

This theme was brought to life in the dreams with spaces, ideas, and vibrant representations of caring for ourselves so that we can care for others. These dreams acknowledged that attending holistically to our own thriving is an important step in allowing us to be fully engaged in our work. Gadamer (1996), in his book, *The Enigma of Health* described this freedom for engagement that comes with wellbeing: "… a feeling of well-being means we are open to new things, ready to embark on new enterprises and, forgetful of ourselves, scarcely notice the demands and strains which are upon us" (p. 112).

This wellbeing is promoted in the dreams with the nourishing of our bodies with readily available food, spaces for rest or sleep during breaks and comfortable clothes (Figure 30).

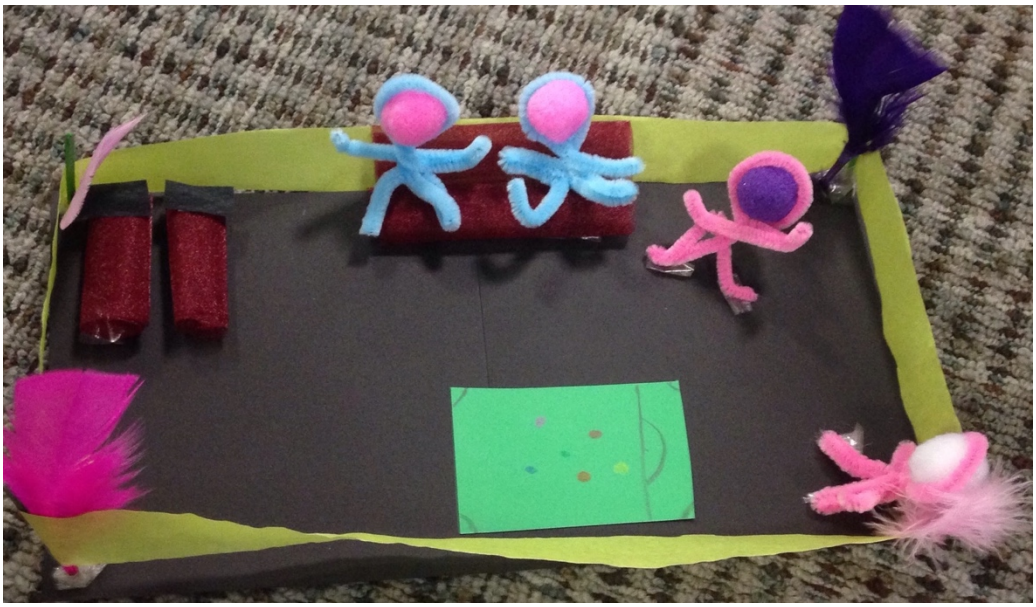

Figure 30: A staff hub with friends, games, places to sleep, and plentiful food

In the dreams exists an abundance of nature with sunshine streaming through large windows and outlooks of trees, flowers, and a waterfall. There are departmental dogs and goldfish. In exploring the themes of thriving we came to see the importance of context. Our existence, our being, is inextricably tied to our being-in-the-world; people, place, time, nature, buildings, things close to hand. Part of 'caring for self' is coming to understand ourselves, what we need to rejuvenate during or after a busy shift, the kind of surroundings that help us to thrive is part of that understanding. One

of the dreams was of a rocket ship, ready and available to take staff to their happy place; to recharge, rejuvenate, and come back to work refreshed and ready for more.

The concept of time came through in several different dreams. There was a pause button on a clock and a remote control, a time machine and an invisibility cloak. These dreams were about creating and controlling time, creating space to enjoy and appreciate the work, time to rest and recover and time to slow down to connect with people. Time and the notion of temporality came to light in one of the stories explored in the theme of 'making a difference,' a story about the coming together of all the right parts at just the right time to make a difference. Within this story we came to see that time is much bigger than any one theme or notion, Heidegger (2010) believed time is being. "Being and time reciprocally determine each other" (Dahlstrom, 2013, p. 214). Time provides our context, our boundaries, our past, our present and our future. Time is infused with a sense of temporality, that our time on earth is finite, this "yields a heightened sense of immediacy that empowers us to more meaningfully grasp and give shape to our lives. The power to infuse our lives and the world with meaning" (M. D. Dewar, 2016, p. 77). The dreams of more time, of being able to control time, to slow it down, to push pause, to extend it, even to sometimes speed it up all speak to this link of being and time; time is lived as experience. Heidegger suggested that this control of time that we seek can be found in authenticity: "it is the distinction of the temporality of authentic existence that in resoluteness it never loses time and 'always has time'" (p. 391). In caring for self and coming to understand our authentic selves there is a freedom. It is a freedom to choose amongst the different possibilities for being, a freedom to make the most of our time such that there is always time for what matters.

Understanding is an integral part of who we are as human beings, we are constantly making sense of the world as it is presented to us just as we are creating our own world from the interpretations we make and the lens through which we see the world. The dreams incorporated this understanding. There was an eye in the middle of a tree of life, an all-seeing eye representing insight and wisdom. One dream had a pot of gold at the end of a rainbow, the gold (thriving) was over the other side of a mountain; effort, challenge, even hardship can lead us to that gold, to understanding ourselves more deeply and open our horizons more widely. Another dream had a Buddha

meditating, bringing calm and mindfulness; a tool to bring us to a space to be in the moment with our patients and our colleagues. One dream was of a magic wand, reminding us of the magic we can bring to situations with our own attitudes and ability to view the world with an appreciative lens. Another dream was of a floating Emergency Department, floating on serenity giving us all the buoyancy needed to cope with the rough seas that come our way. Such serenity can come with understanding, compassion, and kindness. It offers a way of being that is congruent with what really matters, an authentic way of being.

8.1.2 Know-how

This theme encompassing knowing, coming to know, learning, teaching and wisdom, is brought to life in many of the dreams. Our stories of thriving showed us that we have a love knowledge in all its forms, this love is seen vividly in the dreams.

All-seeing glasses provide the wearer with knowledge, the ability to see the situation clearly and to know the best thing to do (Figure 31, p. 173). In one mode, biophysical information can easily be gathered, then, with a switch, the second mode can illuminate psychosocial-spiritual information needed to see the whole situation. The path forward becomes clear. These all-seeing glasses are the embodiment of phronesis, Aristotle's ultimate virtue, to be able to see, understand and act rightly in just the right moment for any one situation. It is a bringing together of knowledge, skills, experience and the ability to put these things into action just as they are needed. These glasses open the eyes of the wearer to the horizon of another. Svenaeus (2003), in his development of a philosophy of medicine described the clinical encounter hermeneutically:

> The clinical encounter can be viewed as a coming-together of the two different attitudes and lifeworlds of doctor and patient – in the language of Gadamer, of their different horizons of understanding – aimed at establishing a mutual understanding, which can benefit the health of the ill party. (p. 416)

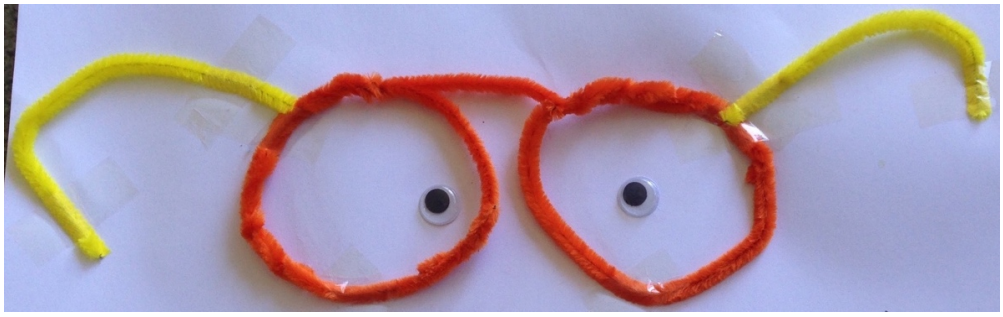

Figure 31: Dreaming of all seeing glasses

One of the dreams has a magic cloak with similar qualities of wisdom, and the addition of transportation, enabling the wearer to swoop into the resuscitation room and save the patient.

There are also several dreams incorporating the sharing of experience and knowledge. This offers a mutually beneficial activity of creating space for another to come-to-know and, in doing so, remembering anew what it is that matters.

8.1.3 Towards achieving, fixing

Our delight in fixing things, in using our skills to achieve excellence and, in particular, to make a difference in the life of another came through vibrantly in our dreams.

The super-duper doc is a superhero clinician, one with a magical cloak ready to swoop in and save lives and a magic wand to cure any disease (Figure 32, p. 174). There were other dreams with blood on the floor and an obviously broken arm expressing our delight in finding problems we can recognise and fix. The opportunity to gain and use our strengths, skills and experience, particularly in an act of service to another, is an invitation towards our most meaningful possibilities for being. It is the opportunity to actively live in a way that matters to us. Frankl (2004) would call this a life of meaning; Heidegger (2010), the living expression of care; and Gadamer (2013), the application of authentic understanding. Aristotle would call it living a 'good life', in the only way he saw that being possible, in practical action, in doing to become, in acting with excellence to become excellence and in acting with courage to become courageous. Our dreams are filled with the living expression of a 'good life', of thriving (Aristotle, W. D. Ross/350 B.C.E.-b).

Figure 32: Dreaming of a super-duper doc

8.2 Dreaming of thriving that continues in being-with

The themes of connecting, appreciating, and having fun each formed a fundamental part of almost all the dreams. Connecting and having fun are there inherently in the fun that was lived as the dreams were created, the laughter and smiles, the jokes and the deepening connections that these fostered. These themes also came alive in the creations of the dreams themselves.

8.2.1 Connecting

In exploring the stories of connecting in Chapter 6, this theme emerged as inextricably woven with our thriving, a wisdom that is line with Heidegger, Gadamer, Aristotle and Frankl, our guiding philosophers. This theme of connecting also filled our dreams.

Many of the dreams have people in them, connecting to one another with kindness, support and love (Figure 33, p. 175). One of the dreams, a beehive, has everyone speaking the same language, all able to understand one another and work together as a coordinated team. A similar idea was seen in another dream with music holding everyone together, singing the same song, united in caring for our patients. Others

have people with big smiles and hearts. One of the dreams has a person with a particularly large ear, for listening carefully and genuinely.

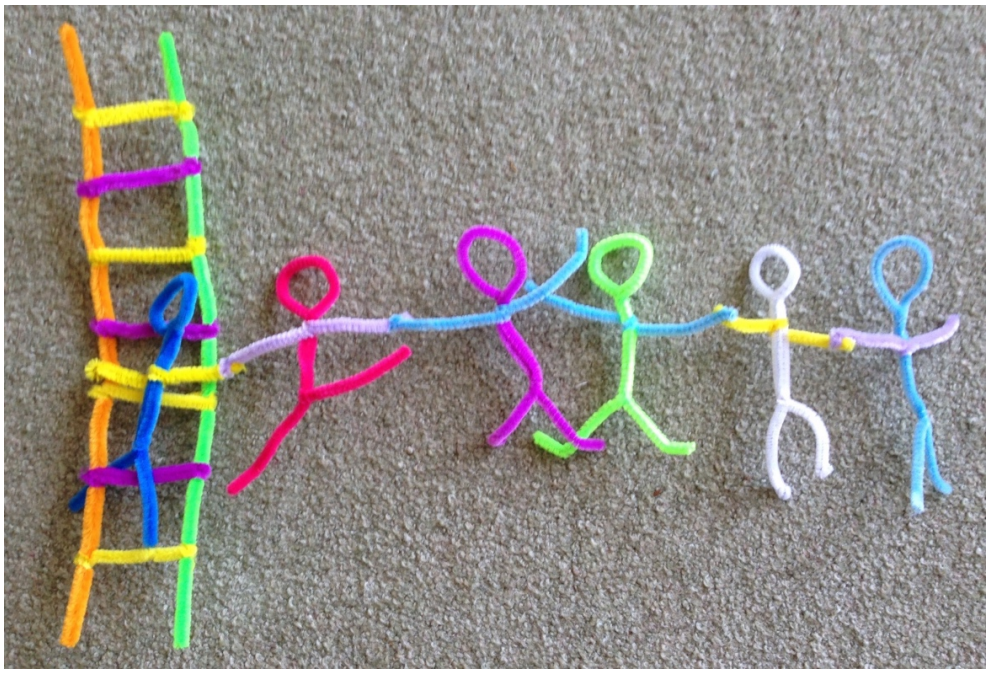

Figure 33: Dreaming of connecting and supporting one another

Language is the way we express our being, it is also integral in forming our world, directing our interpretations and the meanings we make. It carries wisdom through generations, along with prejudice, fore-understandings and preconceptions. Heidegger (1982) has described language as the house of our being: "If it is true that man finds the proper abode of his existence in language – whether he is aware of it or not – then an experience we undergo with language will touch the innermost nexus of our existence" (p. 57). Our dreams have taken language and opened this house wide with smiles, kindness, listening ears and open hearts; the building of trust, connection and love; the building of thriving.

One of the dreams has several bridges over troubled waters, these are the connections we form supporting one another, forming relationships, friendships that help us not only get through the day, but help us thrive. A participant during one of the discovery and dream workshops expressed it as: "*It's people who lift you*." Connecting with one another develops in the many small moments of care, moments of letting another know he or she matters. A couple of dreams capture this care in safety, a dream of an umbrella over us, keeping us safe and another of colleagues having your back.

Heidegger (1993) has many words and metaphors for care; cherishing and tending to the vine are two of them, another is love.

8.2.2 Appreciating and being grateful

Appreciating and being grateful is another theme that reaches far and wide, putting a shine on each of the other threads, both in the expression of gratitude and in looking at life through a lens of appreciation. This theme was a part of many of the dreams with one that had it at the centre (Figure 34).

Figure 34: Dreaming of kudos; appreciating and being grateful

The dream was of a department filled with kudos; high fives, appreciative language and celebrating success. They brought to life the many small moments in the Emergency Department that can be transformed into thriving, connecting, and love with a soft word of thanks, a smile or an exuberant expression of appreciation; woohoo! Other dreams incorporated a sense of being valued and grateful. There were chocolates and flowers scattered throughout the dreams, tokens of appreciation given from the patients and one another. One dream incorporated a transmission device that sent positive feedback and words of appreciation from patients directly to management.

This theme of appreciating and being grateful is woven into so many of the dreams as a sense of openness and wonder, an acknowledgement that we each see the world from our own horizon. Each person is uniquely made up of their history, mood,

previous experience, culture; it is a horizon encompassing all of their being, each with their own inherent value. Gadamer believed truth to be an openness to another's horizon (Svenaeus, 2003). The dreams of appreciating and being grateful are giving life to this appreciative inquiry and paving a way to truth, a pathway to an openness that invites others to co-create understanding, to co-create thriving.

8.2.3 Having fun

This theme of having fun was such an integral part of these workshops, giving strength to connections and generating a vibrancy, creativity, and energy that brought forth the dreams.

As it flowed through the lived experience of the workshops, the theme of having fun continued to weave its thread into, through, around, under and over each of the dreams. One dream has a tickle machine to ensure laughter, banter, jokes and fun (Figure 35).

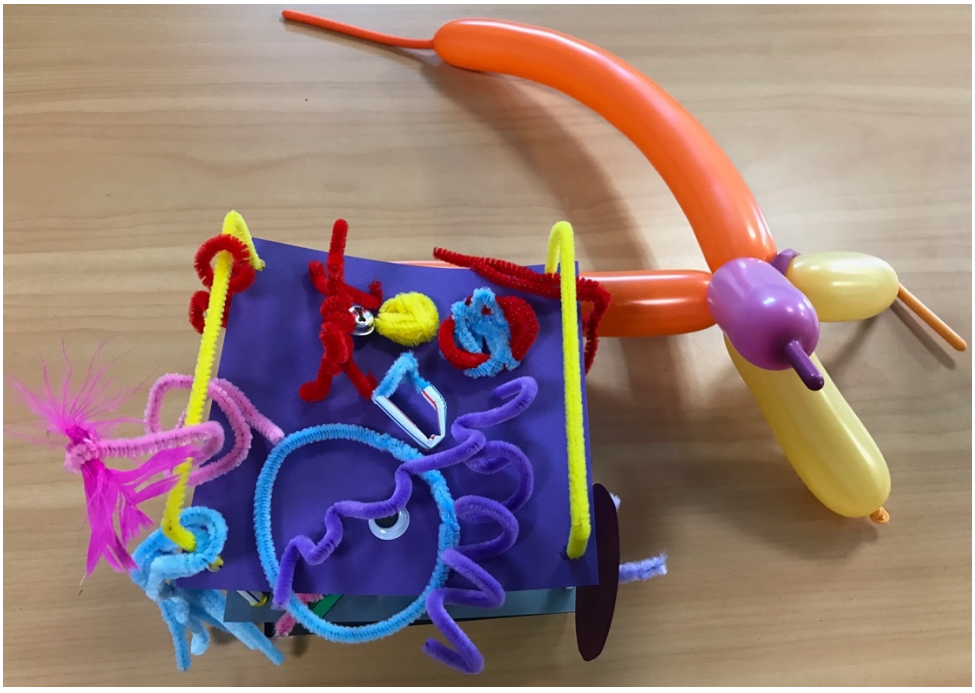

Figure 35: Dreaming of having fun with tickle machines, jokes, banter and laughter

Many others incorporated games or were presented as part of a game. There are smiling faces and laughter everywhere you look amongst these dreams, connecting people, releasing tensions, providing a glue of belonging and love.

These dreams of having fun also take us by the hand to a more generous, inclusive and appreciative way of seeing the world. In exploring the stories of having fun in Chapter 6, we saw the integral role of our moods in helping us make sense of the world and in colouring what it is that we see. Humour and having fun seem to create space, a little breathing room, in which to learn to choose an attitude, to tweak our own lenses to one that fosters connection, love, and thriving.

8.3 Dreaming of thriving coming full circle in interconnectedness

The dreams, all of them, were an experience and an expression of interconnectedness and thriving. The themes of 'the essence within' and 'making a difference' are themes of it all coming together, and within that togetherness emerges something more, a leap to a different dimension. A dimension where threads, once separate and alone, wove together into a colourful, vibrant and beautiful tapestry where each thread connects, supports, and influences the others; where each belongs and within the whole, each can find its own inherent value (see Figure 36).

Figure 36: Thriving in interconnectedness

8.3.1 Seeing the essence within

This theme of seeing the essence within has come alive in the dreams of thriving. It presents as somewhat of a paradox, a celebration of each unique person that enables him or her to fly, while at the same time grounding the person firmly in belonging to the human race, the world, indeed, the universe. One of the dreams expressed this in a bouquet of flowers, each individually beautiful, each needing different amounts of support, care and encouragement and each very much adding to the whole bouquet (Figure 37). This dream came with a poem:

ED is a bouquet of flowers

Each flower is individual and beautiful

Together they are special but require work

Some flowers need support and others need something small like water

Despite different backgrounds they come together as a group and become better.

Figure 37: Dreaming of seeing the essence within

In the exploration of stories of 'seeing the essence within' we saw the power of attending to another's basic needs. This thread also came through in the dreams, with patients comfortably tucked into beds, being kept warm, and plentiful food available for staff and patients. There were caring and compassionate staff members with smiles on their faces and visible hearts in their chests. There were acts of kindness, of care and of love in heart shaped pictures and 3D extravaganzas (Figure 29, p. 169). These dreams bring to life Buber's notion of I and thou, a relation of seeing the essence within another and realising it is this that also draws forth one's own essence. In becoming a 'You', a person seen as a whole being, one becomes "liberated, emerging into a unique confrontation. Exclusiveness comes into being miraculously again and again – and now one can act, help, heal, educate, raise and redeem" (Buber, 1970/1996, p. 66).

There were also two dreams of thriving expressed as trees, the interconnected whole from roots to treetop with connection and love flowing through. One of the trees bore fruit to nourish the department, the other had a bow tied around the base to

represent the value of each person, each part of the whole. These dreams of the essence within all say; I see you and you matter to me. They are a living expression of Heidegger's authentic care, a living expression of love.

8.3.2 Making a difference

This theme of making a difference is the thread that binds the others. It has woven through the dreams providing a foundation from which to spring forward into thriving.

The theme of making a difference is the direction in which all the dreams are heading; it is the 'page' participants have spoken about, the same one we all want to be on, it is the song that we all want to be singing. It holds the patient firmly in the centre, providing our collective reason for being. The dream below (Figure 38) shows a patient for whom we can make a difference, a fixable problem in the shoulder dislocation, a challenge to see the patient as a whole person in addressing palliative care, and a patient smiling with gratitude for having been helped.

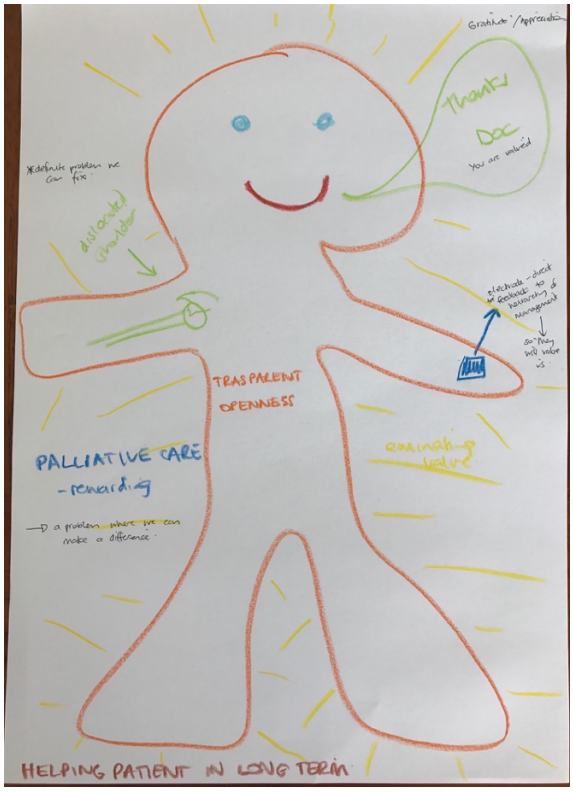

Figure 38: Dreaming of making a difference

The theme of making a difference shines through in the dream of the super-duper doc coming to the rescue, and saving lives. It is the purpose of the magic wands, seen in a couple of different dreams, to produce the difference we are hoping to make with the

tap of glitter. It is there in the remote-control dream, making a difference at the push of a button, relieving pain, diagnosing illnesses, providing food, staff and resources as needed. The desire to make a difference is alive in the interconnected beehive dream, all working together for our patients, supporting one another and speaking the same language, the language of mattering. It is there in the staff catcher dream, bringing together just the right team at the right moment to make a difference for each patient. It is there in the paper plane dream being lifted by all the other themes of thriving; fuelled and flying into its most meaningful possibilities for being. Possibilities that are fully engaged in being-in-the-world, that are making a difference.

This theme of making a difference is present in the smiles, the hearts, the colourful vibrancy of the ties that bind us together becoming so much more together. It is the coming together of Heidegger's being-in-the-world, it is dwelling and being-with in language, understanding and mood, it is thrownness and authenticity, it is resoluteness and temporality, it is cherishing and solicitude. It is the fourfold and the clearing where care comes alive in mattering and the living expression of love.

8.4 Summary

Much of this project has been about listening to, collecting, and exploring stories of thriving. There is a richness of understanding and coming to know about the experience of thriving in the Emergency Department, an understanding that has inherent value. The philosophers who have guided this project, Aristotle, Heidegger and Gadamer, each saw understanding as a fundamental part of our being. Within that view of understanding, there is a dimension of action. Aristotle called it phronesis or practical wisdom; the taking of knowledge, skills and experience, and putting it into practice in order to act well in any given situation, to live a 'good life'. Heidegger's notions of understanding, authenticity and resoluteness, all speak to the act of living well. Gadamer spoke of application, the transformative step of taking knowledge into one's way of being. Appreciative inquiry provides us with a vehicle to transport the richness of understanding from the discovery phase into doing, into action that will safeguard, support, value, and foster thriving into the future.

The dreaming phase, driven by the generative energy created in re-living our stories of thriving, opened our minds and hearts to new possibilities for being. The dreams were

created by taking our discoveries and bringing them to life, indeed, beyond life. They take our discoveries into the stars and moon and planets of our imagination, opening possibilities we may have never previously considered, possibilities for being in our context, in our time, emerging from our combined wisdom. They have been created in moments of thriving, they have been created with love.

The dreams weave together the themes of thriving, taking them back to the interconnectedness of lived experience. 'Caring for self' is seen in the plentiful food and rest and recreation areas. It is woven through the time machines and pause buttons, in the search for more time to do the things that are important. It is also shining through a magic wand, bringing our own magic to situations in our attitude and the way we choose to see the world. 'Know-how' is seen in all-seeing glasses and a magic cloak giving 'sight' and practical wisdom to the wearer, the know-how to engage in genuine dialogue, to understand and then to act rightly in that situation. It is also woven through dreams in the sharing of knowledge and experience, supporting one another to create space for others to come to know. 'Towards achieving' was closely woven in the dreams with know-how and making a difference in providing excellent care for our patients. Its colourful presence was seen in blood on the floor and the problems we could fix, and the magic wand to help heal and bring peace.

'Connecting' was all around the dreams popping up in hearts clearly visible on chests and smiling faces. There were hands being held and a close-knit community of bees working together, supporting one another. It shone through in words of kindness and love and the careful guidance given with the bridges over troubled water. The large ear was a beacon of listening and being heard. Connecting was vibrantly, colourfully alive in the dreams giving clarity to often invisible threads connecting us to one another and to our world. These threads were accentuated with quiet words of appreciation, loud choruses of cheering, and gifts of thanks. 'Appreciating and being grateful' boosted all the colours, all the themes giving us a different view, a wider, broader more open horizon inviting and welcoming one another with gratitude and wonder. 'Having fun' was seen shining brightly throughout all the dreams with vibrant colours, tickle machines, and magic wands. Laughter, banter and jokes smoothed the way, strengthening the threads holding us together and creating space, a moment of calm allowing wisdom to emerge.

‘Seeing the essence within’ was tightly woven through the dreams in patients tucked into bed, comfortable and safe, in the food and water and attendance to basic needs. It shone brightly in the acts of kindness, care, and love. Its sense of belonging and, within that, of individual worth was displayed in the bouquet of flowers, each unique, and together, beautiful. This theme seamlessly flowed into ‘making a difference’ the coming together of all the themes, the coming together of wisdom, the magic of interconnectedness, of mortals, earth, sky and divinities together bringing forth our most meaningful moments of being together; our moments of thriving, moments of love. We were ready to move through the next phases to design our future and direct our destiny.

Chapter 9 Design and Destiny

> You cannot get through a single day without having an impact on the world around you. What you do makes a difference, and you have to decide what kind of difference you want to make. (Goodall, 2017, para. 1)

The final two phases of appreciative inquiry, design and destiny, provide the opportunity to take the dreams, the themes of thriving that have inspired them, and transform them into practical actions; activities that will foster thriving in the Emergency Department now and in the future. The discovery phase, in listening to and sharing stories, helped us uncover what is important to us and where and how we thrive. The dream phase has taken these discoveries and unleashed exciting, vibrant, and boundless possibilities for the future. The design phase is the time to harness our collective wisdom and realm of possibilities and use these to drive our factual thriving in the Emergency Department. This is where Gadamer's (2013) notion of application fully comes alive in this project, the time for our new understanding to transform our doing.

The destiny phase is all about the future. Appreciative inquiry is an ongoing cycle that allows evolution with the always changing horizons of time, context, people, and processes. This phase considers and designs ways to ensure the sustainability of our pathway to thriving.

These two phases both took place during the design and destiny workshops. To encourage as many people as possible along to these workshops, they were held during two departmental planning days. These workshops were larger ones with 25-30 people in each. After the workshops were run, the charge nurse group at North Shore Hospital requested a third design and destiny workshop for those who were not able to attend either of the two larger sessions. Thus, there were three in total.

For many of the participants it had been some time since they were involved in the discovery and dreams workshop. Other participants were new to the process, joining the project at this stage. I spent some time thinking through how to create space for people to take the discoveries and dreams, to which many had contributed, and make the leap into action; into doing. The themes of thriving that had already emerged in

the discovery and dream phases needed to be presented, as both a reminder and an orientation.

The themes were presented using a 'pass the parcel' game. This game is often played at children's parties. I had learned through earlier presentations that taking people back to such games evoked a spirit of playfulness and laughter; it felt like 'thriving'. The parcel was made up of gifts wrapped sequentially, the parcel getting larger as each gift was added and re-wrapped. I appreciated the notion that the gifts that became symbols of thriving in our game had been purchased from Trade Aid, an organisation whose purpose is to bring thriving to communities in the third world. During the presentation, the parcel was passed around the room as music played. When the music stopped, the person holding the parcel got to open the gift in that layer of wrapping, each gift representing a different theme of thriving (Figure 39). As the gift and the theme were revealed, photos of dreams incorporating that theme were shown on a PowerPoint presentation and woven into the remembering.

Figure 39: Gifts for pass the parcel with associated theme of thriving

The game presentation recreated the experience of fun, joy, and thriving that was very much a part of the workshops in which this knowledge was developed. The intention was to widen horizons, promote pro-social behaviour and cooperative interaction, invite creative solutions, and open possibilities for being. Often in emergency medicine our fall-back position is a defensive one; what is the worst that can happen

and am I prepared for it? I wanted to turn this upside down, to instead invite a position of appreciation, curiosity, and openness; what matters to us? What are the possibilities available to promote what matters? How can we value the things we have discovered that matter? How can we create this space to thrive together and promote its evolution and sustainability?

In addition to the presentation, 15 posters of dream photos were put up around the room with words and phrases explaining the dreams (Figure 40).

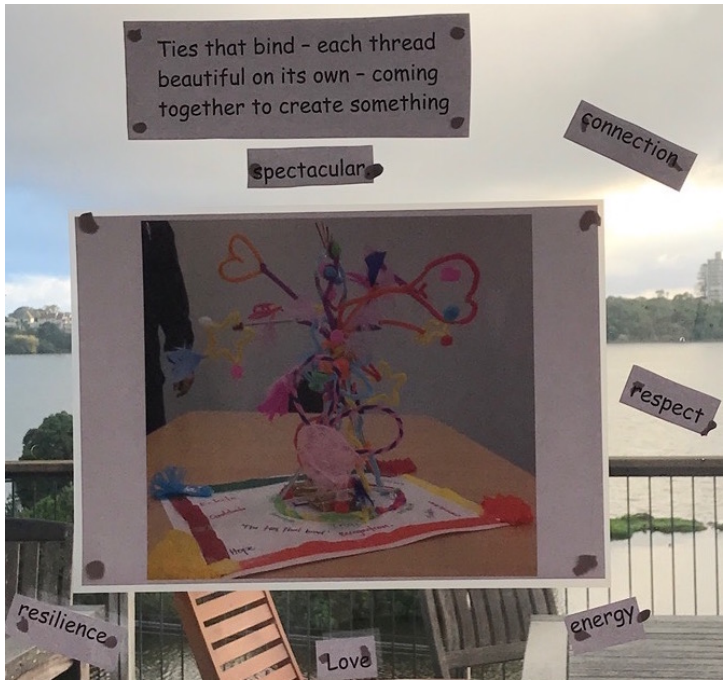

Figure 40: Poster of dreams displayed at the Design and Destiny workshops

With the themes of thriving and the dreams re-lived, the design and destiny phases were ready to begin.

The room was set up with three tables, each with participants from a mix of professions and each with a different activity. All were encouraged to build from the themes and dreams that had already emerged. One table was charged to design practical activities to foster thriving in the department. A second table was asked to develop 'pillars of wellbeing', finding a way of valuing what matters to us. The third table moved to the destiny phase and was tasked with developing activities of sustainability, practical ways of ensuring the promotion of thriving into the future. After 30 minutes, most of the participants moved on to another table, giving everyone a chance to participate in each of the activities. Some participants stayed at one table

for two sessions to explain the thinking so far so it could be built upon. At the end, each table presented their designs and their thinking.

9.1 Design

The design phase of appreciative inquiry is once again a community effort. Together, we took these discoveries and the dreams they inspired and brainstormed ways to practically capture this thriving energy and turn it into real action. This has been divided into two parts; designing activities to foster thriving and developing a way to value what matters, to value these themes of discovery that so easily slip through the fingers of objective measure.

9.1.1 Designing activities

The Emergency Department is a busy place, with already so many hands up, wanting more. These practical activities had to be things that could be easily and seamlessly incorporated into the working day without adding pressure on an environment already bursting at the seams. As we have heard in the stories told and explored in developing the themes of thriving, the promotion of our thriving lies in accentuating the positive; noticing the wonderful things that happen every day already. It is in taking the many opportunities for meaningful connections that are there when we open our hearts to one another, opening our eyes to see with an appreciative lens, retelling our good stories, and savouring the fact that what we do makes a difference; we matter.

The following activities were designed during the design and destiny workshops (Figure 41, p. 188) incorporating some of the suggestions made during the first phase discovery and dream workshops. The themes of thriving and the resulting dreams were the stars being captured and given practical application.

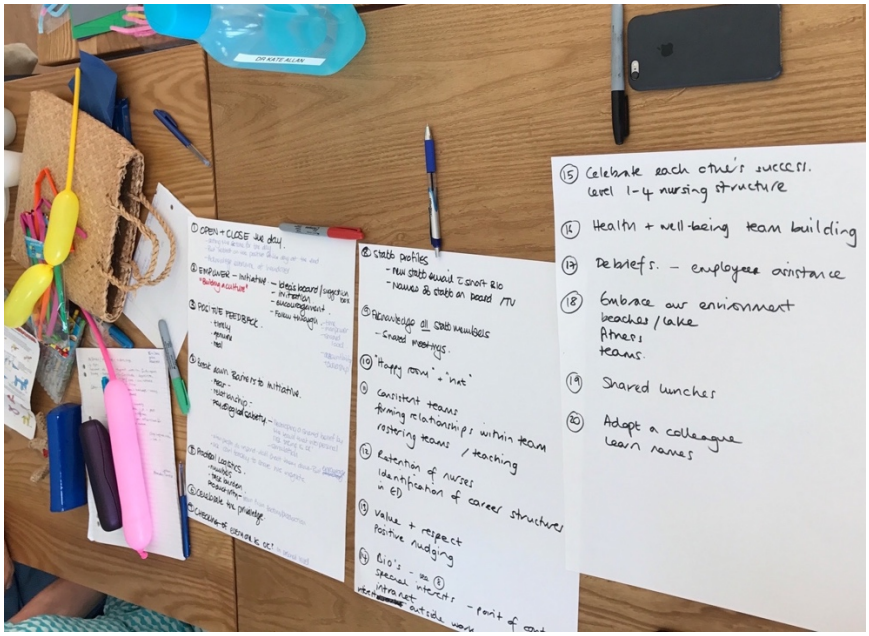

Figure 41: Designing activities of thriving

The following list was compiled from the many ideas:

- Handover – positive valance
    - Story / case that went well
    - Inclusive of nurses / ancillary staff / new staff
    - Encouraging of one another
    - Games / incorporate fun
- Anti M&M[8] - opportunity to share cases or situations that went well, to unpack these and learn from them. Incorporating a shared lunch if possible.
- Create a happy / time out space
- Activities geared to environmental sustainability – making recycling available in the clinical areas to start.
- Wellbeing days –
    - Workshops
    - Fun / spa days
- Photo board – introductions for new staff
- Celebrate successes – consider free parking in recognition of success
    - Employee of the week
    - Milestones

[8] M&M – morbidity and mortality meetings are peer review meetings to consider cases of patient deterioration or death for professional learning.

- Departmental dog – visiting dog
- Team 'mother' – designated role to look after staff
- Healthy food options for after hours
- Newspaper in staff room
- Community project / charity we could get involved with as a department

These activities represent just the beginning of developing a culture that promotes thriving within our Emergency Department. There is no fixed or prescribed recipe, as with our thriving, this will be an ever evolving and interconnected entity. The nature of action research is cyclical; activities will need to be trialled and reviewed. Do they fit within the context? Do they add to our thriving? The development, trial, and review of these activities will need to happen closely with the destiny phase of appreciative inquiry; that is the sustainability plan.

9.1.2 Designing the pillars of thriving

In Heidegger's (1993) philosophy, to begin to understand Being, the human way of being, one must begin to understand his notion of care. Heidegger spoke of care in many different ways, one of which is safeguarding. To keep something safe is to cherish and preserve what matters. In order to keep thriving safe, we must somehow cherish and preserve the themes of thriving that we have discovered, we must find a way to value what matters.

The fourfold of our thriving, the complex interplay of multidimensional notions constantly in motion influencing, reacting, creating, and evolving as we live and experience our actual lives is not something easily captured in metrics. In the report to the department, this concept was explained using a quote from Robert Kennedy, as he tackled a similar mismatch of the experience of life and the metrics of national progress in GNP:

> Yet the gross national product does not allow for the health of our children, the quality of their education, or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages; the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage; neither our wisdom nor our learning; neither our compassion nor our

> devotion to our country; it measures everything, in short, except that which makes life worthwhile… (Kennedy, 1968, para. 21)

In addition to designing activities to foster thriving, the participants at the design and destiny workshops were charged with designing 'Pillars of Wellbeing,' ways to give voice to and safeguard the themes of our thriving (Figure 42).

Figure 42: Developing the pillars of wellbeing at the Design and Destiny workshop

The pillars became a rocket (see Figure 43, p. 191), a concept that emerged in the first workshop and was further developed in the others. The entirety of the rocket is our thriving, always moving forward.

Figure 43: The rocket of wellbeing

At the centre there is a green cylinder forming the main body of the rocket, this represents our patients (Figure 43). The three thrusters, the drivers of our thriving, are:

Blue:	self
Yellow:	community; colleagues of all professions
Red:	global; the department and beyond into the wider community and world

The colours of the thrusters are primary colours, the foundation of our thriving. The black conical structure at the top, points us forward in the direction of the future, representing sustainability. The participants then started populating each of these components of the rocket with themes and ideas from the discovery and dream phases and more (Figure 44, p. 192).

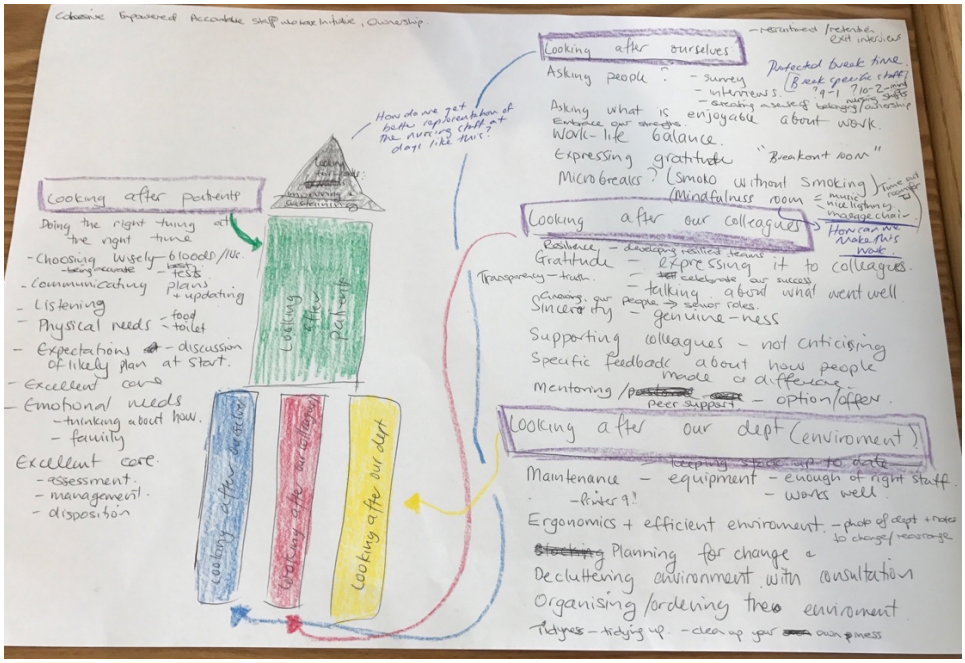

Figure 44: Designing the rocket of wellbeing

The ideas from all three design and destiny workshops were then collated and woven into the themes and dreams of thriving from the discovery and dream workshops. For each of the thruster components of the rocket, and the body, I gathered in themes, words and phrases that seemed to fit within (see Figure 45, p. 192).

Figure 45: The 'self' thruster of the rocket of wellbeing populated with themes and phrases of wellbeing from the discovery and dream phases.

With this gathering of wisdom, it was then possible to bring forth questions or statements to capture these themes and phrases, to capture what matters so that it

can be safeguarded and valued (Figure 46). This process was completed for each of the components of the rocket; self, community, global and patient.

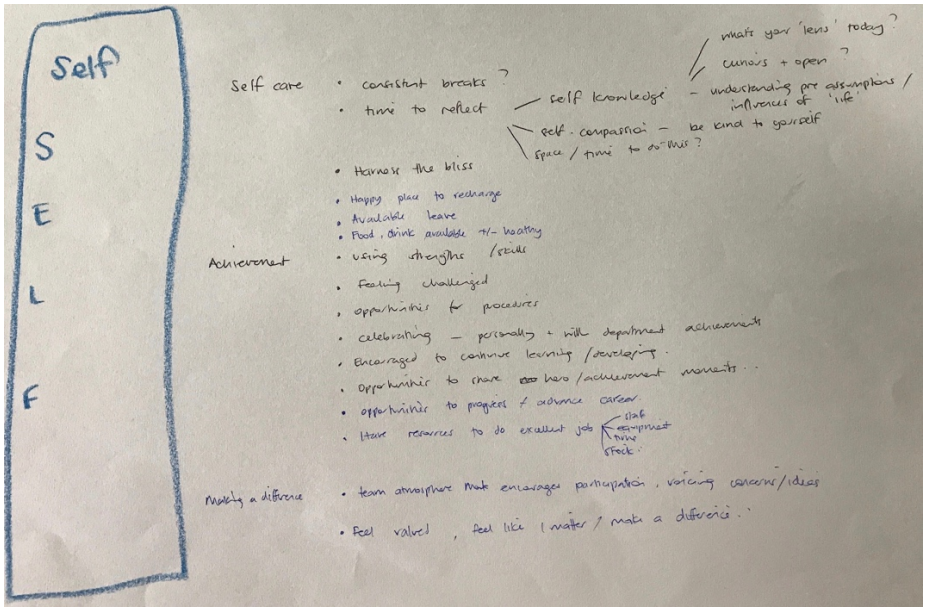

Figure 46: Statements and questions to capture themes within 'self'

This process produced over 60 statements. It was in sitting and playing with these statements that similarities were noticed and overarching statements emerged. A framework of thriving; 'GCS… the continuum of consciousness into thriving' was developed. The Glasgow Coma Scale (GCS) is a framework commonly used in Emergency Departments to assess a patient's level of consciousness. It has three aspects of consideration: eyes, voice, and motor reaction. This structure was adapted to develop a framework of thriving. The GCS of thriving incorporates Global, Community, and Self and the three divisions became eyes (what one might see), voice (what one might hear or say), and motor (what one might feel or do). Each division incorporates the overarching statements or questions that emerged to give voice to our themes of thriving (see Table 2).

Table 3: GCS framework of thriving

Global **Community** **Self**	**...the continuum of consciousness into thriving**
Eyes (what you see)	• A work environment that is set up to facilitate excellent work • Cohesive, respectful, co-operative interprofessional and intra-hospital care • Harnessing the bliss – celebrating success, sharing what is going well, learning from what has not gone well, having fun • Individuals, teams, the organisation making a difference
Voice (what you say or hear)	• Curious, grateful, and appreciative language • Timely, positive, constructive feedback • Active listening with an openness to other perspectives • Pride – speaking well of colleagues, teams, department and organisation • Lines of communication where my voice is heard – ideas, suggestions, concerns
Motor (what you do or feel)	• Have appropriate resources available to do excellent work • Time / opportunities to build relationships / connections / trust • Feel valued, supported; someone has 'got my back' • Fully engaged in my work and departmental projects • Have opportunities to grow – use my skills, learn/teach, be challenged • Have opportunities for time out – breaks, leave, moments to recharge

This framework can be used as a tool to consider the things that help us thrive, the aspects of our job that 'make it all worthwhile'. It can be used as a structure to safeguard our thriving, a way of viewing progress and changes in light of their impact on our wellbeing. It is a reference to prompt the questions; will changes being considered for the department make these aspects of thriving more or less likely? Will they foster thriving? How can we tweak them so they take these factors into account? This tool could be used as the basis for appreciative interviews with staff to review and monitor how well the department is doing with respect to fostering thriving.

In considering patients' levels of consciousness, there is a quick version of GCS, called AVPU; are patients alert, responding to voice, responding to pain, or unresponsive. A similarly shortened version of our thriving GCS is as follows (see Table 4, p. 195):

Table 4: HCVU: shortened version of GCS – continuum of consciousness into thriving

HCVU	
H	• **H**arnessing the bliss – celebrating success, sharing what is going well, learning from what has not gone well, having fun
C	• **C**urious, grateful, and appreciative language
V	• Feel **V**alued, supported; someone has 'got my back'
U	• **U**sing skills / strengths to make a difference

This shorter version could be used in departmental meetings to encourage consideration of thriving and to integrate thriving into our everyday conversations and lives in the Emergency Department.

The design phase of appreciative inquiry is a cooperative practical creation of our future. The discovery and dream phases gave us space to collect our combined wisdom, to dwell in the clearing that was created, catching glimpses of our truth. This deeper understanding of thriving opened possibilities for the future that may never have been imagined by just one person. The application of this understanding, capturing these possibilities and turning them into practical action, is what the design phase is all about. Our understanding of thriving can now drive our doing with the activities designed by and for the staff of our department. The framework of thriving offers a way to safeguard what matters most.

9.2 Destiny

The destiny phase of the project is there to embed thriving into the Emergency Department's way of being, making thriving a part of who we are as a department. Aristotle spoke about becoming excellent by doing acts of excellence (Aristotle, W. D. Ross/350 B.C.E.-b). The design phase has articulated our acts of thriving; the destiny phase takes these acts from a single event to our default, to the way things happen

around here. This phase takes the leap from epistemology into ontology, from knowing into being.

The destiny phase fitted nicely into the design and destiny workshops with one of the three tables set up to consider and develop our way forward. The participants were asked to design ways to ensure the continued evolution and sustainability of thriving in our context (Figure 47).

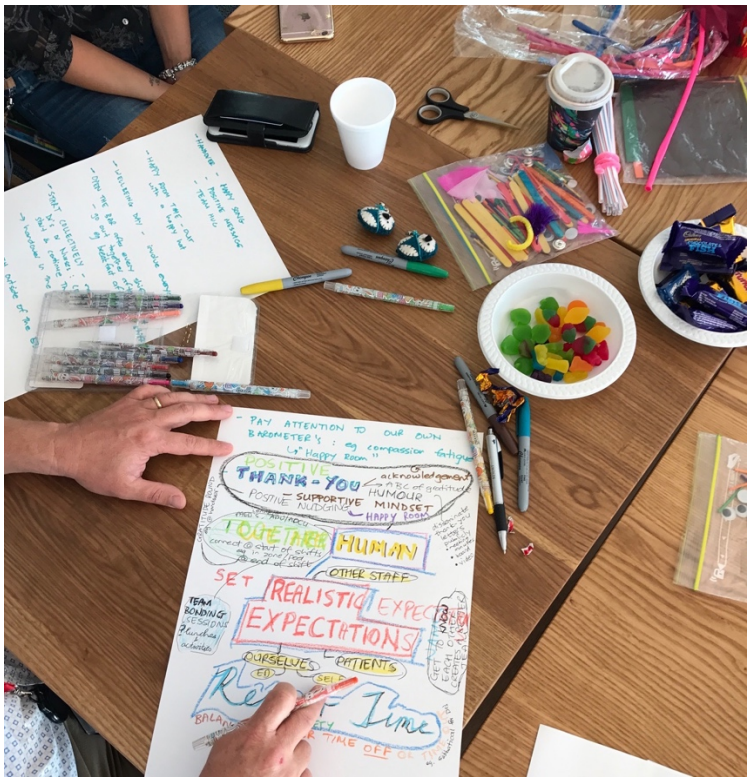

Figure 47: Destiny; designing our way into the future

As with the design process, groups considering destiny presented their ideas towards the end of each workshop. The ideas presented orally and those on paper and posters (see Figure 48) were collected.

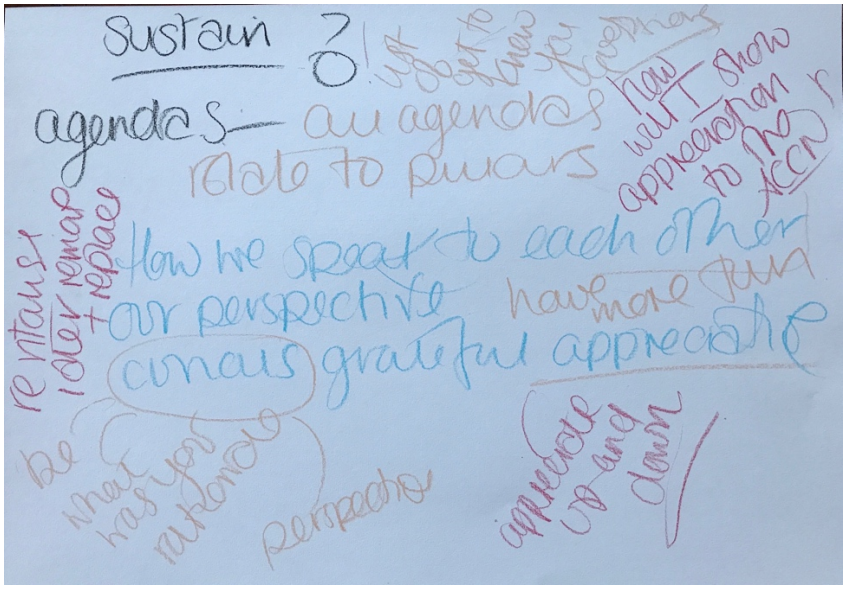

Figure 48: Brainstorming ideas of sustainability; destiny

In spending time with these ideas, together with the themes, dreams, activities and the framework of thriving, the following recommendations were developed:

- Form an interprofessional wellbeing group or committee to take these ideas forward, ensuring implementation, review, and development of new ideas for activities to promote wellbeing
- Consider having wellbeing or an aspect of it on every meeting agenda throughout the department. For example: how will this impact our wellbeing? Have a story of something that went well or a celebration of a success.
- Be mindful of language – aiming for curious, grateful, and appreciative language.
- Review the Rocket of Wellbeing six monthly by interviewing a sample of staff.
- Consider fundraising streams to fund some of the activities
- Review and move forward on environmental sustainability of the department

These recommendations link the project back into the cycle of action, not a single project, rather a continual evolution through discovery, dream, design, and ongoing destiny.

This project has been a collaborative process of discovering, dreaming, designing, and considering our destiny. A project report was written in the form of a book (submitted with thesis); a visual, creative display of this adventure we have been on together. As with each of the steps along the way; the interviews, the workshops, presentations given, I wanted the report to be an experience of thriving in itself. It is filled with photos of our dreams and photos of ourselves; the staff of both North Shore and Waitakere Emergency Departments. It turned out the step of taking the photos was also an exercise of thriving, filled with happy faces, humour, comradery and joy. The

report was presented to management in hard copy and PDF access was emailed to all the staff in both Emergency Departments.

9.3 Summary

The appreciative inquiry process is one of positive change. This change begins with the very first question, how do we experience thriving in our Emergency Department? In the asking of this question, and its many variations, we opened a space to reflect, consider, remember, share and re-live these many moments of thriving. Many of the stories were triggered by others, memories that were hidden, the moment hardly registered or noticed in the busyness, the fatigue, the overwhelming need; the many challenges that are part of life in any Emergency Department. In opening this space, these moments of thriving were given a voice, they were accentuated and celebrated. Doing so, made it easier to notice and savour these moments going forward. After having been involved in one of my workshops, colleagues would see me at work and share with me more stories, their eyes bright with reliving these moments. Others started being more purposeful in their language, speaking of challenges and gratitude, making a point to voice their thanks, to notice and acknowledge acts of kindness from a colleague.

The design and destiny phases of appreciative inquiry are the action phases. This is where we take the subtle, gentle changes already in the air and give them form and structure. This is not to label, objectify or constrain the vibrant, multidimensional openness of thriving; rather, it is to capture its essence such that it can be cherished and safeguarded. So often what really matters is only recognised in its absence, when something goes wrong. In its abundance, it is so easily taken for granted, hidden from our consciousness. This is articulated well by Dewar (2016), in speaking about health; “Health is that state where we are able to get out of our own way, where we become transparent to ourselves, and where we seem to effortlessly move along with personally meaningful interests, relationships and life projects” (p. 67). When we are thriving, when we are healthy, we are free to be immersed in living our most meaningful possibilities for being without the need to consider how or why this is possible. This project has been about purposefully considering the how and why of our thriving so that it can be fostered and safeguarded rather than left to chance. This has been a project of exploring thriving in its lived abundance and applying this new

understanding to provide us with the freedom of choice, the freedom to choose possibilities for our being, as people and as a department, that will lead us to thriving.

The activities developed offer a way of taking our dreams of thriving into the reality of our everyday in the Emergency Department. The rocket of thriving, and the GCS framework give voice to what matters to us; they provide a way to safeguard our way to thriving. The recommendations made as a result of the destiny phase offer a transition into being, the fostering of thriving as a part of who we are as a department today, tomorrow, and on into the future.

Chapter 10 Discussion – And So It Continues

> To feel a full and untrammeled joy is to have become fully generous… overheard in the laughter of friendship, the vulnerability of happiness felt suddenly as a strength, a solace and a source, the claiming of our place in the living conversation, the sheer privilege of being in the presence of a mountain, a sky or a well-loved familiar face – I was here and you were here and together we made a world. (Whyte, 2015, p. 128)

The Emergency Department is a melting pot of humanity, a place that is open to all, 24 hours a day, every day of the year. It is constantly changing, as patients come and go and shifts of staff start and finish; passing on the baton, a never-ending thread of care. This is our place, with all its beauty and despair, its comfort and excellence of care and healing. It is a place where those of us, privileged to work within its walls, have the opportunity to live a working life filled with meaning and purpose; the opportunity to thrive. Yet, so often this is not the case. The western world over, there are rising statistics of burnout within healthcare, particularly in emergency medicine, statistics that reflect suffering for staff, organisations, and patients.

Thriving, our positive wellbeing, is associated with benefits that impact almost every aspect of our lives. These benefits ripple out to others, including the care we give our patients. This project has been about actively searching for thriving in the Emergency Department to find within that lived experience what fundamentally matters to us, what makes us shine. The wisdom and truths revealed in this thesis contribute to an ongoing, always evolving, ever-changing conversation of thriving within healthcare and emergency medicine.

We used an appreciative inquiry to discover thriving in the Emergency Department, to unleash our dreams and harness these ideas to design practical actions to value and promote thriving now and into the future. The following research questions were explored:

How do we experience thriving in the Emergency Department?

In coming to understand our way of thriving, how can we promote thriving for our staff?

This was an exploration informed by science and founded in philosophy. It was driven by optimism, hope, and the thriving that emerged in the process. It is people who are the heart of life in the Emergency Department, people whose reciprocal influence can change both our experience in the moment and our very beings. This exploration needed to begin with people, and the thinking needed to encompass ontology; the nature of being. Hermeneutic phenomenology provided this lens with guidance from influential philosophers; Aristotle, Heidegger, Gadamer, and Frankl. They each considered ontology or the way of being human. Aristotle saw us as beings whose ultimate purpose is eudaimonia or 'the good life'. This is a life of meaning and virtue for which we all strive. Heidegger spoke of being-in-the-world authentically, such that we reach a freedom to choose our ownmost meaningful possibilities for being. This is mirrored in Gadamer's notions of fusion of horizons, application, and Bildung; truths that are found in an openness to others. This openness creates a shared understanding that guides one's life, enabling an agility and practical wisdom to choose and act rightly in the moment. Frankl also saw our essence in meaning and our freedom in choice; an ability to choose meaningful ways to see and respond to the moments of our life. Reflecting on these notions within our stories has led to an understanding of our way of thriving. It is a way that is congruent with living towards these authentic modes of being, towards a life of meaning; this is when we thrive.

Appreciative inquiry follows a four 'D' cycle of discovery, dream, design, and destiny. This discussion will go through each of these in turn, summarising the understanding developed and articulating the way forward. It will then situate these findings in terms of their impact in the department and beyond. Hermeneutic phenomenology and appreciative inquiry both create an openness that invites more cycles and more questions. There is a short discussion of further possible avenues of inquiry.

10.1 Discovery

The journey began with discovery; telling, sharing, and listening to the stories of thriving in amongst the realities of the Emergency Department. These stories, shared in interviews and workshops, held within them our combined wisdom. They held our lived experiences of thriving with all the human frailties and joys, the complexities and chaos, the vulnerabilities and bravado of real life. These stories held, within their

language, truths of our thriving; both in what had been said and that which had not, expressed both in words and in the silences between.

The stories from six one-on-one interviews were explored in depth with a hermeneutic phenomenological gaze. It was in dwelling with these stories, and those told in workshops, that my eyes found an openness to see the way to the clearing; Heidegger's metaphorical space where wisdom is revealed. In his writings Heidegger used a forest metaphor to speak of the clearing; "'clearing' means 'to be open'…A clearing in the forest is still there, even when it is dark… it is the free, the open" (Heidegger & Boss, 2001, p. 13). The clearing is a space where ontological truths and understandings emerge. They have always already been there; however, with openness, literature and dialogue, truths that were previously concealed are revealed in an ongoing play of horizons and understanding.

There is no one single truth when it comes to considering the ways of being human. Thriving is a multi-dimensional, complex phenomenon within which there are many truths. The taken-for-granted and hidden essences of thriving contained within our stories have emerged and been revealed to me, at this time. As my understanding deepens, my openness broadens and I see more and different truths. Others reading these stories may find some that resonate with them more than others, they may see other truths. This is the nature of hermeneutic phenomenology and of lived experience. Our understanding and horizons are always evolving to see anew and with more depth. The purpose of this research was to deepen our understanding of thriving to promote it in ourselves and others; to become more fully human. It was to grow in practical wisdom enabling us to see and act in ways that take us towards the 'good life,' towards thriving.

As the stories of thriving were told, essences started to shine through. These grew into eight interconnected themes of thriving. The wellbeing knowledge and literature reviewed in Chapter 2, in addition to early philosophical reading, influenced the emergence of these themes. The subsequent hermeneutic phenomenological analysis of the interview data invited an openness and ontological depth. The analysis enabled the themes to be separated to give them language; and yet was always holding them entwined. It is difficult to speak of one without thinking of the others. They are

always at play with one another, dipping in and out of stories, weaving together to create a wholeness of thriving. They reveal what really matters to us in the Emergency Department. These themes represent an essence not easily measured or objectified. Indeed, the process of giving them language outside of their stories has not been an easy one; often articulating something can be like caging a previously freed animal; does its essence remain? The philosophical language and notions gave us a lens through which to see these themes, they also provided an openness and wonder to help set them free, to enable their essence to shine forth.

Heidegger has a notion called the fourfold, a notion that speaks of a oneness, a coming together of four different aspects to bring forth an essence; mortals, earth, sky, and divinities. This notion, introduced in Chapter 7, is one that, for me, paints a picture of a larger whole, perhaps too big for me to conceptualise fully. Certainly that is true if I come too close and examine just one part. Stepping back, I can more easily see the whole emerge, complete with a sense of each component; yet together, a unique essence comes to life. I have used this notion to keep in mind the multi-dimensional nature of thriving.

The eight themes of thriving were presented in three chapters: Thriving Begins with Me, Thriving Continues in Being-With, and Thriving Comes Full Circle in Interconnectedness. These components each have their own value; however, it is in wholeness that thriving fully emerges.

10.1.1 Thriving begins with me

One of the first stories of thriving was about the inherent joy of fixing things. As the stories continued to be told, it became clear that some of our thriving comes from within. There were stories of finding our strengths and using them, and stories of growing our own knowledge base, developing skills and putting these to good use. That knowledge included coming to know and understand ourselves such that we could self-nurture, connect with others, and find a freedom to choose the way we see and act in the world. These themes bring to life the literature of wellbeing around mastery of environment, character strengths, mindsets and self-compassion (see report to department submitted with this thesis).

In exploring the first three themes of thriving; caring for self, know-how and towards achieving, Heidegger and Gadamer both guided my way. Heidegger's notion of authenticity shone through. This is a notion of coming to know one's self as separate from the 'they', the expectations of one's culture and society to which we belong, a strong pull towards the crowd. Faye spoke of many in medicine being perfectionists, driving themselves hard and then coming to accept herself and finding kindness and care. Her culture and history are still very much a part of who she is but, with self-understanding, she came to know her own place within that culture and found a freedom to choose her own way, a way that fostered her thriving. Roy also found himself fallen into an expected way of being. He was called back by his conscience to his authentic being, an authenticity enacted in resoluteness, in being compassionate towards himself and to others. He was standing up and taking responsibility for his actions and way of being, a way that led to his thriving.

Bailey's story spoke of the power of changing her negative self-talk into an openness and wonder that gave her the freedom to be in the moment, to let herself go and be absorbed in whatever worthwhile project with which she was involved. It created a capacity for compassion, connection, and thriving. It brought to life Heidegger's notion of the clearing; that open space where wisdom can be revealed and our beings can blossom into their most meaningful possibilities for being. Such a space created a whole new view for Bailey and a different way of being. This story also reflected Gadamer's notion of prejudice, the assumptions we make based on our own histories and culture. Assumptions that can, at best, help us to quickly make sense of the world and, at worst, be limiting and detrimental. Assumptions and fore-understandings, in the clearing, become illuminated, releasing their grip and opening our horizon to invite 'other' with curiosity and wonder.

This idea of a lens through which we see the world, the influences upon our interpretations and subsequently on our actions, is continued in Avery's story of looking for the positive. His story opens a conversation to consider Heidegger's ontological structures, the structures of being-in-the-world; understanding, language, and attunement. Equally primordial, intertwined and reciprocal, these structures combine to form the lens through which we see the world and play a part in creating our being. In becoming aware of our being, growing in self-understanding, and

heeding the call to authenticity we can choose our most meaningful possibilities for being and, in doing so, thrive.

The stories of know-how gave voice to the inherent joy of learning in all its forms, gaining new knowledge, perfecting and stretching knowledge that already exists, and sharing knowledge in educating others. Faye's story of a successful resuscitation illustrates a notion of Heidegger's that turns out to be a central thread of thriving weaving through many stories, that of dwelling, in particular, in its synonyms; "to cherish and protect, to preserve and care for specifically to till the soil, to cultivate the vine" (Heidegger, 1993, p. 349). Faye, being at ease in her own expertise, is able to draw out the best of her team, to lead them to their full potential, to thriving. This is articulated well by Rachel Naomi Ramen, a medical doctor and teacher of integrative medicine, talking of education:

> the process of education is intimately related to the process of healing. The root word of education -- educare -- means to lead forth a hidden wholeness in another person. A genuine education fosters self-knowledge, self-trust, creativity and the full expression of one's unique identity. It gives people the courage to be more. (Ramen, 2014, para. 1)

Avery finds satisfaction in stretching his own potential, taking his knowledge and applying it in more challenging situations. This experience of thriving, inherent in gaining and expanding the practical use of his knowledge, is always tightly bound to using this wisdom in the service of others. This story invited the exploration of Gadamer's notion of application, Aristotle's notion of phronesis, and Heidegger's notion of understanding. They are each expressed in Avery's know-how; his deeply embodied understanding that enabled him to act rightly in the moment, bringing just the right skill, knowledge, connection, attitude, and language that was needed for that patient at that time. This is living wisdom, living and acting rightly in the moment, living a meaningful possibility for being, this, for Avery, is thriving.

The stories of 'towards achievement' also spoke of an inherent joy, that moment of an internal high five that comes with nailing it! Such a joy is amplified when the success is acknowledged by another. As with the other themes in Chapter 5, although beginning with me, the moments of thriving are fully revealed in their combination with others and ultimately in making a difference. Cameron's stories of fixing things and

leadership by action bring to life some fundamental philosophies of being. Aristotle believed his 'good life' is achieved in doing good deeds; that we become what we repeatedly do. Cameron finds his thriving in his actions, in fixing things, in doing a job for others that they cannot do themselves. These are things that matter to Cameron, practically making a difference. Heidegger's way of being, Dasein, has its totality grounded in care; we are beings for whom things matter. In the practical application of what matters, Cameron finds his way to thriving.

Dory told a story of saving the life of a baby. It is a story of her and her team, coming together, with phronesis, coordination, communication, skills, knowledge, and appreciation all gathered at that practical moment of care. It was a moment of solicitude, of gifting back to another their essence, in this case in a very practical and ontic manifestation; the gift of life.

These themes of thriving that have emerged from our collective wisdom, with the guidance of Aristotle, Gadamer, and Heidegger, begin with 'me' and yet are always already entwined with being-with and interconnectedness. In thinking of one theme, the others come to mind, always bringing forth thriving.

10.1.2 Thriving continues in being-with

To consider the essence of thriving, I went back to ontology, to thinking about being, about human beings. People are the beings at the very heart of thriving. Heidegger believed we are always already being-with. Gadamer believed that understanding, one of Heidegger's primordial structures of our being, is always in dialogue. We are social beings; our very existence is dependent on being-with others. Our stories, our collective wisdom, shouted this truth from the rooftops; we thrive in being-with.

The three themes of thriving gathered in Chapter 6 'Thriving continues in being-with' are connecting, appreciating, and having fun. As with all the themes of thriving, they are entwined, in play with one another, while one comes forward to make its presence more obvious, the others are never far in the background whispering their influence. Threads of wellbeing literature are seen within the growing tapestry; gratitude, positive emotions, high-quality connections and networks.

Faye and Dory shared their stories of connecting with patients and the joy found within this relationship when they stepped beyond the superficial exchange of clinical information. This joy was echoed in stories shared during the workshops. These stories bring to life Heidegger's notions of attunement, language, and understanding and the dance that weaves them together. Our moods can act as a barometer, an internal signal of how we are faring in our world, pointing towards what matters most to us. Within these stories, we explored the language that speaks of openness, gestures to engender trust and listening that invites not only words but also moods and a deeper essence. It was this play of language and mood that opened a space for understanding, a space where Gadamer's notion of fusion of horizons was possible. It was a space for acting rightly in the moment, a space for healing and for thriving.

There were stories of being-with colleagues, the freedom and thriving that comes with facing challenges together. Dory told us about the power of friendship, of knowing someone has your back. Again, Heidegger provided some light in considering these stories. It is a light that shines on dwelling; cherishing and protecting that comes in the form of friendship, creating a safety net, a feeling that together we are no longer overwhelmed, together we can fully immerse ourselves in facing any challenge. Bailey also shared a story of thriving in being-with, a kindness from a colleague that nearly brought her to tears, an act of care that let her know she mattered. '*These connections create the conditions that enable us all to do remarkable things*' (6.1.2). Faye and Avery shared more stories of colleagues and the difference that emerges in the presence of connection. Heidegger's notion of solicitude, a mode of care that, in its positive expression, leaps forward to give back care to another, returning them to their essence, was at play in these stories. We are each reciprocally influenced by one another, in choosing to influence with authentic care we find ourselves on the path to thriving, both for ourselves and for others.

These stories of being-with invited guidance from our own indigenous wisdom, the Māori concept of whanaungatanga and a similar African concept of Ubuntu; I am because of you. These nurturing connections within whanau, friends, and the wider community form networks that shape our being. They ground us in belonging within which we find our value, a space to become our most meaningful possibilities for being. Avery and Cameron spoke of such connections in teams, of openness and

engagement, and the fusion of horizons. They described the coming together and valuing of different perspectives that led to excellent care for our patients and a synchronicity of team that drew out the best from each of its members. The philosopher Buber (1970/1996) also helped shed some light on the way of nurturing connections: “I required a You to become: becoming I, I say You” (p. 62).

The next theme of appreciating and being grateful is a thread that weaves its way through many of the others, adding a shine to caring for self, know-how, towards achieving, connecting, having fun, seeing the essence within, and making a difference. It is the lens through which this project was conducted, highlighting a path towards the clearing; towards thriving. Roy shared a story of putting on the shoes of another, and in doing so coming to appreciate their work and the people themselves. This story led us to explore the notion of truth, so often driven by an objective concept of linear cause and effect, and found it to be so much larger than this one consideration. Heidegger and Gadamer both saw the truth in an openness, unveiled in the clearing, constantly unfolding in the play of dialogue and understanding, never just one thing, never something independent of being or time. Other stories of appreciating and being grateful share the gift of safeguarding, returning us to Heidegger’s notion of care; this time in noticing and cherishing the world and the people around us that nurture our being-in-the-world and promote our thriving.

The theme of having fun is another colourful thread that wove through all the themes amplifying our opportunities to thrive. It is a theme that was more often felt in a story, an embodied sense, found within the space between the words rather than well formed in written text. It is very much a theme that is lived, promoting a positive way of being-with. Cameron’s story of thriving with like-minded people who are always ready with banter and wit took us deeper into the consideration of humour. Victor Frankl illuminated our way with his thinking of humour as a form of detachment, enabling a step back to see a wider, perhaps clearer view of the situations life throws our way. Thrownness is a fundamental notion of Heidegger’s, the notion that much of being-in-the-world is beyond our control, we are born into a particular time and culture that guides our possibilities for being and the way in which we interpret our world. Humour can help with our meaning-making in this thrownness. It gives us a wider view to make sense of the world, inviting a perspective of cheerfulness and

connection, influencing our interpretation of life's circumstances. This, in turn, influences the possibilities we can imagine for our future, inviting a freedom to choose those that are meaningful and in which we are most likely to thrive.

10.1.3 Thriving comes full circle in interconnectedness

There is a dimension of thriving beyond being-with, a dimension that encompasses the others and invites spirituality and awe. It is the sense that we belong to something bigger than ourselves akin to Heidegger's fourfold; that which draws the stars to align at just the right moment. It is that which emerges when the pieces of a puzzle, each beautiful and valuable on its own, connect to become something more, a new entity, an essence beyond the sum of its component parts (Figure 49). It is a dimension expressed in the eyes of an elderly patient smiling with gratitude at having been genuinely seen, the blink of a new-born baby so full of promise, the feeling in the hearts of us all in coming to know that we really matter. It is within this dimension that the themes of 'seeing the essence within' and 'making a difference' emerged.

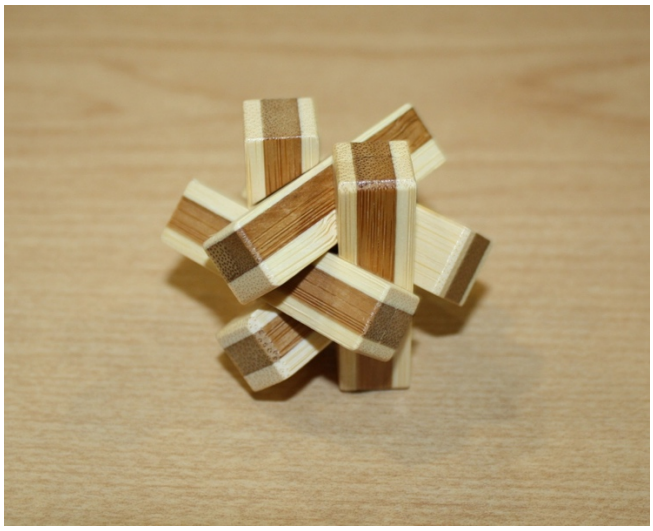

Figure 49: Photo of a puzzle, a gift that represented interconnectedness in an early presentation of findings.

Faye finds a sure path to 'seeing the essence within' her patients in small acts of kindness that attend to their basic needs. Stripping away the objective labels of doctor, nurse or patient, Faye and the person for whom she acts kindly become simply two beings belonging to the human race. Side by side in that moment they are more similar than different, acknowledging the threads of humanity that bind them, one to the other. It is so often these small acts of kindness that people go on to remember; as Maya Angelou so beautifully expressed: "I've learned that people will forget what

you said, people will forget what you did, but people will never forget how you made them feel" (Tunstall, 2014, para. 1). Bailey shared a similar story of attending to basic needs, this time in feeding colleagues on a busy shift. Small acts of care profoundly express 'I see you, you matter to me.' They are acts of love. The foundation of care, upon which our way of being exists, Heidegger equates to love. Frankl and Buber also spoke of love as an essence of being.

These small acts of love can open our hearts and the possibilities we can see for the future. Roy shared a story of an elderly woman, a patient for whom, in taking extra care, he noticed her feet, he considered her whole person and context, and with this new understanding could see the most appropriate way forward. His act of love and the understanding that it produced enabled practical wisdom towards healing for his patient and thriving for Roy. After remembering a simple yet moving experience with a patient, Bailey realises that so often, this human connection is overlooked. Heidegger's consideration of technology lighted our way in exploring this story. How easy it is to lose oneself and others in the remarkable technological advances with which we can seemingly measure, image, control, and capture almost everything. These thoughts are not to dismiss such incredibly useful tools or to negate them in any way; it is simply to see them in the bigger picture. It is to see and use this knowledge and these tools as just that – tools to be used, not to become a substitute for authentic care. Bailey reminds us of the simple moments of shared humanness that can bring us back to the essence of being-in-the-world, back to love.

In exploring this theme of 'seeing the essence within' we have seen an openness of being that comes with connecting to something bigger than ourselves, a shared humanity. It led to an openness towards others and an openness to possibilities beyond those previously considered. In her reflection on connecting with patients, Faye shared the impact of this openness on her own life. She noticed that with acts of service to another her energy was boosted and her horizon opened, widening her perspective and allowing Faye to re-frame her own personal challenges. Faye's reflections bring to life Gadamer's notion of Bildung, a process of ongoing self-formation by an openness to others. We have discovered that our acts of care, service, and love in the Emergency Department led us to a fundamental sense that we matter, they led us to thriving.

The last theme of thriving, 'making a difference' emerged as another overarching theme. There have been others, like having fun and appreciating, that have added a shine to all the others. This one, however, is different. This one seems to be the very foundation of our thriving. It is an essence of thriving that emerges in the clearing, in the gathering of the fourfold. This essence brought to life Heidegger's notion of care, the very basis of our being-in-the-world. We are meaning-makers, constantly interpreting the world around us and imagining possible futures. We do this from our own horizon, our view of the world created, sustained and continually evolving in the totality of our being, the play of understanding, language and mood bound in time and care, bound in love. We matter! The moments in our lives when this truth is seen in a glimpse, felt in a whisper or experienced fully in its abundance and delight; these are the moments that we thrive. It is then that we feel fully alive and engaged in living our ownmost meaningful possibilities for being.

10.2 Dreams

Armed with a deeper understanding of thriving in the Emergency Department, together with the creative and generative energy released with the experience of thriving during the workshops, the dreams were given free reign. This phase of appreciative inquiry threw open our possibilities for the future inviting imagination, creativity, cooperation, and wonder. In small groups, we brought together the themes of thriving into fantastical, vibrant, embodied creations that reached beyond our earthly constraints and ran with the stars.

'Caring for self' was seen with timeout spaces, an abundance of nourishment and nature, time machines, and an invisibility cloak. Self-understanding and wisdom shone through in all-seeing eyes, trees of life, magic wands, and a meditating Buddha. Know-how was captured in all-seeing glasses and the support and encouragement of one another providing the courage for all to reach their potential. In amongst many of the dreams was evidence of achieving, fixing broken bones, and swooping in on a magic carpet to save lives.

The dreams were filled with connecting, with beehives, music, hearts, smiles, an oversized ear, and hands being held. There were bridges and rainbows, umbrellas to keep us safe, and love in abundance. Gratitude and appreciation add vibrancy with

high-fives, flowers, words of thanks and pompoms of kudos. Fun was universal in this phase with balloons forming tickle machines, games, and laughter.

Seeing the essence within shone brightly in a bouquet of flowers, the sense of belonging, being valued and in taking care of our patients and one another. Acts of kindness and love, interconnected trees, and intricately woven tapestries whispered whanaungatanga and becoming because of you. The dreams of thriving were all about making a difference, coming to life in the super-duper doc, magic wands and a remote control device ready to diagnose, relieve pain and give care in whatever form needed. It was there in the staff catcher, bringing the right combination of staff to just the right patient in just the right moment. Making a difference was there in the smiles and hearts and fun, in the love expressed in each of the dreams and experienced in their creation.

These dreams and the discoveries that inspired them, added to our collective wisdom. They presented us with options, with possibilities for being, ideal directions towards which one can choose to follow. It created space for openness and wonder, illuminating the stars with which we wanted to align our actions to promote thriving for ourselves and others. The dreams showed us the direction towards which we wanted to head – the next step was to design our pathway to get there.

10.3 Design and destiny

The notion of understanding that we have explored throughout this thesis, guided by Heidegger and Gadamer, is ontological, a fundamental part of who we are as human beings. As our understanding grows, our horizons widen and who we are shifts, sometimes subtly, sometimes transformationally. This notion of understanding incorporates action; for thriving this means acting rightly towards a 'good life.' It is the application of knowledge, being resolute, choosing one's way of interpreting and responding to life as it is lived with phronesis, towards thriving. The design and destiny phases gave us an opportunity to take the understandings developed in the discovery and dreaming phases into their ontological fullness in our becoming; that is, into doing. In workshops, we developed practical ways to take the themes and dreams of thriving into actions to promote, value, and sustain thriving in our department. Ways to take our new understanding into doing.

The data gathered during these workshops were ideas co-created by interprofessional groups while brainstorming activities to promote our thriving. We developed ways to value the themes, actions to lead us to the dreams and considerations of sustainability for thriving in the department. These ideas from three separate workshops were drawn together and given space to evolve into the recommendations to the department in the form of; activities to promote thriving (9.1.1, p. 187) , the GCS framework of thriving (Table 3: GCS framework of thriving, p. 194) and recommendations for sustainability (9.2, p. 195). The GCS framework of thriving represents a way to value that which matters, the aspects of life in the Emergency Department that make it all worthwhile.

The recommendations for sustainability enable the ongoing nature of appreciative inquiry. This exploration into thriving is one without an end, an ongoing conversation that will continue to evolve and ideally continue to weave its way into our being and our doing as people and as a department.

10.4 The understanding developed

For me, personally, this adventure has been transformational. The transformation of my own horizon and coming to know my ontology has been explored in Chapters 1 and 3. There has also been a transformation in my experience as a doctor in the Emergency Department and, indeed, in all my 'doing'. From early in this project, the conversations I have had with colleagues has evolved, significantly more so after the workshops took place. People started telling me spontaneously about their moments of thriving. They would be part way through a conversation and stop to consider the challenge rather than the problem, and tell me about someone's smile turning their day around or about someone going an extra mile and how much they appreciated it. I have also learned to be much more present with my patients, really listening to them as human beings. Throughout this project, I have been writing a reflexive journal, one entry seems to encompass this impact;

> *Towards the end of the shift, I was feeling a little frazzled. My last couple of patients were not simple, not really sick, just not simple in terms of trying to decide their disposition, I was quickly getting to the point of being over it. Then two different things happened that really impacted my 'being in the moment'. The first involved someone else's patient. She had very difficult veins, several people had tried to*

> *get an IV line into her 11 times. She was pretty traumatised. It sounded like this often happened when she came in and she was dreading anyone trying anymore. I asked her if I could have a look, that I wouldn't try without talking to her first. We talked a little bit about what had worked before and I used her suggestions and got some equipment ready. She was clearly tense and anxious. We did a little breathing together and then we talked about the last movie she went to see. A little distraction technique I usually use with kids when doing procedures on them. The line went in and she was so grateful.*
> *I thought about it afterward; what made the difference? I think partly it is changing the person - I came in fresh - always an advantage. And then I added a human connection. She and I became a team, she relaxed, her muscles relaxed, she trusted me to take care of her. There was a buzz for me in the achievement of a difficult procedure, but interestingly much more in the connection, in being able to relieve her anxiety and in having together taken away the trauma from the situation. It can be so easy during a difficult procedure to really try and focus on the task, to zone out the patient and other people around. And yet, really, the patient needed to be an integral part in creating the context for success, an integral part of the fourfold... of all things coming together to get it right. I was able to feel a sense of thriving that was not all about me at all, my ego was safely tucked away (apart from the quiet high five I gave myself in my head). Fascinating experience of how this project, all of my 'doing' is influencing my 'being'. The second thing that happened was being the recipient of an act of kindness. One of the ward clerks brought me a cupcake. It changed the colour of the day ☺. Such a powerful energy in connection, in caring for, in kindness.*

There is an upward spiral here that I am actively riding. In Chapter 2, Barbara Fredrickson's upward spiral of thriving was explored through the lens of positive psychology. Positive emotions lead to subjective wellbeing in the moment, and they build resources for use in the future, adding resilience and enabling an upward spiral. This upward spiral and the research done around it incorporates biology, neuroscience, immunology, genetics, and psychology. A coming together of different perspectives to add a richness to understanding. The reflection above is a snapshot of my hermeneutic phenomenological upward spiral towards thriving, a lived experience incorporating another coming together, this time of the various threads of this project. Empirical science and hermeneutic phenomenology are not comfortable bedfellows. They each look at the world from very different, some would suggest almost incompatible, paradigms. Yet, they co-exist in my horizon, they build on one another culminating in a richness and depth of thinking, knowing and openness that fuels my journey to practical wisdom and to thriving. As my horizon widens, with an openness

of being, I am brought back to Heidegger's fourfold. This is a coming together of different perspectives bringing forth a wholeness of thriving. My version of the fourfold is as follows:

- Mortals: the people based on biology, evolution and empirical science, measurable facts that give important information. Yet they also are always in a mood which colours experience. They have their own truths, their own way of interpreting the world and creating it, steeped in their own understandings and language. Their being in the world is all of this and more.
- Earth: our context, our environment, the space of our lived experience influences our interpretation and our doing so much more than is often evident. My thought processes and subsequent behaviour at work in a resuscitation room with a stethoscope handy, equipment ready, and a team with whom to work are completely different from my brain and actions at a roadside crash. Context matters.
- Sky: the influence of time, one's life-stage, the year, the time of the day, the season, the number of years experience one has, and recent significant cases or life experiences, what happens in a particular shift; these all have influence.
- Divinities: the mysterious, the spiritual, the knowing that 'comes', to coincidence that is remarkable.

Our lived experiences incorporate all of these, the gathering of the fourfold, the interconnectedness of them all in our wonder-full, mysterious and gloriously entwined world, in the ever-evolving coming together of the moment of now. When I think of one, the others are always present. Indeed, they have always already been present. It is only in my growing understanding, in my adventure into the depths of being and thriving that I catch glimpses of this wisdom. This is a practical wisdom, phronesis, one that leads towards the 'good life.'

The diary excerpt above (pp. 212-213) holds the fourfold of people, context, time, and spiritual to bring forth my thriving (as depicted in Figure 50, p. 216). The eight themes of thriving shine through in the components of the fourfold.

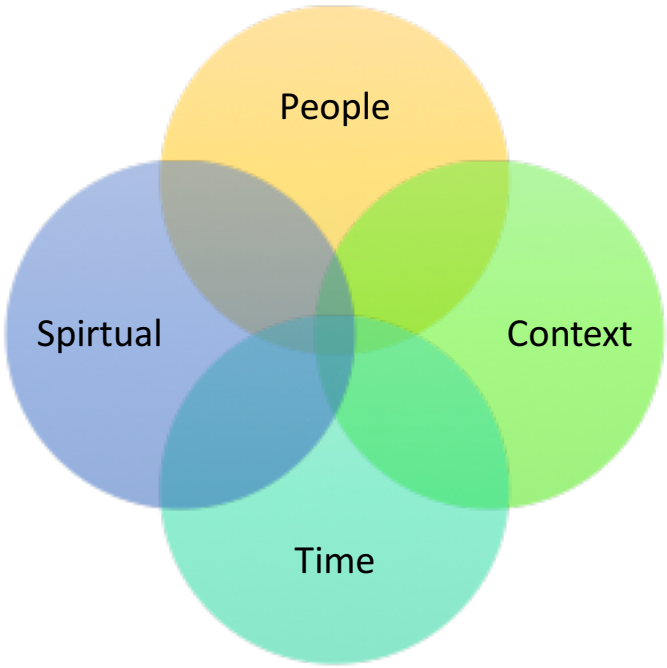

Figure 50: Diagram of my 'fourfold'

- The people: myself, colleagues and patients including my own horizon with empirical knowledge, practical skills, and experience, the 'know-how' of placing an intravenous catheter in difficult veins. There is 'connecting' between myself and the patient, becoming a team. 'Appreciating' is there in my appreciative inquiry, asking about what worked well in the past and in the gratitude of the patient. The successful procedure brought with it a feeling of 'achieving' boosted by knowing I was 'making a difference', for both this patient and for my colleagues who were looking after her. 'Seeing the essence within' shined through in listening deeply to the patient and in the act of kindness shown to me. The theme 'having fun' is an integral aspect of receiving and consuming a cupcake! 'Caring for self' is in my appreciative eye that has developed during this project, being able to notice, savour and harvest the goodness of these moments when they come along.
- The context: being called into a challenging situation to stretch and hone my expertise, in the Emergency Department with needed equipment gathered and ready at hand.
- The time: the end of my shift as my energy was draining, yet it was also a time in my life, at my level of experience, where the task was well within my capability. This moment came at a time far enough along the process of this project, that a deeper understanding of what it is to be, what it is to thrive and

the impact of these on my 'being' a doctor meant that my horizon was open to these possibilities and I could invite the fourfold into the moment.

- The spiritual: the coincidence that brings with it magic, a feeling, an intuition, a calm that cannot be rationally explained, yet is always there within these moments. A sense that together, this patient and I could get the job done.

Together these components of the fourfold became something more than the simple addition of each of them, they became an energy that changed the colour of my day and fuelled my upward spiral of thriving, an energy that rippled out to those around me.

My experience of this research has been captured by the reflections below on the doing of hermeneutic research;

> To choose hermeneutic interpretive phenomenology to guide one's research is to open oneself to a journey of thinking, where thoughts 'come' and knowing emerges. It is to re-connect with what it means to be human and discover afresh what is already known, but perhaps forgotten, hidden or put aside. It is to expose vulnerability and resilience, dread and hope, sadness and joy. It is to celebrate and despair. But always it is to remember what matters; to strive to enhance the experience of those we go onto walk with through similar experiences… always it comes back to people, people like you and me. Life is only ever lived as 'my experience'. (Smythe, 2011, p. 51)

This is certainly my hope with this thesis, to accentuate the experience of thriving of those with whom I walk – my colleagues in my own Emergency Department and those who read these pages and are drawn into the invitation to inquire appreciatively, to wonder and to find your own path to thriving.

10.5 Limitations

The notion of limitations seems a little paradoxical in a thesis that has sought to stay focused on the positive. Yet, reality is such that one can never achieve all of one's dreams. The context, time constraints, energy, lack-of-insight, there are any number of factors that mean an 'output' does not reach its full potential.

Looking back, I would love to have had the time to do more one-on-one interviews with a wider group of participants than senior medical staff. The numbers of clerical staff involved were small for several reasons, this remains a limitation. The destiny and design workshops were attended predominately by doctors rather than the ideal of a greater mix of professions.

I would love to have had the depth of phenomenological insight I grew through the writing process at the beginning of my journey. This is the nature of time and understanding, perhaps this is the nature and purpose of a doctoral thesis; to grow in phronesis.

While I am excited at continually getting drawn into other people's commitment to keep 'thriving' within our department, I would love to have had more funded time to invest in turning the designs developed in this thesis into reality. The leap from knowledge to change in 'being' and 'doing' is often elusive. It requires Gadamer's fusion of horizons; a language that invites deep understanding and an openness to 'see' beyond what is already known. Time and continued cycles of appreciative inquiry into thriving in the Emergency Department are needed.

I do not believe such limitations in any way undermine the strength of what was achieved. This is simply to say, there is always possibility for 'more'.

10.6 Linking with other research

Research looking from a positive stance, at thriving as opposed to burnout, is still in its infancy. My research adds to that body of knowledge. It is in line with other studies and projects towards thriving (Dobie, 2007; Lovell, Lee, & Frank, 2009; Perlo et al., 2017; Sinsky et al., 2013; Youngson & Blennerhassett, 2016). In particular, it is congruent with a move to participatory and integrated methods being used to consider this multidimensional concept. There are three recent developments that align well with my work. The first is a recently published white paper by the Institute for Health Innovation (IHI) on improving joy in work (Perlo et al., 2017). The IHI, in several projects, have combined improvement science, participatory research and a commitment to "systems approach making joy in work a shared responsibility at all levels of the organisation" (Perlo et al., 2017, p. 12). From this work, they have developed a framework for improving joy in work. The second development is a

comprehensive wellness curriculum for emergency medicine residents. It has been developed with participation from residents and consideration of six dimensions of wellness: social, spiritual, occupational, physical, emotional, and intellectual (Williamson et al., 2018). The third is the development of a time-out room in an Emergency Department in the UK, one that was developed specifically for the wellbeing of the staff using five ways to wellbeing: connect, be active, gratitude, take notice, and keep learning (Howard, 2017).

My thesis contributes significantly to this conversation on thriving in healthcare, adding an ontological depth, a process developed within a living, breathing, busy Emergency Department and ways forward in terms of valuing and sustaining thriving. The GCS framework of wellbeing developed in this project is unique. It provides a practical tool to value the often-immeasurable aspects of our job in a qualitative way that will keep an open, appreciative, and qualitative focus.

In the latter phases of this project, I have facilitated two workshops on thriving in acute healthcare settings outside of the Emergency Department and have registered interest from more organisations within the healthcare industry. In these workshops, run over two to three hours, I facilitated participants to discover their moments of thriving and explore them. Their new understanding of thriving in their context was then used to drive the development of actions to foster, value, and sustain thriving within their teams. Immediate and ongoing feedback from these workshops has been positive and generous.

10.7 Possibilities still to be explored

One of the exciting things about hermeneutic phenomenological research is that this work explores phenomena in such a way as to invite further questions and wonder. There are so many more questions and directions in which to take this growing understanding of thriving.

10.7.1 Implications for practice

The health and wellbeing of healthcare staff is currently a hot topic, in workplace legislation, healthcare workers' unions, education and training organisations, healthcare literature and healthcare facilities. A growing and aging population combined with healthcare staff shortages worldwide mean this issue is an important

one for all of us. We will all, at some stage, need the services of our local Emergency Departments and acute healthcare facilities for ourselves and our loved ones. Available, engaged, and thriving healthcare staff and organisations have the potential to address some of these issues; reducing turnover and burnout (Lefebvre, 2012; Perlo et al., 2017), increasing efficiency and effectiveness (Isen, 2001; Luthans et al., 2008; Seppala et al., 2014), and attracting other staff (Perlo et al., 2017). "Improving engagement contributes to improved performance. It enables greater professional productivity with lower turnover rates. Joy in work, in turn, improves patient experience, outcomes, and safety, resulting in substantially lower costs" (Perlo et al., 2017, p. 7).

The understanding, processes, and tools developed in this thesis could help guide these organisations to consider and value thriving. Incorporating this knowledge into the development of new designs for Emergency Departments, as well as weaving it into established facilities, has the potential to foster thriving of individuals, teams, departments, and organisations.

10.7.2 Contribution to my own workplace

There were three plans of action collectively developed to foster, value, and sustain thriving in the Emergency Department outlined in Chapter 9. Some of these recommended actions have been implemented in the department. Regular Amazing and Awesome (A&A) meetings have begun within scheduled teaching time to explore clinical cases that have gone well. Several projects that have been undertaken in the department to review processes have begun with an appreciative lens, looking for what works well already and to imagine the best-case scenarios. Recycling bins in the clinical area have been introduced and a group of nurses are looking at furthering our recycling possibilities particularly with plastic waste from clinical equipment and treatment. Consideration for incorporating more interprofessional teaching and learning is in process. There has been a subtle shift in conversations at handover, with 'curious, grateful, and appreciative language' more often evident.

10.7.3 Implications for research

Our focus on research in medicine has very much been with a positivist, cause and effect paradigm. This thesis adds a richness and depth to this body of knowledge in looking from a different paradigm, adding to understanding and opening possibilities.

Action research is an ongoing cycle of learning, coming to understand, applying this understanding and re-evaluating. For this thesis, the project has an end; however, in the Emergency Department and beyond, it is my hope and my intention for this work to continue.

Future work in the Emergency Department

The development of a focus group to take this project forward with respect to the implementation of recommendations and ongoing cycles of actions is the next step. This ideally would be an interprofessional group with an interest in thriving and the ability to engage and influence the department at large. In addition to implementing recommended actions, moving forward would involve the use of the Framework of Wellbeing (Table 3: GCS framework of thriving, p. 194) to evaluate progress towards valuing and promoting thriving in the department.

In the future, possible research in the Emergency Department could include an ethnographic review to consider culture in more depth. Are we developing a more appreciative culture? Is it a culture that promotes and values thriving? A critical lens could also be brought to consider challenges in implementing recommendations. Are there recommendations that have not been incorporated or did not work? What are the challenges in applying the knowledge that has been developed with this work on thriving? This work could incorporate a lens of Bourdieu (1985) and his concept of capital as power.

There is an exciting new avenue of research and fostering of thriving in medicine in the form of narrative medicine. Columbia University has developed a programme in narrative medicine that aims to not "simply teach doctors how to write, it teaches them to be better doctors by learning to listen and understand their patients, their colleagues and themselves" (Shaw, 2017, p. 20). There has been an interest within the emergency medicine community with two very powerful stories published recently

(Rosenberg, 2016; Sachs, 2017). This could be incorporated into future work and research in thriving in the Emergency Department.

Future work beyond the Emergency Department

Broadening the conversation of thriving to other departments within the hospital setting would be beneficial and an exciting area for further research. The promotion, valuing, and consideration of the sustainability of thriving within healthcare should be on the agenda for, and the responsibility of, everyone at every level within an organisation (Perlo et al., 2017). I would very much like to make available and facilitate workshops on thriving throughout the hospital. I have done this once informally to a group of midwives, with a great response. They have, several times, invited me back for more; however, my focus on this thesis and project within the Emergency Department has prevented me from taking this work further.

Community healthcare practices and organisations would be another context worthy of including in this conversation on thriving. This could impact not only their own wellbeing and that of their organisation, but also the relationship between primary and secondary healthcare.

Participatory research on thriving in healthcare incorporating the patient could also offer an exciting avenue for new perspectives and deeper understandings.

10.7.4 Implications for education

Incorporating the conversation of thriving into training programmes in New Zealand, new graduate training for nurses and post-graduate, year one and two training programmes, for junior doctors would be an exciting direction. I am involved in medical education at undergraduate and postgraduate levels. This project on thriving and its impact on me personally has already influenced the conversations I have with my students and the way I teach. The transition into practice in the early years of healthcare can be challenging. The work we do is often existentially confronting, dealing with death, dying, illness and misery, always the possibility of error or simple inexperience having such dire consequences. Added to this are shift work, long hours, a context that rarely promotes thriving and very few formal avenues of reflection and support. The development of wellbeing workshops for this group would be a useful way to empower them to find their own thriving and actions to foster and value it.

There are also possibilities for healthcare workers further down their careers to be involved in conversations and workshops on thriving. Ongoing education occurs in healthcare professional groups in different formats, incorporating workshops in some of these could be useful.

Future research with ASMS, the Association of Salaried Medical Specialists, and the Nurses Union could also be an avenue of fruitful collaboration.

It is the intention that this work will also be written up for publication in healthcare literature and presented at conferences. A workshop proposal has just been accepted for a conference later this year on medical education.

10.8 Summary

Our core business in the Emergency Department is looking after the health and wellbeing of our patients 24 hours a day, 365 days a year. We do this as a team, each member connected to, reliant on, and influenced by others from the ward clerks who register the patients, the nurses, doctors, physiotherapists, social workers, orderlies, security and support staff, to the cleaners who clean up after all of us. It is a demanding, often relentless place of need, illness, and sorrow. It is a place where getting lost in the busyness, the impersonal, and the numbers is easy. Our Emergency Department is also a place of compassion, kindness, healing, excellence, and connection. It is a place filled with many of the aspects of life that have been found to be associated with a 'good life', with thriving.

This thesis is an exploration of that thriving. It is an appreciative inquiry within our own context to understand thriving in the Emergency Department such that it can be discovered, fostered, valued, and sustained. This has been an adventure of re-creating the ordinary moments of our lived experiences in healthcare and exploring the extraordinary within. A hermeneutic phenomenological gaze enabled this exploration such that it directed our gaze "towards the regions where meanings and understandings originate, well up, and percolate through the porous membranes of past sedimentations…" (van Manen, 2014, p. 26). We have stripped away the distractions of everyday busyness and created space to uncover a fundamental understanding of our thriving, of what it means to be human. These understandings

are now available to “infuse, permeate, infect, touch, stir us and exercise a formative and affective effect on our being” (van Manen, 2014, p. 27).

Eight themes of thriving were discovered: caring for self, know-how, achieving, connecting, appreciating, having fun, the essence within, and making a difference. These themes and the lived experiences from which they emerged inspired dreams of possibilities for our futures. Designs of actions to move forward towards these dreams and a framework to value our thriving were developed along with a plan for sustainability.

There are two threads that shine brightly throughout this thesis, one is love and the other is phronesis. Phronesis being a practical wisdom leading to ‘the good life,’ to love. They both weave their way through the literature reviewed, the methodologies of choice, the methods, the findings, and the possibilities for moving forward.

Within the literature of positive psychology, we learned about positive emotions and their influence on our lives from our sense of wellbeing right down to their impact on our gene expression. Positive emotions drive an upward spiral of thriving, building resources that add to the ability to thrive in the future. When shared, positive emotions are amplified generating a state Fredrickson (2013a) called positivity resonance. She also calls it love. The Harvard Grant Study of adult development, a longitudinal study spanning over 75 years found love to be the foundation of long and happy lives (Vaillant, 2015). Love also forms the basis of Viktor Frankl’s philosophy of a meaningful life and Buber’s philosophy of I and thou. Heidegger’s being in the world is care; a word for which he uses many synonyms, one of which is love. Different perspectives, paradigms and wisdom traditions, all with a thread of love, added to the horizon through which this study was viewed and undertaken. “Love is foundational for all knowing of human existence” (van Manen, 1990, p. 6).

Our people are the heart of our Emergency Department. It was here, in our lived experiences, that we searched for and found thriving, wanting to deeply understand our way of being. We found love. Our stories spoke of experiences of thriving in moments of being fully human, moments of love and belonging, moments of care, moments of having an embodied sense that what we do matters, that I matter.

Sometimes these moments were profound and unmistakable. Sometimes they were fleeting, a whisper so easily missed, a smile, a look, a knowing that I made a difference.

The wisdom within these pages speaks of what matters most to us in the Emergency Department, a story of how we thrive. It is one of coming to understand our ontology, our way of being. It is a depth of understanding invited by openness and wonder, illuminating the threads of our thriving that gather to bring forth our most meaningful possibilities for being. Our discoveries and dreams inspired designs for our future, the application of our understanding. Together they have given voice to the often-intangible notions that foster our thriving, a voice we can now hear, value, and consider in all that we do moving forward.

The Emergency Department

Have you had any shortness of breath?
I asked as taking note of your vital signs
You reminded me to be aware
Beyond your tachypnoea to
Moments that have 'taken your breath away'

Have you had any chest pain?
You reminded me to listen
Beyond your heart sounds to acknowledge
The deeper workings of your heart
Loving, loss, laughter and loving again

Do you know the patient in resus 1?
I asked as we responded to the alarm bell
You reminded me that together we are a team
Beyond the title; nurse, ward clerk, doctor
We are human, connected we make a difference

Do you want a cup of tea?
You reminded me to take a moment
Beyond the busy, the ECG's and despair
The joy is here within our grasp
Eyes attuned to see - we thrive!

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Appendices

Appendix A: AUTEC Approval for Study

AUTEC Secretariat

Auckland University of Technology
D-88, WU406 Level 4 WU Building City Campus
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

28 September 2015

Aaron Jarden
Faculty of Health and Environmental Sciences

Dear Aaron

Re Ethics Application: **15/307 Accentuating the positive - fostering a culture of thriving and excellence in the emergency department.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 28 September 2018.

As part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through http://www.aut.ac.nz/researchethics. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 28 September 2018;
- A brief report on the status of the project using form EA3, which is available online through http://www.aut.ac.nz/researchethics. This report is to be submitted either when the approval expires on 28 September 2018 or on completion of the project.

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this.

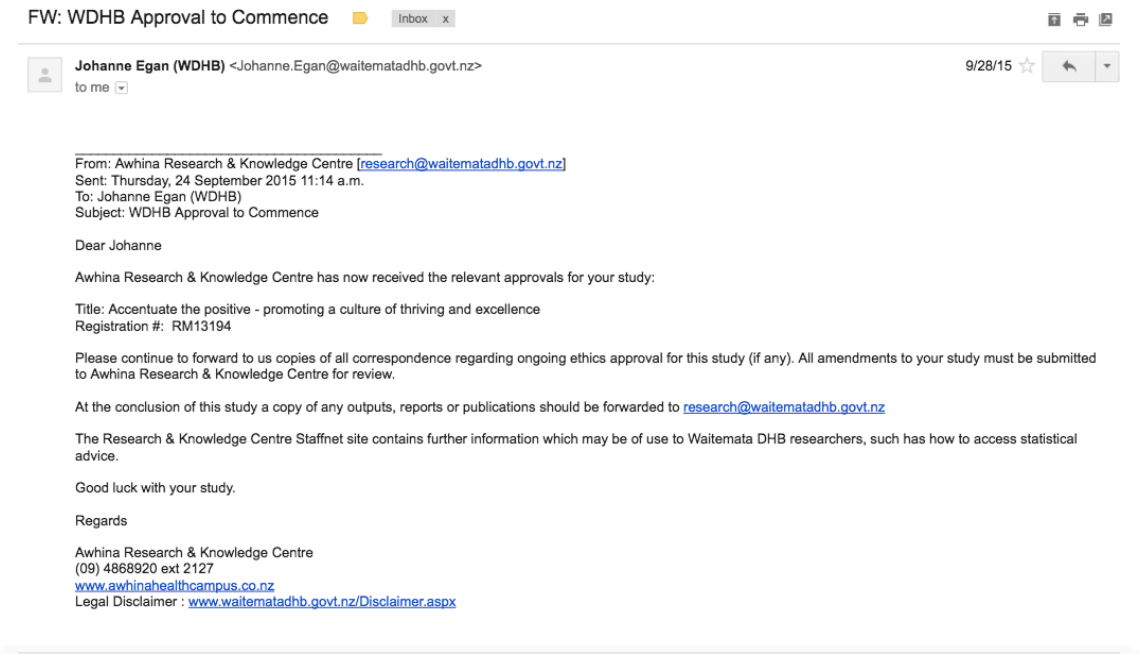
To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Johanne Egan jojessmatt@gmail.com, Liz Smythe

Appendix B: Awhina Research and Knowledge Centre Approval



FW: WDHB Approval to Commence Inbox x

Johanne Egan (WDHB) <Johanne.Egan@waitematadhb.govt.nz> 9/28/15
to me

From: Awhina Research & Knowledge Centre [research@waitematadhb.govt.nz]
Sent: Thursday, 24 September 2015 11:14 a.m.
To: Johanne Egan (WDHB)
Subject: WDHB Approval to Commence

Dear Johanne

Awhina Research & Knowledge Centre has now received the relevant approvals for your study:

Title: Accentuate the positive - promoting a culture of thriving and excellence
Registration #: RM13194

Please continue to forward to us copies of all correspondence regarding ongoing ethics approval for this study (if any). All amendments to your study must be submitted to Awhina Research & Knowledge Centre for review.

At the conclusion of this study a copy of any outputs, reports or publications should be forwarded to research@waitematadhb.govt.nz

The Research & Knowledge Centre Staffnet site contains further information which may be of use to Waitemata DHB researchers, such has how to access statistical advice.

Good luck with your study.

Regards

Awhina Research & Knowledge Centre
(09) 4868920 ext 2127
www.awhinahealthcampus.co.nz
Legal Disclaimer : www.waitematadhb.govt.nz/Disclaimer.aspx

Appendix C: Participant Information Sheet - Interviews

Participant Information Sheet

Emergency Medicine – In depth interviews

Date Information Sheet Produced: 16 August 2015

Project Title

Accentuate the positive – generating a culture of thriving and excellence in the Emergency Department
An Invitation

My name is Johanne Egan, I am one of the senior doctors working here in our Emergency Department at North Shore Hospital. I have a growing interest in our own health and wellbeing as acute healthcare workers and the impact this can have both in our professional and personal lives. I would like to invite you to participate in this research study being undertaken as a part of the Doctorate of Health Science programme. Your participation would be highly valued, is voluntary and you may withdraw from the study at any time prior to the completion of data collection.

What is the purpose of this research?

The purpose of this research is to consider the health and wellbeing of staff in acute healthcare.
The Emergency Department is a melting pot of almost every aspect of humanity. It can be a place of pain, disease, despair and death. It can be a place of overloaded systems where increasing patient numbers and need can overwhelm available staffing, technological and physical resources. Much of this overshadows other truths about the Emergency Department. That it is also a place of care, of compassion, of excellence where many acts of kindness and genuine heroism occur every day. It can be a place of deeply meaningful connection, of achievement and joy in learning and teaching. These positive aspects align well with what positive psychology is discovering are key components of living a life beyond merely surviving, one of thriving.

This research project is one of accentuating these positive aspects within the Emergency Department in the hope that this may generate a culture that promotes thriving and excellence. The research will be written up in a doctoral thesis and presented in both written and spoken forms within academic and clinical forums.

How was I identified and why am I being invited to participate in this research?

This early phase of the research involves interviewing senior Emergency Medicine doctors. You may have heard about this study from myself or one of our colleagues. You have been provided with this information because you have expressed an interest in finding out more about the study and you meet the study inclusion criteria.

What will happen in this research?

Participating in this phase of this research will involve and interview arranged at a time and place convenient to you. This interview will likely take 60-70 minutes. A second brief interview may be necessary to clarify some details, ask for more specific understandings or to give you an opportunity to share with me stories you have remembered and would like to tell. Participants are welcome to bring a support person with them to the interview.
The interview will be recorded and transcribed verbatim. The transcript will then be considered, deriving information and ideas from the stories within the text. Crafting and editing the information will enable meanings and opinions to stand out clearly and from this I will construct a narrative that will then be returned to you to confirm that I have understood your story. At this stage a shorter second interview may be required to clarify details, understanding and to give you an opportunity to add any important information. Further analysis will look for essential themes emerging from the data. The themes will be used to develop further questions and discussions in subsequent phases of the research. Detailed information will remain confidential.

What are the discomforts and risks?

It is not anticipated that any harm will come from participating in this research. You will be able to withdraw from the project at any stage. During the later stages of data analysis it may not be possible to fully extricate your contribution from the analysis.

What are the benefits?

There have been many benefits shown for increased positive wellbeing (thriving) in almost every aspect of life. It is hoped that participating in this research will give you the opportunity to consider your own wellbeing, that of your colleagues and be a part of influencing our work culture to promote thriving for all of us.

How will my privacy be protected?

Your confidentiality and people you describe will be maintained. Pseudonyms will be used where needed and identifying information removed from transcripts. Recordings and written transcripts will be kept in password protected computer files. The data will all be deleted after six years.

What are the costs of participating in this research?

The cost of participating in this research will be in time, for the interview and then the possibility of a second shorter (30-45 mins) follow up interview. Some time will be required to review the recrafted narrative developed from the interview transcripts, this is likely to take between 30-45 minutes. The time taken for this research can be considered non clinical time within your working hours.

What opportunity do I have to consider this invitation?

If you are interested in participating in this study I would appreciate you contacting me within two weeks of receiving this information. We can then arrange a time suitable to you over the following one to two months for the interview to take place.

How do I agree to participate in this research?

If you agree to participate in this research please contact me directly via email, phone or text message. I will then provide you with more information, answer any further questions you may have and we can arrange a time for the interview. A consent form will be sent to you to complete prior to the interview.

Will I receive feedback on the results of this research?

Yes. Your will receive a summary of the study. Themes from this phase of the research will be used to inform further wellbeing work in the department. You may also receive a copy of any papers that are generated from this study on request.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr. Aaron Jarden, email: aaron.jarden@aut.ac.nz. Phone (09) 921 9168.
Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, *ethics@aut.ac.nz* , 921 9999 ext 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:	***Project Supervisor Contact Details:***
Dr. Johanne Egan	Dr. Aaron Jarden
Email: jojessmatt@gmail.com	Email: aaron.jarden@aut.ac.nz
Phone: 027 6366816	Phone: (09) 921 9168

Approved by the Auckland University of Technology Ethics Committee on 28th September, 2015, AUTEC Reference number 15/307

Appendix D: Consent Form for Interview

Consent Form: Interviews

Project title: *Accentuate the positive – generating a culture of thriving and excellence in the Emergency Department*

Project Supervisor: *Dr. Aaron Jarden*

Researcher: *Dr. Johanne Egan*

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 12.10.15.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- ○ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ○ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ○ I agree to take part in this research.
- ○ I wish to receive a copy of the report from the research (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 28th Septemb 2015. AUTEC Reference number 15/307

Appendix E: Participant Information Sheet - Workshops

Participant Information Sheet

Emergency Medicine – Workshops

Date Information Sheet Produced: 16 August 2015

Project Title

Accentuate the positive – generating a culture of thriving and excellence in the Emergency Department

An Invitation

My name is Johanne Egan, I am one of the senior doctors working here in our Emergency Department at North Shore Hospital. I have a growing interest in our own health and wellbeing as acute healthcare workers and the impact this can have both in our professional and personal lives. I would like to invite you to participate in this research study being undertaken as a part of the Doctorate of Health Science programme. Your participation is voluntary and you may withdraw from the study at any time prior to the completion of data collection.

What is the purpose of this research?

The purpose of this research is to consider the health and wellbeing of staff in acute healthcare ultimately in order to generate a culture that promotes our own positive wellbeing or thriving.

The Emergency Department is a melting pot of almost every aspect of humanity. It can be a place of pain, disease, despair and death. It can be a place of overloaded systems where increasing patient numbers and need can overwhelm available staffing, technological and physical resources. Much of this overshadows other truths about the Emergency Department. That it is also a place of care, of compassion, of excellence where many acts of kindness and genuine heroism occur every day. It can be a place of deeply meaningful connection, of achievement and joy in learning and teaching. These positive aspects align well with what positive psychology is discovering are key components of living a life beyond merely surviving, one of thriving.

This research project is one of accentuating these positive aspects within the Emergency Department in the hope that this may generate a culture that promotes thriving and excellence. The research will be written up in a doctoral thesis and presented in both written and spoken forms within academic and clinical forums.

How was I identified and why am I being invited to participate in this research?

You have been identified as a member of staff of the Emergency Department at North Shore Hospital. This is a project hoping to involve as many members of our staff as possible.

What will happen in this research?

Participation in this phase of the research will involve group workshops incorporating storytelling, small group discussions and designing future directions that involve as many members of the Emergency Department staff as possible. It is hoped that our collective wisdom can combine within our own context to foster positive wellbeing. I will run the workshops. During the follow up full day workshop there will be three facilitators including myself.

Notes will be taken during these workshops of themes and ideas that emerge. Quotes may also be noted without any identifying features.

What are the discomforts and risks?

It is not anticipated that any harm will come from participating in this research. You will be able to withdraw from the project at any stage. During the later stages of data analysis it may not be possible to fully extricate your contribution from the analysis.

What are the benefits?

There have been many benefits shown for increased positive wellbeing (thriving) in almost every aspect of life. It is hoped that participating in this research will give you the opportunity to consider your own

wellbeing, that of your colleagues and be a part of influencing our work culture to promote thriving for all of us.
This research will be a part of my doctoral thesis.

How will my privacy be protected?

Notes taken will be about general themes. There may be some quotes noted, these will be unidentified.

What are the costs of participating in this research?

The cost of participating in this research will be in time. The workshops will be arranged during non-clinical time and established education session times where possible. The workshop will be approximately two hours in duration with a follow up larger whole day session to pull together all our ideas and design some practical ways to foster our positive wellbeing.

What opportunity do I have to consider this invitation?

This information will be sent to you at least a month prior to the workshop.

How do I agree to participate in this research?

Agreement to participate in this research will be by turning up to the workshop. Should you have any further questions please don't hesitate to contact me directly; my contact details are at the bottom of this information sheet. A consent form will be available to read and complete at the beginning of the workshop.
You are free to choose not to be involved or to withdraw from this research at any stage without being disadvantaged in any way.

Will I receive feedback on the results of this research?

Yes. You will get feedback from the workshops, I will write a summary of the process and distribute this to all involved. You may also receive a copy of any papers that are generated from this study on request.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr. Aaron Jarden, email: aaron.jarden@aut.ac.nz. Phone (09) 921 9168.
Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, *ethics@aut.ac.nz* , 921 9999 ext. 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:	***Project Supervisor Contact Details:***
Dr. Johanne Egan	Dr. Aaron Jarden
Email: jojessmatt@gmail.com	Email: aaron.jarden@aut.ac.nz
Phone: 027 6366816	Phone: (09) 921 9168

Approved by the Auckland University of Technology Ethics Committee on 28th September, 2015, AUTEC Reference number 15/307.

Appendix F: Consent Form for Workshops

Consent Form - Workshops

Project title: *Accentuate the positive – generating a culture of thriving and excellence in the Emergency Department*

Project Supervisor: ***Dr. Aaron Jarden***

Researcher: ***Dr. Johanne Egan***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 16.08.15.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.
- ○ I understand that notes will be taken during the workshops, including themes and occasional quotes.
- ○ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ○ I agree to take part in this research.
- ○ I wish to receive a copy of the report from the research (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

.....

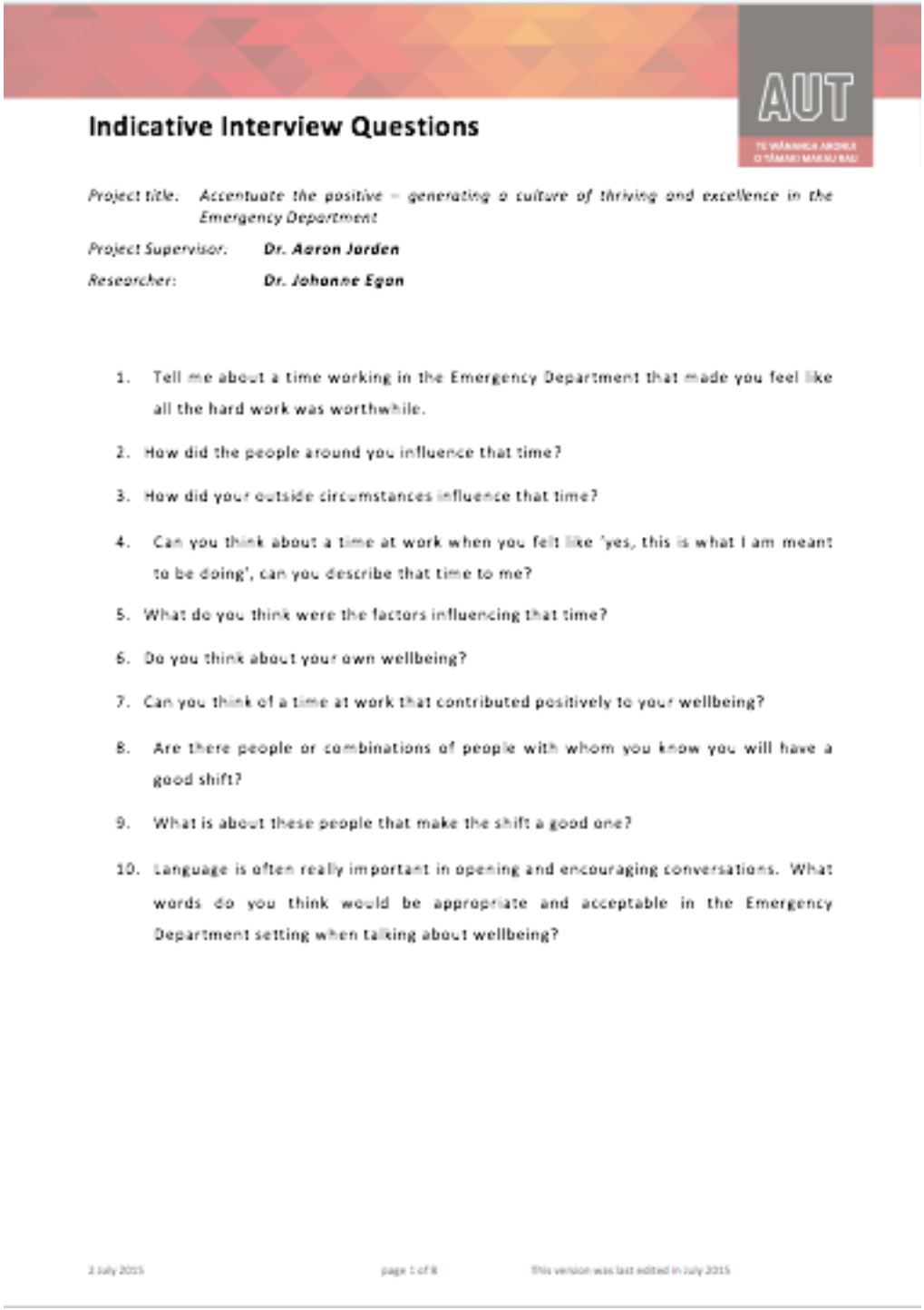
.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 28th September AUTEC Reference number 15/307

Note: The Participant should retain a copy of this form.

Appendix G: Indicative Interview Questions



Indicative Interview Questions

Project title: *Accentuate the positive – generating a culture of thriving and excellence in the Emergency Department*

Project Supervisor: ***Dr. Aaron Jorden***

Researcher: ***Dr. Johanne Egan***

1. Tell me about a time working in the Emergency Department that made you feel like all the hard work was worthwhile.
2. How did the people around you influence that time?
3. How did your outside circumstances influence that time?
4. Can you think about a time at work when you felt like 'yes, this is what I am meant to be doing', can you describe that time to me?
5. What do you think were the factors influencing that time?
6. Do you think about your own wellbeing?
7. Can you think of a time at work that contributed positively to your wellbeing?
8. Are there people or combinations of people with whom you know you will have a good shift?
9. What is about these people that make the shift a good one?
10. Language is often really important in opening and encouraging conversations. What words do you think would be appropriate and acceptable in the Emergency Department setting when talking about wellbeing?

Appendix F: Crafted Story

Raw transcript

So then the flip side, same situation hypoxic, shortness of breath and then I was like so let's get the airvo and then bipap. I started to help. There was a good dynamic and also we had a student. He was so keen, and you know he was with the nurse, she was his preceptor. Because he was so keen and engaging, it was just so easy to say you know you can do this, do you mind doing this and he apparently really appreciated being acknowledged. Being a part of the team. He was just so into it, so engaged. We had a good line of communication and it just went smoother. It just went smoother and you know part of it can be personalities in the team, how do we relate to each other and how to communicate with each other. So yeah, we still had hiccups, because they always happen, but it was fine. Engaged and creative. So if he didn't, if he couldn't figure it out he would say something and then I would say one, then he would notice something and was just, it was real dynamic, you're just there. It was lovely.

Crafted transcript

> *So, then a patient presented hypoxic, short of breath and I was like, let's get the airvo[9] and then bipap[10]. I started to help. There was a good dynamic and we also had a student. He was so keen, and you know he was with the nurse, she was his preceptor. Because he was so keen and engaged, it was just so easy to say you know you can do this, do you mind doing this and he apparently really appreciated being acknowledged. Being a part of the team. He was just so into it, so engaged. We had a good line of communication and it just went smoother. It just went smoother and you know part of it can be personalities in the team, how do we relate to each other and how do we communicate with each other. So yeah, we still had hiccups, because they always happen, but it was fine. Engaged and creative. So, if he didn't, if he couldn't figure it out he would say something and then I would say something, then he would notice something and it was just, it was real dynamic, you're just there. It was lovely. (Bailey)*

[9] Airvo is medical equipment used in acute respiratory distress

[10] BIPAP (bi-level positive airway pressure) is medical equipment used in acute respiratory distress

Initial interpretation

Bailey is telling a story here of a resuscitation that went well; it was in contrast to a very similar clinical scenario that went very differently. There was something here, a good dynamic, good communication, the staff involved being open and engaged. All of this lead to a very different experience, not one without challenges, they will always be a part of resuscitation, but with a team that was humming, hurdles were overcome efficiently and effectively.

We each influence one another constantly, an influence that can become acutely apparent in the time-limited, high stakes situation of looking after a critically unwell patient. Often the things that make a team really hum are difficult to articulate, it seems the coming together of many different factors. Here Bailey has identified some of these factors; engagement and openness, being keen to learn, willing to ask questions, wanting to be involved and helpful. Our affect, our level of interest, and our attention all have an impact on the interactions we have with one another. This student, feeling supported and appreciated, was able to contribute creatively and openly adding significantly to the functioning of the team. Bailey, as team leader, enabled her team, picking up on their engagement and drawing the best out of them. These reciprocally respectful interactions encouraged creative, efficient, and effective problem solving finding the best way forward for the patient and satisfaction of a collective job well done.

Gadamer believed that we come to understand ourselves through dialogue, questioning, and conversation with others. African wisdom has a word Ubuntu, roughly translating into “I am because of you.” Positive psychology speak of contagion and appreciative inquiry has a strong basis of social constructionism. Neuroscience is discovering just how connected we each are to one another on a biological level. Similar wisdom from several different schools of thought and time.

Interpretation after writing and re-writing

Bailey is telling a story here of a resuscitation that went well, it was contrasted with a very similar clinical scenario that went very differently. There was something here, a good dynamic, good communication, the staff involved being open and engaged. All of

which lead to a very different experience, not one without challenges, they will always be a part of resuscitation, but in a team, that was humming, hurdles were overcome efficiently and effectively.

As we have seen in the previous stories on connecting, we each influence one another constantly. This is an influence that can become acutely apparent in the time-limited, high stakes situation of looking after a critically unwell patient. Often these connections that make a team really hum are difficult to identify and articulate and yet are profoundly important. Here Bailey has identified some of the factors fostering these connections; engagement and openness; being keen to learn, willing to ask questions, wanting to be involved and being helpful.

Openness is a notion that has thread its way through many of these stories. In the previous chapter, we connected openness to being. Throughout his writing, Heidegger's term for the being of human is Dasein, a term variously translated as 'being-here,' 'being-there' and 'being-of-openness' (Ramsey, 2016). We talked about an openness to one's historicity, the influence our history, culture, time, and life experiences. We talked about an openness to one's ownmost meaningful possibilities for being with respect to authenticity. And now with respect to connection, to being-with, openness again is central, a way of being that invites others in with wonder and care. A way of being that invites thriving.

Engagement within in this story reflects the practical living of openness and care. As human beings, things matter to us, we are grounded in care (Heidegger, 2010). Our affect, our level of interest and our attention are shaped by, and often reveal, what matters to us. They have an impact on the interactions we have with one another. They reciprocally shape our being-in-the-world and our being-with others, what we notice and what we experience.

The student, in this story, came to the resuscitation open to possibilities and actively engaged in the moment. This was noticed, it drew others to support and appreciate his presence, in turn fostering his ability to contribute creatively and openly, adding significantly to the functioning of the team. Bailey, as the team leader, enabled her team, picking up on their engagement and drawing the best from them. These reciprocally respectful interactions encouraged creative, efficient and effective

problem solving leading to the best way forward for the patient and the satisfaction of a collective job well done.

African wisdom has a word Ubuntu, roughly translated as “I am because of you” (du Plooy, 2014). Maori, our own indigenous culture, have a similar concept, whanaungatanga, that also speaks to the reciprocal influence and value of relationships and belonging (*About whanaungatanga*). Heidegger’s ontological exploration uncovers this same wisdom; we are ‘being-with.’ These connections we have with others, our interactions, the language we use, our dialogue, go deeper than simply influencing our day, these connections shape our being. The student who came to the resuscitation story above with openness and enthusiasm expressed this in a language of curiosity and interest. He was enveloped into the team becoming an integral part, his best being drawn from him as he also fostered co-operation and engagement from the rest of the team. I am because of you.

Appendix I: Participant Information Sheet - Photos

Participant Information Sheet

Emergency Medicine – Photos

Date Information Sheet Produced: 02 May 2017

Project Title

Accentuate the positive – generating a culture of thriving and excellence in the Emergency Department

An Invitation

My name is Johanne Egan, I am one of the senior doctors working here in our Emergency Department at North Shore Hospital. I have a growing interest in our own health and wellbeing as acute healthcare workers and the impact this can have both in our professional and personal lives. I would like to invite you to participate in this research study being undertaken as a part of the Doctorate of Health Science programme. Your participation is voluntary and you may withdraw from the study at any time prior to the completion of data collection.

What is the purpose of this research?

The purpose of this research is to consider the health and wellbeing of staff in acute healthcare ultimately in order to generate a culture that promotes our own positive wellbeing or thriving.

The Emergency Department is a melting pot of almost every aspect of humanity. It can be a place of pain, disease, despair and death. It can be a place of overloaded systems where increasing patient numbers and need can overwhelm available staffing, technological and physical resources. Much of this overshadows other truths about the Emergency Department. That it is also a place of care, of compassion, of excellence where many acts of kindness and genuine heroism occur every day. It can be a place of deeply meaningful connection, of achievement and joy in learning and teaching. These positive aspects align well with what positive psychology is discovering are key components of living a life beyond merely surviving, one of thriving.

This research project is one of accentuating these positive aspects within the Emergency Department in the hope that this may generate a culture that promotes thriving and excellence. The research will be written up in a doctoral thesis and presented in both written and spoken forms within academic and clinical forums.

How was I identified and why am I being invited to participate in this research?

You have been identified as a member of staff of the Emergency Department at Waitemata DHB. This is a project hoping to involve as many members of our staff as possible.

What will happen in this research?

This aspect of the research is purely collecting photos of staff at work, photos that will be used in the documentation, both in a report to the department and in the written thesis.

What are the discomforts and risks?

It is not anticipated that any harm will come from participating in this research. You will be able to withdraw from the project at any stage up to finalising the report and or thesis.

What are the benefits?

There have been many benefits shown for increased positive wellbeing (thriving) in almost every aspect of life. It is hoped that participating in this research will give you the opportunity to consider your own wellbeing, that of your colleagues and be a part of influencing our work culture to promote thriving for all of us.

This research will be a part of my doctoral thesis.

How will my privacy be protected?

Agreeing to being in a photo does not in any way identify you as an active participant in any of the other phases of this research. They are simply photos of colleagues at work in our Emergency Departments.

What are the costs of participating in this research?

There is no cost. These photos will be taken during your normal hours of work.

What opportunity do I have to consider this invitation?

Photo opportunities will be taken as they arise during a clinical shift. You are in no way obligated to participate, you will be shown the photo should you agree and you will then be able to withdraw consent up to the time of finalising the report and or thesis.

How do I agree to participate in this research?

Agreement to participate in this research will be by agreeing to be photographed and signing a consent form. Should you have any further questions please don't hesitate to contact me directly; my contact details are at the bottom of this information sheet. A consent form will be available to read and complete prior to taking the photos.

You are free to choose not to be involved or to withdraw from this research at any stage without being disadvantaged in any way.

Will I receive feedback on the results of this research?

Yes. You will have access to the report for the department. The written thesis will be available through Auckland University of Technology once it is completed.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Prof Liz Smythe, email: liz.smythe@aut.ac.nz. Phone (09) 921 9999.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, *ethics@aut.ac.nz* , 921 9999 ext. 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:	***Project Supervisor Contact Details:***
Dr. Johanne Egan	Prof. Liz Smythe
Email: jojessmatt@gmail.com	Email: liz.smythe@aut.ac.nz
Phone: 027 6366816	Phone: (09) 921 9999 ext 7196

Approved by the Auckland University of Technology Ethics Committee on 15 May 2017, AUTEC Reference number 15/307

Appendix J: Consent Form for Photos

Consent Form - Photos

Project title: *Accentuate the positive – generating a culture of thriving and excellence in the Emergency Department*

Project Supervisor: ***Prof. Liz Smythe***

Researcher: ***Dr. Johanne Egan***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated 16.08.15.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that these photos will be used to illustrate the report and written thesis from this work in our department.
- ○ I understand that being a part of these photos is independent of participation in the rest of the project, I am here as a member of our department with no identification in terms of having participated or not in other parts of this project.
- ○ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ○ I agree to take part in this research.
- ○ I wish to receive a copy of the report from the research (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

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Date:

Approved by the Auckland University of Technology Ethics Committee *on15 May 2017,* ***AUTEC Reference number 15/307***

Note: The Participant should retain a copy of this form.

Appendix K: The Dreams

An ideal Emergency Department

There were several groups who presented their dreams of an ideal Emergency Department.

A dream department

The ideal Emergency Department has a monitored and resus oval, acute and paediatric areas, as well as a GP walk-in clinic. There is a specialised mental health unit staffed day and night with mental health nurses. The department has its own orderlies, security staff, ECG technicians, and phlebotomists. The staff hub comes complete with cakes, chocolate, chips, a coffee machine, filtered water, a sleep pod, and a pool table. There is also a visitor lounge with tea, coffee, and cakes.

Representation of a dream Emergency Department

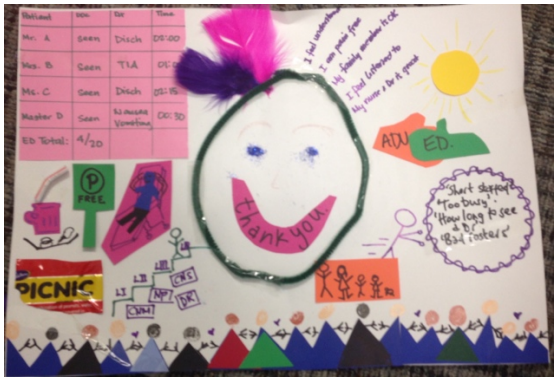
The components of a dream department

The dream Emergency Department has many of the themes of thriving that emerged in the discovery phase; gratitude, connection, being valued, happiness, teamwork, compassion, and caring.

The components of a dream Emergency Department

Thinking of an ideal department

This dream has images to represent being fully staffed, free parking, and easily available food and drinks. There is a ladder offering staff the opportunity to progress to higher levels of their career. The 'white board' shows a department that is settled. There is appreciation from patients and their families. The Acute Diagnostic Unit (ADU) and the Emergency Department are working hand in hand in a co-ordinated, interconnected way. This dream has collected the negative aspects of work in a circle that is being pushed out. There is a recliner chair available for nights and a calm room to recharge.



Another dream Emergency Department

Busy bees in the Emergency Department

This dream is of a colourful Emergency Department, bright and airy with sunshine filtering through. It is a space that works systematically, like a beehive; with one language so that everyone, although busy, is able to thrive. There is free food and comfortable spaces. The charge nurse is the queen bee; she/he carries a moneybag so

there is an endless supply of all our needs. She is also able to make new bees (staff) any time we need more staff. The department is fully interconnected.

The Emergency Department dream, working like a beehive

A thriving Emergency Department

This dream included music in the department, having open spaces with natural light and a view to outside. There is reference to time; day to night, realising everything comes and goes. The patient is in bed with blood on the floor; one of the participants found satisfaction in clinical situations where there was an obvious need that could be fixed. The patient is covered with a blanket, tucked in. Basic needs are met and human connections are made. Plentiful resources are available to do the kind of job they want to do.

Dreaming of a thriving department

A floating Emergency Department

This dream is of a floating ED; floating on serenity which enables a buoyancy to cope with rough seas. It is supportive and dynamic with a big heart rising above the department and a prominent resus trolley. Everyone is supported and moving in the same direction.

Dreaming of a floating Emergency Department

A tree Emergency Department

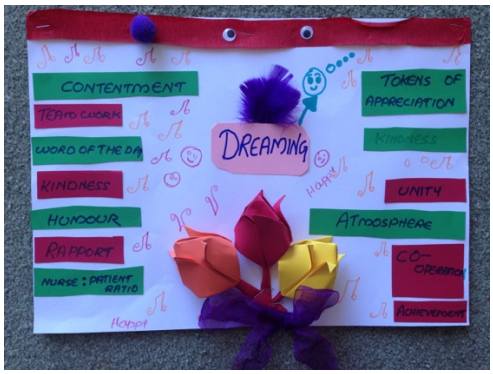
This dream is of a tree Emergency Department, filled with peace, good communication, and love flowing through different professions and to the patients. There is a koru representing health and wellbeing. There is also a lamp of life, inviting all cultural wisdom and a person with their hands together in a formal gesture of welcome, Namaste.

Dreaming of a Tree Emergency Department

A department filled with dreams

This dream is of a department filled with humour, achievement, kindness, positive emotion and lots of laughter. There is a game, called 'word of the day' and an atmosphere of openness where everyone feels free to speak up. There is creativity with crossword puzzles and activities for adult patients to pass the time while waiting.

There is music in the background and gowns for patients designed with modesty and functionality in mind. The nurse to patient ration is 1:2.



A department filled with dreams

A department of love, laughter and compassion

This dream Emergency Department was presented as a game, "Today I visited North Shore ED and I got……" Staff each pulled a picture or creation out of a bag of goodies and named their 'item' – it was then pinned up onto the clothesline. The next person repeated what the others had found and added their dream to the list. The dreams included; kindness, a warm blanket, a free carpark, a warm welcome at reception, smiles, laughter, understanding, a call bell, a caring nurse, an awesome doctor, awesomeness, a cup of tea, appreciation and empathy, a flower sticker and important information about what was happening. Those listening to the presentation then got an opportunity to add their dreams, these included; love, kudos, assistance with basic needs, pain taken away, balloons and food.

Dreaming of a Department of love and laughter and compassion

Bringing the outside in

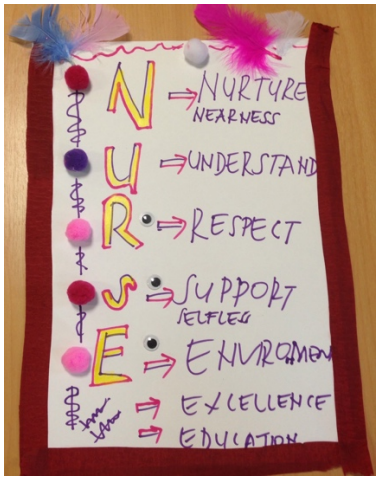
This dream Emergency Department has three parts to it. The first; the outside entrance has a road to recovery taking patients past trees, flowers, sunshine and a sign with directions to other options, the zoo or the beach. The next part is a bright,

welcoming triage area with people from all different ethnicities, a large window to see outside and a table with a fishbowl. Throughout this department are warm hearts creating a happy and caring environment. The acute area of the department is separated into adults and paediatrics, both are well-staffed. The paediatric area has music playing and happy patients.

A dream Emergency Department

An ideal nurse

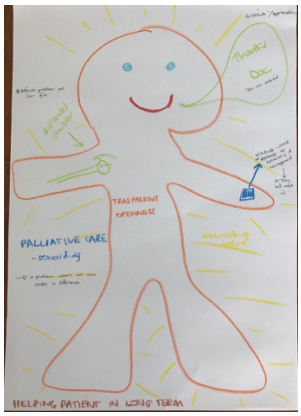
This dream expanded the letters of nurse – what this role represents and the ideals that exist within.



Dreaming of the ideal nurse

An ideal patient

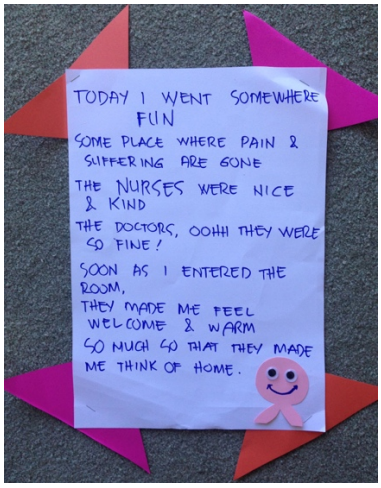
This dream is a voodoo doll of a patient with all the aspects of patient care and interaction that fostered thriving. The patient has an identifiable problem that staff can fix, they are appreciative of the care given to them, they value the department and staff and they are a patient for whom staff can make a difference, even better if this difference means helping them in the long term, not just a quick fix. They have an electrode that transmits positive feedback to management and they emanate transparency and openness. In dreaming about the department, this group talked about a workplace that feels safe with a protective umbrella providing shelter and support. They talked about staff knowing one another's names and having time to build relationships. Their dream includes a departmental dog bringing calm and wellbeing.



Dreaming of an ideal patient

An ideal patient experience

This dream was developed into a poem of an ideal patient experience.



Dreaming of an ideal patient experience

A thriving healthcare worker

At the centre of this dream is a thriving doctor/nurse/healthcare worker (complete with stethoscope), surrounded by a force field of wellness; it was described as a confessional, a safe space where you can do your best and not be judged. Then there are four different corners with aspects that are adding to wellbeing for the department and feeding into the wellness of the individual staff.

Dreaming of a thriving healthcare worker

There is a wellness dog; a service dog to help foster all these good qualities:

- Staff connection – asking each other how their weekend was, building relationship.
- Education – sharing expertise, teaching others, being energised by students' excitement and success.

- Gratitude – from staff and from patients; feeling like we make a difference, being valued.
- Support – 'I heard you had a difficult case the other day…I've been there too. How are you doing?'

Super-duper doc

This dream super-duper doc has a third eye to watch out for patients kicking off behind them or trying to do a 'runner.' There is a time stopper for time out to rest, to freeze everyone, allow naps on night shift, and moments to go outside. The cloak is magic, there to give cuddly hugs for comfort, to fly like a magic carpet between areas of the Emergency Department and to swish into resus like a superhero to save the day. When it all gets too much the magic cloak can become an invisibility cloak. The super-duper doc is holding a magic wand that can cure chronic pain and teleport patients to radiology.

Dreaming of a super-duper doc

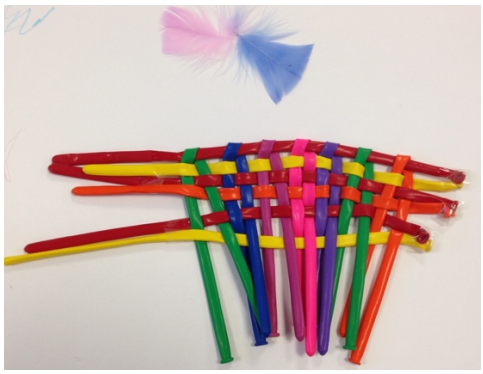
We're all in this together

This dream represents the interconnected team, all involved together. They have snacks; food and drink available, a face with big ears; actively listening to one another. Along the bottom are people; all different kinds together working as a team work, all with contagious smiles.

Dreaming of all being in this together

Dreaming of interconnectedness

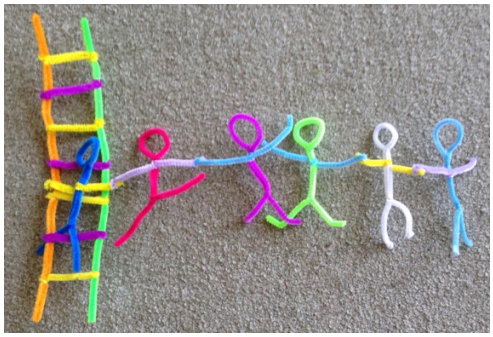
This dream is represented by weaving together balloons, weaving life's rich tapestry; imagining all the different aspects of the department coming together, the whole becoming more than the sum of its parts.



Dreaming of interconnectedness

Dreaming of an interconnected team

The dream is made up of six people holding hands, helping each other up a ladder. It represents a fully staffed department, all connected and working together as a team.



Dreaming of a fully staffed, interconnected team

A bouquet of emergency flowers

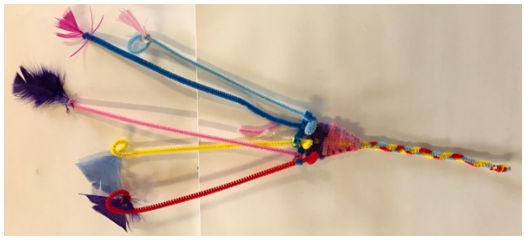
This dream was presented with a role play of a handover. It started with good news; sharing a success of one of the team members. Humour was embedded within the language, which was overtly appreciative in nature. The appreciation was personal and specific. They proposed a concept of 'caught being good'; looking out for team members acting with the values that promote wellbeing. Their bunch of flowers were presented with a poem:

> *ED is a bouquet of flowers*
>
> *Each flower is individual and beautiful*
>
> *Together they are special but required work*
>
> *Some flowers need support and others need something small like water*
>
> *Despite different backgrounds they come together as a group and become better.*

A bouquet of emergency flowers

Staff catcher

This dream is a clinician/staff catcher; it brings together the right team of people for the right patient. Individually these people have skills to contribute in their own ways; brought together, they become more than the sum of each one. They are ideally matched. They have fun and there is a positive vibe right from the beginning with meeting the patient. The patient gets a sense of reassurance and confidence and shows his/her appreciation. The patient forms part of the team.



Dreaming of a staff catcher

A magic wand of thriving

This magic wand is a symbol to remind us about the magic we can bring to our days, our interactions, and to our patients. There are rewards in magic; from the bottom of the wand chocolate bars were distributed. The wand is colourful, and the different aspects of the wand are integrated, connected. The long blue ribbon is cut from one piece of blue paper representing change.

A magic wand of thriving

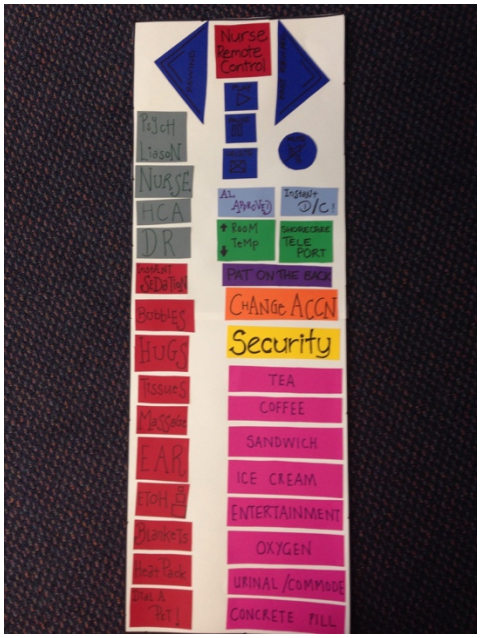
A vase of thriving

This dream is a vase with flowers, representing thanks, love and sympathy. The vase is a vessel of positive attributes that enables us to do our job well. Attributes include; empathy, understanding, gratitude, knowledge, and team work.

Dreaming of a multisided vase of thriving

Emergency medicine by remote control

This dream is of a remote-control device that all nurses would have at their fingertips. It allows things to happen at the touch of a button. The group thought the buttons used most often would be fast forward and pause. Rewind would likely be a popular one too. The idea of having control, of being able to provide things we wanted both for our patients and ourselves, would be fantastic.



Dreaming of a remote control to use in the Emergency Department

Somewhere over the rainbow

There were three dreams with "Over the Rainbow" music embedded. This dream was presented with the song 'Over the rainbow' playing throughout their explanation. The picture is scenic; a joyful place with a rainbow leading to a pot of gold. The gold is made up of the themes of our thriving. It is strategically placed on the top of a mountain; acknowledging that 'gold' often involves getting over difficulties, meeting challenges, and extending ourselves. At the bottom, there is a river of tranquillity. The dove is there to represent peace. It is a calm place to work with natural light and the sun to warm us. The triangle – made up of staff, patients, and environment – shows that each of these influences one another. Each part is important to consider for the department to work well. This department has a valve at the front door; ensuring an even flow of patients throughout the day. The dream also included a balloon dog to represent fun, loyalty, and joy.

Dreaming of somewhere over the rainbow

Over the rainbow take 2

This dream was sung, to the tune of "Over the rainbow." The lyrics were changed to express the dream Emergency Department.

Somewhere over the rainbow there's an ED
Where everyone is part of a team and one is every cranky
The IV's always go in free
And I can always take a pee
There always is an orderly
Where notes are where their supposed to be
That's where you'll find us
Somewhere over the rainbow, we're on fire
All patients happy and smiling
No one will ever tire.

Dreaming again of somewhere over the rainbow

Over the rainbow take 3

The third over the rainbow dream had background music as they presented their dream. The dream has a patient bed space next to the nurses' station. The bedspace

shows a sick patient tucked in to a nice bed with a duvet keeping him/her warm. There is an ensuite, a happy family member and a view outside. The nurses' station has flowers and chocolates from satisfied and appreciative patients, happy nurses, and a lolly jar. The nurses are colourful, in personalised uniforms and colourful shoes, all made of comfortable material. There is a good nurse to patient ratio and a sign out the front with the hours of operation being 0900-1700 Monday to Friday.

Dreaming of an Emergency Department over the rainbow

The dream team

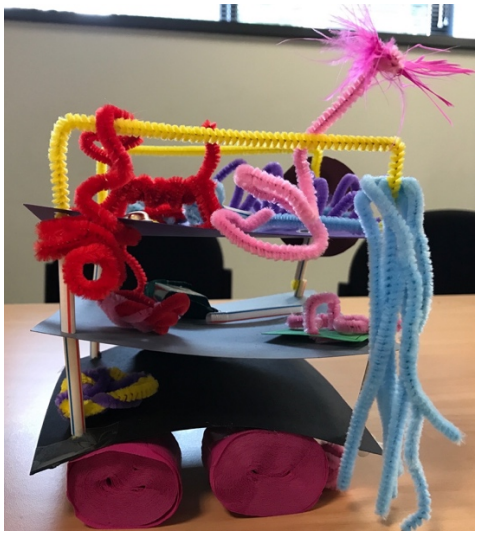
This dream team is made up of people with a mix of skills, all there to help one another. Each member of the team has a sense of belonging, a feeling fostered with mutual respect and trust; they are all friends. The roster is flexible, they work together to give and take and look after one another. There is fun and humour in the day to brighten things up, as well as coffee and shared food. There is gratitude and appreciation; from each other, from other colleagues and from patients and their families. There is time for meditation to bring calm, openness and cooperation. There are smiles, laughter and kindness.

The dream team

A trolley full of thriving

This dream is a trolley that will travel around the department; for the doctors and nurses. It is multi-layered with many different features;

- A time machine – once activated this allows a 'pause' to chill out, rest and make use of the other features of the trolley
- Water feature – this is on the side; freely available fresh water can be accessed without the need for a Styrofoam cup (environmentally friendly). It is also a nature feature creating the soothing sounds of water, producing mist to make you feel refreshed
- Bean bags – with a massage component to them
- Spider monkey – because they are cool animals. This represents pets in the department. The possibilities of goldfish tanks were considered or piped birdsong (like at the international airport as you arrive)
- Music
- Dog – again returning to the theme of pets visiting the department
- An upward spiral of happiness
- A circle of life
- Food – chocolate bars – representing all kinds of sustenance
- A tickler – for fun, banter and laughter
- Table tennis table – representing a breakout room, fun and friendly competition
- A reminder to start with humanity



A trolley of dreams for the Emergency Department

Bridge over troubled water

This dream is called 'Bridge over troubled water,' the song of the same name was playing in the background as the dream was presented. The bridges represent different challenges and the many different ways we offer help for people to get through and over their challenges, both for patients and one another. There is a rainbow and a dove; hope watching over us. Each of the people in the poster has a visible heart and chocolate nearby – rewarded for their kindness and their care. There is a feeling of love; of interconnectedness. The patient is at the centre of the department.

Dreaming of a bridge over troubled water

Ties that bind

This dream is called "Ties that bind." Each thread (pipe cleaner), beautiful in its own way, comes together to create something spectacular, something exciting. There is sharing, love and respect, a spiral upwards from a strong foundation of different colours representing different skills, all having something to contribute. The words on

the poster are; eclectic, gratitude, hope, trust, recognition, the ties that bind, connection, energy, resilience, flexible and knowledge.

Dreaming ties that bind us together

Emergency: So much more than a word

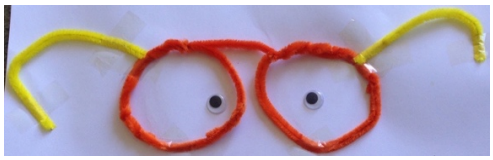
This dream is of ED Eddie; Eddie standing for empathy, dignity, difference, individualised, and excellence. Eddie was presented in a chant made up of the letters in emergency.

E – empathy
M – making a difference
E – excellence
R – recognition
G – gratitude
E – more excellence
N – nurturing
C – compassion
Y – you!

Emergency: so much more than a word

All seeing glasses

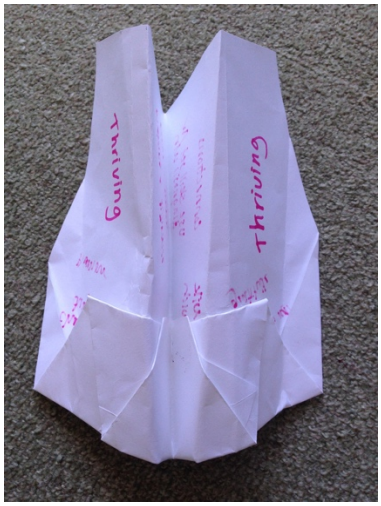
These dream glasses can see pathology and problems clearly, making diagnoses simple. They work particularly well with biophysical problems in one mode and have a switch that opens the view to also see psychosocial/spiritual problems.



Dreaming of all seeing glasses

A paper plane of thriving

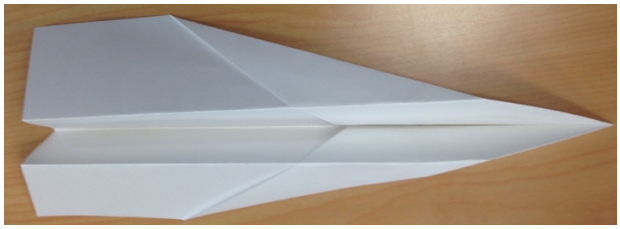
This dream is a paper plane with thriving written on the wings, and underneath all the things that promote our thriving; creating the wind beneath our wings to lift us up. The words under the wings are: positive feedback, challenging diagnosis win, humour, making a difference, rescue, HERO, grateful, difficult job well done, gratitude, connections and use skill set for diagnosis win.



A paper plane of thriving

Rocket ship trip to thriving

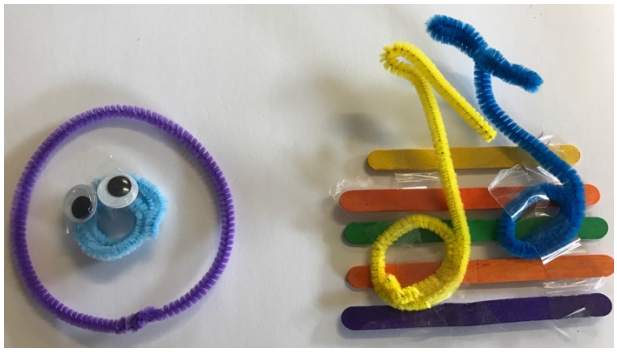
This dream is of a rocket ship to take anyone to their happy place. Whenever they need it, are frustrated or tired, or just needing a break, the rocket ship will take them away to be recharged and then bring them back to work.



Dreaming of a rocket ship trip to thriving

Patient in the centre and music in our ears

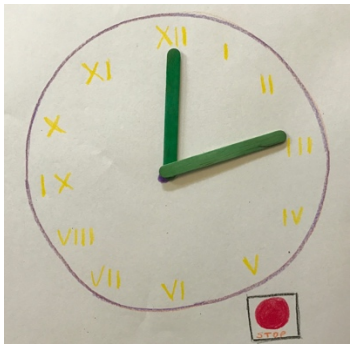
This dream incorporated music, thinking about the impact of the right song, giving everyone a lift, to feel motivated and ready to tackle anything. There is also a link to everyone hearing the same song; being on the same page. The circle has the patient at the centre encompassed by the team, all working together.



Musical dream with patient at the centre

Time with pause

This next dream is of a clock, one that has a stop button to allow time to be paused. A button available to use when interacting with annoying people, so you can just walk away or to use so you can do all the things you want to do on a shift, including getting coffee and chocolate. The pause button provides time to really appreciate the job.



Dreaming of a pause button

Mystical magical helmet

The mystical magical helmet allows for transmission of thoughts into the computer to complete patient documentation. It is sophisticated, it goes with any outfit and it takes away some of the not so fun aspects of the job.

Dreaming of a mystical magical helmet

Dreaming of kudos

This dream was presented as a role play of kudos! Staff set the scene with one member walking across the room, it was a sunny day, a patient arrived with a dislocated ankle. They all gave the ambulance officer a high five and 'kudos' for a job well done. Then 'kudos' was given to the nurse who assessed the patient, and again for the doctor who relocated the ankle. After each job well done – there was kudos; yahoos and shaking pompoms they had made to cheer each other on. They each wore different balloon hats. Their dream was filled with humour, achievement and gratitude.

Dreaming of an Emergency Department filled with kudos

The tree of life in the Emergency Department

This dream is the tree of life in the Emergency Department. The tree has a strong base with roots. It has a heart in the centre and eyes just above representing insight and vision. The people in the tree are connected to one another. The strong canopy lets in natural light. The tree provides a strong family foundation from which we can grow and flourish as well as being a comfortable place for rest. The tree produces fruit to

eat and keep us healthy. There is music and a cat at the bottom of the tree. The bow at the base of the tree is there to represent being valued and appreciated.

The tree of life in the Emergency Department