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COMPARING APPRECIATIVE INQUIRY TO A DIAGNOSTIC TECHNIQUE IN ORGANIZATIONAL CHANGE: THE MODERATING EFFECTS OF GENDER

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ABSTRACT. Organizational development and change may be initiated from two different starting points. A diagnostic approach begins with an examination of problems to assess and correct dysfunction. In contrast, the Appreciative Inquiry approach begins by identifying an organization's strengths as resources for change. An experimental study was conducted to compare the processes and outcomes that arise during the first phase of each approach. Results show that both approaches lead to different but favorable and complementary outcomes. Both participant gender and the gender construction of the dyads in which individuals participated moderate these effects in unexpected ways. The implications for understanding the processes by which both methods work, and the potential for combining them, are discussed.

INTRODUCTION

Debate has been lively in the field of organizational development regarding what approaches are most suitable to instill workplace

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change. Organizational Change is often broached from two very different approaches. Diagnostic techniques comprise one starting point and examine organizational dysfunction to assess and correct what is wrong. These techniques have a long history of success spanning several decades of research and practice. Recent research, however, suggests that the negative side effects of diagnostic approaches, including distrust, power struggles, bureaucracy, and conflict, can prevent them from being fully effective (Mirvis & Berg, 1977; Quinn & Cameron, 1985). Appreciative Inquiry was developed as an alternative to diagnostic techniques. This approach focuses on the positive core of the organization as the starting point for change, rather than on its current negative state (Cooperrider & Whitney, 1999). Supporters of Appreciative Inquiry have provided anecdotal evidence as to the process's effectiveness in terms of enhancing creativity (Barrett, 1998), overcoming organizational inertia and stimulating team and professional development (Goldberg, 2001), creating and implementing strategy (Johnson & Leavitt, 2001), and garnering stakeholder engagement (Whitney & Cooperrider, 1998). However, little empirical evidence exists to establish its relative efficacy over diagnostic approaches (see Bushe & Coetzer, 1995; Jones, 1998).

To help address the noted absence of empirical testing of Appreciative Inquiry and to bridge the gap between practice and theory (cf. Pettigrew, Woodman, & Cameron, 2001), we conducted a field experiment to compare the initial Discovery phase of Appreciative Inquiry with the initial Problem Identification phase of a diagnostic approach. We examined individual-level processes and perceived outcomes of organizational development and change, including emotions and workers' perceptions of their organization and themselves. Results provide insight into how the two methods operate. Appreciative Inquiry has some of the favorable effects on self and affect that its proponents allege. Likewise, the diagnostic approach we assessed has favorable effects on employee perceptions of organizational outcomes. Findings suggest that Appreciative Inquiry reduces the negative affective consequences associated with change initiatives and that the diagnostic approach promotes more long term strategic thinking and relationship-related perceptions. We also found that participant gender and the gender construction of the dyads in which individuals participate moderate these outcomes in both predictable and unexpected ways. We

discuss the implications of our results in terms of the underlying processes and relative effectiveness of these two methods. The limitations of the current research and directions for future research are discussed.

BACKGROUND

The field of organizational development has no lack of frameworks and models of change (see Weick, 1999, for a review). A common point of departure for many of these is for participants to identify problems within their organization. Once a problem is identified, participants generate alternatives to remedy the issue, select and implement a program of change, and assess its effectiveness. Despite decades of refinement to this diagnostic approach, resistance to change remains inevitable and frequently threatens the success of change programs, particularly during the initial phases of the process (French & Bell, 1995).

We suggest that resistance arises from the negativity inherent in diagnostic approaches, particularly in the early phases. These approaches initially emphasize, articulate, and communicate the organization's dysfunction to induce dissonance among participants (Kotter, 1995). This dissonance, in turn, creates a sense of urgency and exigency toward the problem at hand (Nadler & Tushman, 1989; Spector, 1989), dissonance that participants are motivated to reduce. As a consequence, they are more prone to collaboration, cooperation, and participation within the change process (Barczak, Smith, & Wilemon, 1987; Beer, 1980; Tichy & Ulrich, 1984).

This negative approach, however, has also been shown to have detrimental effects on participants and organizational outcomes. Senge (1990) describes how the process of analyzing problems and identifying solutions in and of itself may stifle creativity and flexibility. Scholars have also documented that diagnostic approaches threaten individuals' self-efficacy and confidence by increasing uncertainty and emphasizing negativity (Gergen, 1990; 1994). Discomfort and fear become mechanisms to obtain employee compliance, but not necessarily internalized change (Ackerman, 1984; Dehler & Welsh, 1994). Resistance, defensiveness, and blaming may result (Barge & Oliver, 2003; Vince & Broussine, 1996), undermining the possibility of positive, sustainable organizational change (Bushe, 2001).

Appreciative Inquiry was developed as an alternative to overcome these negative consequences of diagnostic approaches. Rather than concentrating on the organization's negative state, participants' early attention is focused on positive images of the organization and its ideal state (Cooperrider & Srivastva, 1987). Participants are guided by a trained facilitator to envision a healthy, effective organization in which they take an active role in contributing to the organization's success. By focusing on an image of strength and efficacy, individuals anchor on positive outcomes in a process that Appreciative Inquiry proponents believe reduces the fear, stress, and anxiety that are commonly associated with organizational change (Magruder Watkins & Mohr, 2001).

Different Processes, Different Steps

Individual scholars and practitioners have advocated different processes and methods, each with its own different steps (e.g., Kotter's 12-step process, 1995; Jick's 10-step model, 1991; Beer, Eisenstat, and Spector's 6-step process, 1990; etc.). Many of these techniques begin by identifying and elucidating the problems facing the organization, then lead participants through a process of identifying, selecting, and implementing a solution.

In contrast, the process of Appreciative Inquiry begins with the organization as an asset to be celebrated, a more positive perspective that counters the initial apprehension and tension generated by diagnostic approaches. The Appreciative Inquiry process typically involves four phases: Discovery, Dream, Design, and Destiny. In the first phase, participants engage in an interview activity during which they discuss the positive capacity of their organization. Participants share recollections about when they felt most alive, energized, engaged, and effective within their organization. The goal of this process is not to ignore or hide problems, but rather to lay a positive foundation for change as a productive, rather than destructive, process. Next, participants are asked to envision a favorable end-state for their organization during the Dream Phase. This end-state includes, quite literally, a vision of a better world, a powerful purpose, and a compelling statement of strategic intent. This end-state provides a favorable goal toward which participants will work during the third phase. The intent of the third phase, the Design Phase, is to encourage participants to work together to form

their shared positive vision, not to correct, solve, or cure a particular problem as is typical with diagnostic processes. The fundamental premise of this phase is that by recreating a more positive organization, participants will solve the problem on which attention was initially focused as well as its antecedent causes. Finally, in the Destiny Phase, participants work collaboratively to engage in activities to move all toward the positive shared end-state. (See Cooperrider, Whitney, & Stavros, 2003, for a more complete description of the process.) Table 1 summarizes and contrasts the phases of Appreciative Inquiry with the steps of a diagnostic approach to instill organizational change.

TABLE 1
Appreciative Inquiry versus Diagnostic Approaches

	Appreciative Inquiry	Diagnostic Approaches
Step 1	Discovery Ground participants in positive frame of mind	Problem Identification Identify the causes of dysfunction
Step 2	Dream Generate possible favorable outcomes without regard to current dysfunction	Generate Solutions Generate possible remedies to the previously identified causes of dysfunction
Step 3	Design Identify shared end state that is more favorable than current state	Select Program of Change Select one or more activities designed to remedy dysfunction
Step 4	Destiny Identify and implement activities to achieve end state	Implement Change Implement activities to effect organizational change

Hypothesized Outcomes

In the study presented herein, we examine the outcomes that participants experience when engaging in the first phase of either an Appreciative Inquiry change exercise (the Discovery phase) or a diagnostic change exercise (the Problem Identification phase). We focus on the first phase of both change processes because they are thought to set the emotional and attitudinal foundation on which the success of subsequent phases will be determined. Anecdotal

evidence suggests that Appreciative Inquiry engenders positive emotional experiences that facilitate organizational change. Two mechanisms related to this positive emotion are thought to underlie the effectiveness of appreciative inquiry: 1) an increase in positive emotions that arise during the process, and 2) the activation of a positive view of self among participants.

Specifically, the Discovery phase of the Appreciative Inquiry process petitions individuals to recall a time when they felt particularly positive and effective within their organization. Case reports attest to Appreciative Inquiry's ability to generate positive emotion as an intended consequence. For example, George and McLean (2001) report that Appreciative Inquiry produced an environment of social helpfulness and pride during their work with a small business. Ryan and colleagues were able to transform passive negativity into excitement and interest and to create cultural reform at an urban school system (Ryan, Soven, Smither, Sullivan & VanBuskirk, 1999). Appreciative narrative was used to generate feelings of hope among community leaders of a Chicago area development project (Ludema, Wilmot & Srivastva, 1997).

Despite the prevalence of cases demonstrating the effectiveness of Appreciative Inquiry in practice, little empirical evidence exists regarding the efficacy of the Discovery phase to generate positive affect and to facilitate change. The task in which participants engage during the Discovery phase, however, is structured similarly to mood manipulations used in psychological research on affect and emotion (Clark & Isen, 1982) and thus should generate positive affect. Specifically, the Discovery task has participants retrieve and reactivate positively-valenced work-related memories. Prior work on schema-triggered affect has shown that the affect associated with such recollections is activated and re-experienced at the time of recall (Bower, 1981; Fiske, 1981; Palfai & Salovey, 1992). As a result, positive (negative) emotion should be higher (lower) for someone engaged in the Discovery phase of Appreciative Inquiry compared to the Problem Identification phase of a diagnostic approach due to the reactivation of positive affective associations. Therefore, we hypothesize the following:

Hypothesis 1. Compared to a diagnostic approach, Appreciative Inquiry will result in more positive and less negative emotion.

Similarly, the focus of the Appreciative Inquiry Discovery task on the self is likely to activate positive aspects of participants' self schemas as related to work within their organization (Johnson & Magaro, 1987; Kelvin, Goodyer, Teasdale, & Brechin, 1999; Sutton, Teasdale, & Broadbent, 1988). The content of one's current self-concept and salience of specific aspects of self have been shown to influence both attitudes (Ibarra, 1999; Linnehan, Chrobot-Mason, & Konrad, 2002) and behaviors (Aquino & Douglas, 2003; Elsbach & Bhattacharya, 2001). Again, practitioners of Appreciative Inquiry have observed similar self-related outcomes and find that employees are more proactive, take more initiative, and seek out additional ways to develop their knowledge within the context of the initial change exercise (Mohr, Smith, & Watkins, 2000; Magruder Watkins & Mohr, 2001). However, these favorable self-related outcomes have not been substantiated with empirical support. Consistent with these observations and the self schema theory underlying them, however, it is likely that Appreciative Inquiry's positive context and focus on self makes salient positive aspects of one's self concept. Therefore, we hypothesize that:

Hypothesis 2. Compared to a diagnostic approach, Appreciative Inquiry will make salient a more favorable view of self.

It should be noted that Appreciative Inquiry does not purposely generate emotion and activate positive aspects of self without sound rationale. Prior research shows that positive emotion has a favorable impact on a number of desired organizational outcomes, including job satisfaction (Weiss & Cropanzano, 1996), workplace attitudes (Ashkanasy, 2002; Lee & Allen, 2002; Mossholder, Settoon, Armenakis, & Harris, 2000), helping behaviors (George & Brief, 1992), social support (Staw, Sutton, & Pelled, 1994), and task satisfaction (Kraiger, Billings, & Isen, 1989). Attention to positive aspects of self, including self-esteem and one's role in the organization, influences employees' effort exerted (Korman, 1977), attitudes toward the organization (Mone, 1994), and job satisfaction (Cote & Morgan, 2002). Thus, we hypothesize that:

Hypothesis 3. Compared to a diagnostic approach, Appreciative Inquiry will result in more favorable organizational outcomes.

Gender and Appreciative Inquiry

Central to Appreciative Inquiry are concepts of open dialogue, relationship building, valuing strengths, sharing, and empowerment (see Anderson, Cooperrider, Gergen, Gergen, McNamee, & Whitney, 2001). With few exceptions, this approach is more consistent with what research suggests are feminine (versus masculine) management and communications styles. As a consequence, it is likely that the effects of Appreciative Inquiry will differ depending on participant gender. Prior research suggests that gender differences may be particularly marked with regard to Appreciative Inquiry's ability to empower participants in the change initiative and with regard to Appreciative Inquiry's impact on communications among participants.

Empowerment (i.e., having a sense of power, control, and self efficacy; Nelson & Quick, 2002), favorably influences initiative, effectiveness, and resiliency (Thomas & Velthouse, 1990), effort (Gecas, 1989), employee performance (Locke, Frederick, Lee & Bobko, 1984), job satisfaction (Bacharach, Bamberger, Conley & Bauer, 1990), and affective commitment to the organization (Spreitzer & Mishra, 2002). Women seem to perceive empowerment differently than men. For example, women are particularly responsive to efforts that increase their sense of power (Eylon & Bamberger, 2000), especially when empowerment is coupled with a sense of reciprocity (Darlington & Mulvaney, 2003). Further, women feel more empowered in relational contexts where they have power to effect change collaboratively, while men feel more empowered in contexts where they have power over or in contrast to others (cf. Yoder & Kahn, 1992). Alternatively, men respond more strongly to decreases (versus increases) in power, becoming less satisfied with their jobs when not empowered (Eylon & Bamberger, 2000).

Independent of gender, interactions that increase connection and engagement between and among employees and managers enhance employees' sense of empowerment (Kim, 2002). Such interactions, however, are hallmarks of female conversational styles. Females show more supportive behaviors in conversation with others (Johnson, Funk & Clay-Warner, 1998) as exemplified by rapport talk, the goal of which is to build a bond between conversationalists (Tannen, 1990) rather than to exchange facts or information (Grice, 1975). Such relationship building is more important among women

than men (Belensky, Clinchy, Goldberger, & Tarule, 1986), and interactions among women are marked by cooperation (Grant, 1988), politeness (Holmes, 1995), and emotion (Goldshmidt & Weller, 2000). Women tend to be more polite, offering more compliments (Newcombe & Arnkoff, 1979) and appreciation (Troemel-Ploetz, 1991) in an effort to reduce status inequalities and emphasize solidarity (Hannah & Murachver, 1999).

In contrast, male conversation style uses language to establish status and to convey or gain information (Aries & Johnson, 1983; Tannen, 1990). Men tend to organize around mutual activities rather than relationships (Aries & Johnson, 1983) and are more likely to brag, joust, and insult than women (Holmes, 1995). Interestingly, when men enter into conversations with women, male-oriented patterns of dialogue predominate (Fishman, 1979). Ridgeway and colleagues suggest that differences in status between men and women influence these conversational dynamics within dyads and groups (e.g., Ridgeway, 1988; Ridgeway & Diekema, 1989; Ridgeway, Johnson & Diekema, 1994). Indeed, many studies show that dyadic conversations between females differ in a number of characteristics from conversations in which one or both participants are male (Leaper, 1998; Mulac, Studley, Wiemann & Bradac, 1987; Strough & Berg, 2000).

In summary, this brief literature review suggests that women may be more adept and facile with the Appreciative Inquiry process than men because of its consistency with feminine management and conversational styles. Further, Appreciative Inquiry may have a greater impact on women compared to men because of the different influence that empowerment has on women as compared to men. However, we expect that these effects will only occur for women when they work with other women, since interactions with and among men tend to follow male conversational norms at odds with Appreciative Inquiry. Therefore, we hypothesize that the results proposed in Hypotheses 1, 2, and 3 will be stronger for women, particularly when women work with other women. Formally:

Hypothesis 4. The favorable effects of Appreciative Inquiry on affect, view of self, and organizational outcomes will be stronger for women in same-gender dyads than for men or for women in mixed-gender dyads.

METHOD

The purpose of this study was to examine empirically the outcomes commonly (and anecdotally) associated with the initial phases of an Appreciative Inquiry and diagnostic approaches to organizational change. To do so, we designed an experiment to isolate the impact the first phase of each approach has on various outcomes and ran the experiment in a field setting with a non-student sample of adults. For diagnostic approaches, the initial phase is often Problem Identification as we operationalize it in this study. For Appreciative Inquiry, it is the Discovery phase.

The study site was a large, government administered medical center located in a major east coast city (referred to hereafter as “the hospital”). The hospital provides acute care, routine medical service, and nursing care to nearly 40,000 patients annually. Employees number over 1700, ranging from janitorial to highly skilled medical personnel. This government organization is particularly appropriate for a study regarding organizational change because research shows that public sector organizations such as this tend to be more hierarchical and bureaucratic (Scott & Falcone, 1998), to have less satisfied employees (Kurland & Egan 1999), and to be more resistant to change (Robertson & Seneviratne, 1995) compared to private organizations. Thus, this site provides a rigorous context in which to examine organizational change.

Two hundred twenty four employees participated in the study over a four-week period. One hundred eighty two were black, 24 were white, and 18 were of other ethnic groups; 124 were female. Age ranged from 25 to 70, with an average of 46.6 years old. These sample demographic characteristics are consistent with those of the general population of employees at the hospital as well as the city in which the hospital is located. Employee positions in the sample ranged from janitorial to middle management. All participants had been with the company for at least one year, with the highest length of employment being 44 years; the average was 11.5 years. Years in their current position ranged from under one to 35, with an average of 7.0. Education ranged from 8th grade (the minimum required for participation in the study) to advanced graduate degree (Ph.D., M.D., etc.), with a mode of some college or technical training beyond high school (45%). Participants were recruited through notices in employee newsletters, flyers on bulletin boards, and an information

table in the hospital lobby. Participants were compensated \$35 for their participation in the study, which took approximately 60 minutes to complete. Due to missing data, observations from 219 participants are included in the analyses.

Experimental Manipulations

Two characteristics differentiate the Discovery phase of Appreciative Inquiry from the Problem Identification phase of diagnostic approaches. One is the positive orientation of the process in which participants are asked to recall the best of their organizational experiences. In contrast, the Problem Identification phase is oriented toward identifying problems and their negative consequences. Second is the Discovery phase's focus on self and the role the individual plays in effecting positive change for the organization, which is contrasted against a third person focus found in diagnostic approaches whereby others (including "the organization") are responsible for effecting change. To disentangle these two effects (positive Appreciative Inquiry versus negative diagnostic orientation and self versus other change agent) and their respective contributions toward the success or failure of each approach, two factors were used to effect the manipulation of Appreciative Inquiry versus a diagnostic approach.

The first factor, labeled "orientation," manipulates the nature and valence of the task in which participants are asked to engage. Specifically, the *Appreciative Inquiry* condition of the orientation manipulation was adapted from previous administrations of the Appreciative Inquiry process (Cooperrider, Whitney & Stavros, 2003) and asks participants to anchor on positive experiences they have had with the organization. In contrast, the *diagnostic* condition of the orientation manipulation reflects problem solving goals by asking participants to think of a problem within the organization that needs to be resolved.

The second factor, labeled "change agent," manipulates the main actor(s) in the task. In the *self* condition of the change agent manipulation, the task description was worded in the first person (e.g., "...for you"), directing participants to think of either a positive experience or problem that they themselves had experienced. In the *other* condition of the change agent manipulation, the task description was worded in the third person (e.g., "...for other

employees” or “...for the hospital”), directing participants to think of either a positive experience or problem that pertained to others. In this design, the interaction between the orientation and change agent factors constitutes four cells in all. The Appreciative Inquiry/self cell represents the Appreciative Inquiry approach to organizational change, and the diagnostic/other cell represents a traditional diagnostic approach. The other two cells (Appreciate Inquiry/other and diagnostic/self) are included in the design to discern the differential effects that the orientation and change agent factors have on the efficacy of the Appreciative Inquiry approach. The manipulations are included in the Appendix.

Procedure

The study was conducted in a private area at the hospital where participants worked. Upon arrival at the study area, participants were paired with a randomly assigned partner (another participant) and directed to a private room to ensure their privacy and the confidentiality of their discussions. Participant pairs were randomly assigned to one of the four experimental conditions and received materials pertaining to that condition. After completing an informed consent form, participants proceeded to the experimental task as defined by their assigned condition. Specifically, they read through the initial paragraph of the experimental manipulation and the six related discussion questions; at the same time, a trained moderator read the manipulation and related questions to them out loud. They were then directed by the moderator and the written instructions to talk about each discussion question in turn. With the instructions completed and participants' questions answered, the moderator left the participants alone to conduct their discussion. After they finished their discussion, participants completed the written study measures independently, turned in their experimental materials, received their payment, and left the study area.

Measures

After completing their initial discussion as directed in the instructions, participants first completed the 20-item short form of the Positive and Negative Affect Scale (PANAS; Watson, Clark & Tellegen, 1988) to assess their affect immediately after the experimental manipulations (“Indicate to what extent you feel this

way right now, in the present moment"). The PANAS scale consists of 10 positive items (e.g., "enthusiastic" and "strong") and 10 negative items (e.g., "upset" and "scared"), and in this administration, they loaded reliably on separate factors ($\alpha = .91$ for positive affect, $\alpha = .86$ for negative affect).

Next, they performed a sentence completion task to assess their currently activated self concept (Forehand & Deshpande, 2001; Jackson, 1985; McGuire, McGuire, Child, and Fujioka, 1978). For this task, participants completed up to 10 (the maximum number of spaces allotted by the protocol; McGuire et al., 1978) sentences that began with "I am..." Each statement was coded as positive (e.g., "...a good person," "...beautiful"), negative (e.g., "...fairly tired today," "...dissatisfied with my job"), or neutral (e.g., "...41 years old," "...male") by two independent coders who agreed on 86% of these evaluations; discrepancies were resolved through discussion. The proportion of positive to total statements and the proportion of negative to total statements serve as two dependent variables (positive self and negative self) assessing the valence of one's currently activated self concept.

As a final measure, participants wrote a brief essay in response to the following probe: "Imagine the hospital now operating in the future. The year is currently 2010. When you now envision the hospital, what do you see? Please describe this vision." The goal of this task was to assess perceived future organizational outcomes as envisioned by study participants. Based upon a review of organizational change literature, the authors identified desired outcomes associated with successful change efforts and developed items to be used to evaluate the participants' essays for evidence of these outcomes. Three trained research assistants rated the essays independently on 7-point scales for these items, and their responses were averaged to yield a single measure for each. These perceived outcome measures were overall attitude toward the organization (positive/negative, 13 items, $\alpha = .98$), evidence of empathy toward others (4 items, $\alpha = .90$), descriptions of employee empowerment (3 items, $\alpha = .92$), overall creativity of the essay (low/high, 5 items, $\alpha = .75$), signs of collaboration among employees and/or patients (4 items, $\alpha = .95$), and long term strategic orientation (short term tactical/long term strategic, 3 items, $\alpha = .86$). See Table 2 for all items and loadings

TABLE 2
Results of Factor Analysis for Perceived Future Organization Items

Item	Factor Loadings	
	Attitude toward the Organization	Empathy
The author/author's...		
...attitude toward org. was very unfavorable/very favorable	0.95	0.11
...attitude toward the org. was very bad/very good	0.94	0.11
...overall attitude was very bad/very good	0.94	0.11
...overall attitude was very unfavorable/very favorable	0.94	0.13
...attitude toward the org. was very negative/very positive	0.94	0.11
...overall attitude was very unfavorable/very favorable	0.94	0.12
...sees the organization as very effective	0.81	0.17
...sees the org. as providing high quality medical care	0.80	0.19
...sees the organization as very efficient	0.80	0.12
...expresses a desire to see the org. grow and do well	0.79	0.30
...wants the org. to succeed in achieving its vision	0.77	0.35
...sees the org. as providing a pleasant environment	0.73	0.36
...conveys a vision that goes beyond current boundaries	0.69	-0.01
...expresses care and compassion about others	0.29	0.84
...makes comments associated with emotion	0.14	0.80
...understands other people's worldviews	0.20	0.72
...has a primary focus outside the self	0.28	0.70
...provides detailed descriptions and elaborates on ideas	0.20	0.30
...uses colorful language and imagery	0.17	0.17
...expresses unusual or different ideas	0.19	-0.06
...show the ability to seek deeper meaning	0.08	0.36
...asks questions	0.10	0.22
...sees employees having more choices	0.20	0.25
...sees employees treated with fairness, justice, and equity	0.20	0.27
...sees employees sharing leadership and decision-making	0.20	0.18
... reflects a long term perspective?	0.13	0.06
... reflects a short term perspective?	0.01	-0.00
... reflects a strategic focus?	0.12	0.02
Cumulative Variance Explained	35%	47%

TABLE 2 (Continued)

Items	Factor Loadings		
	Creativity	Empowerment	Long Term Strategic Orientation
The author/authors'...			
...attitude toward org. was very unfavorable/very favorable	0.03	0.17	0.08
...attitude toward the org. was very bad/very good	0.02	0.17	0.07
...overall attitude was very bad/very good	0.04	0.19	0.05
...overall attitude was very unfavorable/very favorable	0.06	0.15	0.04
...attitude toward the org. was very negative/very positive	0.03	0.19	0.11
...overall attitude was very unfavorable/very favorable	0.03	0.19	0.07
...sees the organization as very effective	0.35	-0.02	0.06
...sees the org. as providing high quality medical care	0.32	-0.03	0.10
...sees the organization as very efficient	0.35	-0.04	0.07
...expresses a desire to see the org. grow and do well	0.25	0.10	-0.01
...wants the org. to succeed in achieving its vision	0.27	0.11	-0.03
...sees the org. as providing a pleasant environment	0.23	0.28	-0.11
...conveys a vision that goes beyond current boundaries	0.36	0.07	0.21
...expresses care and compassion about others	0.07	0.17	-0.02
...makes comments associated with emotion	0.17	0.19	-0.06
...understands other people's worldviews	0.29	0.24	0.12
...has a primary focus outside the self	0.28	0.21	0.08
...provides detailed descriptions and elaborates on ideas	0.70	0.12	0.18
...uses colorful language and imagery	0.65	0.10	-0.03
...expresses unusual or different ideas	0.59	0.19	0.10
...show the ability to seek deeper meaning	0.58	0.01	0.16
...asks questions	0.57	0.24	0.11
...sees employees having more choices	0.17	0.87	-0.03
...sees employees treated with fairness, justice, and equity	0.12	0.84	-0.12

TABLE 2 (Continued)

Items	Factor Loadings		
	Creativity	Empowerment	Long Term Strategic Orientation
The author/authors'...			
...sees employees sharing leadership and decision-making	0.20	0.67	0.03
... reflects a long term perspective?	0.19	-0.01	0.93
... reflects a short term perspective?	0.05	-0.06	-0.80
... reflects a strategic focus?	0.12	-0.01	0.74
Cumulative Variance Explained	58%	67%	75%

produced by factor analysis. The length (in words) of each essay was also recorded.

Finally, participants provided background information including age, gender, and their level within the organization; answered one question regarding involvement with their job (adapted from MAOQ; Cammann, Fichman, Jenkins & Klesh, 1983); and responded to a single manipulation check question.

ANALYSIS AND RESULTS

The design of this experiment is a 2 (orientation: Appreciative Inquiry versus diagnostic) X 2 (change agent: self versus other) X 2 (participant gender: female versus male) X 2 (dyad: same versus mixed gender) fully crossed, between-participants experimental design. ANOVA was used to analyze the data. In all, there were 45 female-only dyads, 33 male-only dyads, and 34 mixed-gender dyads. The 4-way interaction among all factors was not significant in any analysis, so it was omitted from subsequent analyses. Therefore, the results of a model including main effects, all two-way, and all three-way interactions between these factors are reported. Age, salary, and job involvement were occasionally significant as main effects in some analyses, and therefore were included as covariates in all analyses. When not a dependent variable, the length (in words) of the final

essay was also included as a covariate controlling for task involvement. These four covariates did not systematically change the outcomes of hypothesis testing and are omitted from further discussion.

To assess the success of the two manipulations, participants were asked at the end of the study to choose one of four statements that “best captures what you were asked to think about,” each reflecting one of the four possible cells to which they had been assigned. Fully 89.1% of respondents recognized correctly their orientation manipulation ($\chi^2_{(1)} = 137.14, p < .01$), and 81.9% recognized correctly their change agent manipulation ($\chi^2_{(1)} = 90.66, p < .01$). Only 4.5% failed to recognize both correctly ($\chi^2_{(1)} = 10.09, p < .01$). Therefore, we are confident that both manipulations worked as expected.

To evaluate our hypotheses, we first conducted ANOVA analyses on the focal dependent variables. Detailed results of these analyses are shown in Table 3; we do not repeat the F statistics and p values for these results in the text. Each hypothesis implies a specific pattern of cell means and we evaluate these patterns of cell means with a priori contrasts. Relevant cell means are shown in Table 4. In the text, we highlight these means and provide the F statistics and p values for each contrast. Unless otherwise indicated, model degrees of freedom are (18,218), and contrast and effects degrees of freedom are (1,218).

RESULTS

Hypotheses 1 and 4 predicted that the Appreciative Inquiry orientation with the self as change agent would yield more positive affect and less negative affect than other conditions, and that this effect would be stronger for women talking with other women during the study. The overall model was significant for positive affect, and although the anticipated orientation by change agent interaction was not significant, its three-way interaction with dyad was significant. Interestingly, both the highest and lowest ratings of positive affect occurred in the Appreciative Inquiry/self cells. Positive affect was highest in this cell when participants were in a mixed dyad ($M = 3.83$) compared to a same-gender dyad ($M = 3.07, F = 7.79, p < .01$).

TABLE 3
ANOVA Results

Panel A				
Effect	Positive Emotion	Negative Emotion ^a	Negative Emotion ^b	
# Words in Essay	0.27	0.32	0.19	
Age	0.25	0.93	1.03	
Salary (high/low)	0.04	5.75 **	5.71 **	
Involvement	10.75 ***	0.00	0.00	
Frame Valence (V)	0.21	0.21	0.14	
Frame Focus (F)	0.40	0.24		
Gender (G)	0.04	0.11	0.14	
Dyad Type (D)	3.77 **	1.37	1.28	
V x F	0.31	0.07		
V x G	0.10	0.56	0.63	
V x D	1.40	1.48	1.20	
F x G	4.18 **	0.65		
F x D	0.47	1.08		
G x D	0.10	1.36	1.14	
V x F x G	1.01	0.49		
V x F x D	4.36 **	0.02		
V x G x D	0.06	9.06 ***	9.13 ***	
F x G x D	0.03	0.16		
F	1.75	1.34	1.95	
p	0.03	0.16	0.04	
df	18, 218	18,218	11,218	
Panel B				
Effect	Positive Self ^a	Positive Self ^b	Negative Self	Creativity
# Words in Essay	1.39	1.64	0.62	95.01 ***
Age	0.01	0.05	0.93	0.16
Salary (high/low)	0.01	0.00	0.01	1.53
Involvement	9.77 ***	10.95 ***	6.80 ***	1.73
Frame Valence (V)	0.87	1.88	10.47 ***	0.42
Frame Focus (F)	0.11	0.07	1.28	0.00
Gender (G)	1.75	0.86	0.00	0.38
Dyad Type (D)	0.91		0.03	2.00
V x F	2.39	3.20 *	4.20 **	2.23
V x G	1.18		0.02	0.16
V x D	0.20		2.47	0.60
F x G	0.98		0.01	2.35

TABLE 3 (Continued)

Effect	Positive Self ^a	Positive Self ^b	Negative Self	Creativity
F x D	0.25		0.51	1.47
G x D	0.29		4.56 **	2.74 *
V x F x G	0.01		0.03	5.40 **
V x F x D	0.08		0.09	0.09
V x G x D	2.88 *		1.15	0.92
F x G x D	0.47		0.06	0.02
F	1.36	2.38	2.04	8.17
p	0.16	0.02	0.01	0.01
df	18,218	8,218	18,218	18,218
Panel C				
Effect	Empathy	Empowerment	Long Term Strategic Orientation	Attitude toward the Organization
# Words in Essay	50.88***	22.44***	31.14***	11.15***
Age	0.08	4.76	9.90***	0.32
Salary (high/low)	1.44	1.29	0.89	0.11
Involvement	6.69***	0.03	0.00	5.36**
Frame Valence (V)	8.60***	2.16	0.47	1.44
Frame Focus (F)	2.03	0.37*	2.68	0.16
Gender (G)	0.35	4.36	5.61**	0.01
Dyad Type (D)	0.04	0.01	0.36	1.50
V x F	1.91	3.65	0.22	0.32
V x G	0.59	0.21	0.99	1.15
V x D	10.00***	2.15	3.46*	6.75***
F x G	3.32*	1.60	0.00	8.59***
F x D	0.35	5.51**	1.30	0.08
G x D	0.37	3.18*	0.53	0.05
V x F x G	0.28	0.05	0.26	1.53
V x F x D	2.73*	8.19***	0.37	0.66
V x G x D	1.05	0.00	0.20	0.13
F x G x D	0.36	3.97**	1.60	3.47*
F	5.56	3.57	3.49	2.57
p	0.01	0.01	0.01	0.01
df	18,218	18,218	18,218	18,218

Notes: *** $p < .01$, ** $p < .05$, * $p < .10$.

^{a,b} The model in (a) contains an hypothesized effect but is not significant overall; the reduced model in (b) is significant and contains the hypothesized effect.

TABLE 4
Cell Means

		Orientation X Change Agent			
		Diagnostic		Appreciative Inquiry	
Effect	Moderator	Other	Self	Other	Self
Positive Affect	Mixed Dyad	3.38	3.37	3.38	3.83
	Same Dyad	3.09	3.49	3.33	3.07
Positive Self		0.58	0.53	0.56	0.65
Negative Self		0.10	0.16	0.08	0.05
Collaboration	Mixed Dyad	2.32	1.64	1.55	1.64
	Same Dyad	1.54	1.69	1.58	1.56
Empathy	Mixed Dyad	2.81	2.41	1.93	2.19
	Same Dyad	2.19	2.20	2.27	2.03
Empowerment	Mixed Dyad	2.48	1.52	1.55	1.88
	Same Dyad	1.52	1.97	1.63	1.77
Creativity	Female Participant	1.87	1.90	1.86	1.68
	Male Participant	1.65	1.59	1.56	1.89
Orientation					
Effect	Moderator(s)	Diagnostic	Appreciative Inquiry		
Negative Affect	Mixed Dyad, Female	1.22	1.37		
	Mixed Dyad, Male	1.61	1.23		
	Same Dyad, Female	1.31	1.22		
	Same Dyad, Male	1.20	1.40		
# words	Female Participant	62.30	58.70		
	Male Participant	46.98	53.40		
Attitude toward	Mixed Dyad	3.97	3.51		
the Organization	Same Dyad	3.36	3.52		
Long Term	Mixed Dyad	3.79	3.55		
Strat. Orientation	Same Dyad	3.37	3.53		

Note: Bold cells indicate cell driving significant effect. Minimum cell size is 12. There are no significant differences in s.d. within an effect across cells.

Positive affect was higher in the Appreciative Inquiry/self/mixed cell than the average of the remaining seven cells ($M = 3.49$, $F = 4.89$, $p < .03$).

Though the overall model did not reach significance for negative affect, the three way interaction between orientation, participant gender, and dyad was significant. Examination of means shows that

there were no differences in negative affect across Appreciative Inquiry cells ($ps > .20$). However, men working in a mixed dyad with women in the diagnostic condition had higher negative emotion ($M = 1.61$) than in the other three diagnostic cells ($M = 1.25$, $F = 8.61$, $p < .01$) and higher than men working with women in the Appreciative Inquiry condition ($M = 1.23$, $F = 5.08$, $p < .03$). Results partially support Hypothesis 1 in that the highest positive affect occurred in an Appreciative Inquiry cell and the highest negative affect occurred in a diagnostic orientation cell. However, gender and dyad moderated these effects in ways that ran counter to Hypothesis 4.

Results provide support for Hypothesis 2 which proposed that Appreciative Inquiry would increase the salience of positive aspects of self. For positive self, the overall model did not reach significance and the two way interaction was marginal.ⁱ However, a priori contrasts show that as expected, participants had a more positive view of self in the Appreciative Inquiry/self cell ($M = .65$) than in the other three cells ($M = .56$, $F = 3.85$, $p < .05$). For negative self, the overall model was significant as was the anticipated two way interaction. As expected, participants had a less negative view of self in the Appreciative Inquiry/self cell ($M = .05$) than in the other three cells ($M = .12$, $F = 6.05$, $p < .01$). Further, diagnostic conditions (irrespective of change agent) yielded a more negative view of self ($M = .13$) than the Appreciative Inquiry conditions combined ($M = .06$, $F = 8.12$, $p < .01$). None of these effects was moderated by participant gender or dyad, counter to Hypothesis 4.

Finally, Hypothesis 3 predicted that Appreciative Inquiry would lead to more favorable organizational outcomes than the diagnostic approach, and Hypothesis 4 predicted that gender would moderate these effects. The results for perceived organizational outcomes are mixed with regard to these hypotheses. The results for word count and creativity were generally consistent with expectations. Word count serves as an indicator of task involvement, with people who are more engaged and involved with the exercise presumed to write more than people who are not (cf., Greenwald & Leavitt, 1984). Indeed, the overall model for word count was significant, with the interaction between orientation and participant gender approaching significance. Men wrote less in the diagnostic condition ($M = 46.98$) than in the Appreciative Inquiry condition ($M = 53.40$, $F = 3.65$, $p < .06$) and less than women in the diagnostic condition ($M = 62.30$, $F = 6.85$, $p <$

.01). Women wrote the same amount irrespective of whether in the diagnostic or Appreciative Inquiry conditions ($M = 58.70$, $p > .20$). Men in the Appreciative Inquiry condition did not differ in word count from women in the Appreciative Inquiry condition ($p > .20$). For creativity, both the overall model and the three way interaction between orientation, change agent, and participant gender were significant. Contrasts show that men were most creative in the Appreciative Inquiry/self condition ($M = 1.89$) compared to the other three cells ($M = 1.60$, $F = 3.80$, $p < .05$), but that women were least creative in that cell ($M = 1.68$) compared to the other three cells ($M = 1.88$, $F = 3.94$, $p < .05$).

Results for collaboration, empathy, empowerment, attitude toward the organization, and long term strategic orientation ran counter to expectations, with similar effects driven by the three way interaction between orientation, change agent, and dyad. For collaboration, several related effects approached significance, including the main effect of orientation, the interaction between orientation and dyad, the interaction between change agent and dyad, and the interaction among all three. Contrasts show that participants' essays revealed more collaboration in the diagnostic/other/mixed cell ($M = 2.32$) compared to the other seven cells ($M = 1.60$, $F = 14.57$, $p < .01$). Results for empathy show a significant interaction between orientation and dyad in which empathy was higher in diagnostic/mixed cell ($M = 2.64$) than in the other three cells ($M = 2.16$, $F = 11.89$, $p < .07$). This effect was moderated by a marginally significant interaction with change agent and examination of the means reveals that the two way interaction was driven by the diagnostic/other/mixed cell ($M = 2.81$), which was significantly different from the other seven cells combined ($M = 2.18$, $F = 18.76$, $p < .01$). The model for empowerment was significant, and the significant interaction between orientation and change agent was moderated by dyad. Empowerment was highest in diagnostic/other/mixed cell ($M = 2.48$) compared to the other seven cells ($M = 1.74$, $F = 16.48$, $p < .01$), higher than the next highest diagnostic/self/same cell ($M = 1.97$, $F = 5.27$, $p < .02$), and higher than the remaining diagnostic cells ($M = 1.52$, $F = 14.80$, $p < .01$). There were no differences in empowerment among the four Appreciative Inquiry conditions ($ps > .20$).

For attitude toward the organization, results show a significant interaction between orientation and dyad such that attitude toward the organization was highest in diagnostic/mixed cell ($M = 3.97$) compared to the other three cells ($M = 3.45$, $F = 7.84$, $p < .01$). Results for long term strategic orientation were similar, with the interaction between orientation and dyad approaching significance. Long term strategic orientation was higher in the diagnostic/mixed cell ($M = 3.79$) compared to the diagnostic/same cell ($M = 3.37$, $F = 3.33$, $p < .07$) and marginally different from the other three combined ($M = 3.46$, $F = 2.94$, $p < .09$).ⁱⁱ

DISCUSSION

In general, our hypotheses received mixed support. More important, however, are the insights gleaned regarding the relative effectiveness of Appreciative Inquiry and diagnostic approaches to organizational change. Participant gender and the gender composition of the dyads in which individuals participated influenced the effectiveness of each approach.

As observed by Appreciative Inquiry practitioners, higher positive affect was generated by the Appreciative Inquiry/self condition, but only for people participating with a partner of the other gender. Appreciative Inquiry garnered no more positive affect for people working with same-gender partners. The conversational challenge (relatively speaking) of working with an other-gender partner may move participants out of their typical modes of conversing, allowing the Appreciative Inquiry approach to work more effectively in terms of affect. Further, results for affect show that the Appreciative Inquiry approach did not reduce negative affect per se, but that men working with women in a diagnostic Problem Identification task generated more negative affect than other conditions. This result represents, perhaps, a traditional instantiation of the diagnostic approach shown to generate negative affect in previous research. However, negative affect was attenuated for men working with women and taking an Appreciative Inquiry approach, suggesting that Appreciative Inquiry might avoid situations in which higher negative affect is likely to occur.

Results for salient view of self were straightforward. Consistent with expectations, the Appreciative Inquiry/self combination led to the most positive and least negative views of self. In contrast, the

diagnostic conditions led to more a negative view of self, particularly when attention was focused on the self (versus others) when identifying problems in the organization.

Results for perceived organizational outcomes were least consistent with our hypotheses but perhaps most interesting with regard to understanding how the Discovery and Problem Identification phases operate. Specifically, Appreciative Inquiry seemed particularly effective at encouraging men to engage with the task and to broaden their thinking as indicated by the word count and creativity measures. Because the Appreciative Inquiry task contrasts with their typical mode of communication, it may have garnered deeper thinking and engagement that will lead to better outcomes in subsequent phases of the change process. In contrast, for women, the Appreciative Inquiry task led to less creativity, perhaps because of its consistency with their typical mode of conversing. Counter to our hypotheses, the diagnostic approach in mixed dyads (typical of current organizational demography) generated more evidence of collaboration, empathy, empowerment, long term strategic orientation, and positive attitude toward the organization. In same-gender dyads, however, there were no differences between diagnostic and Appreciative Inquiry approaches.

In sum, two unique insights emerge from these results. First, our findings suggest that encouraging men to think in a manner with which they are perhaps unaccustomed may cause them to engage more with the change task. Second, Problem Identification clearly leads to desired organizational outcomes. The diagnostic/other focus may reinforce solidarity among participants against a generic other (cf., Abrams & Hogg, 2000), which in turn heightens the more collective qualities of empathy, collaboration, and empowerment. Further, the concrete action of identifying and articulating problems as we operationalized the first step of the diagnostic approach may lead to more favorable attitude toward the organization and greater long term/strategic orientation by making salient to participants that change is on the horizon. Whether or not these results remain in later steps of diagnostic approach or arise in later phases of Appreciative Inquiry needs to be addressed in future research.

Summary of Findings

The primary objective in this research was to conduct a controlled assessment of Appreciative Inquiry relative to diagnostic approaches to change on organizational outcomes of interest during the first phase (Discovery and Problem Identification) of each approach. Results provide empirical support for the effectiveness of Appreciative Inquiry in promoting positive self-image and affect among participants, but also reveal important factors (e.g., gender composition of participant groups) that can curtail or redirect the influence of the Appreciative Inquiry process.

The most pronounced influence of Appreciative Inquiry is on organizational members' view of self, whereby Appreciative Inquiry leads to a view of self as efficacious and capable while at the same time reducing employees' focus on negative aspects of the self which may have detrimental effects on performance. Closely aligned with more positive views of self are changes in participant emotion. Appreciative Inquiry reduces significantly the incidence of negative affect among male employees and leads to increases in positive affect which are particularly pronounced in mixed gender dyads. Given the pervasiveness of mixed gender workgroups in modern organizations, the fact that Appreciative Inquiry helps to elevate positive affect and reduce negative affect (and, by implication, their attendant desirable outcomes) is an attractive characteristic.

At the same time, we find that diagnostic methods can engender several desired outcomes, particularly as the change agent focus shifts from self-improvement (under the self condition) to organizational change (under the other condition). We find that collaboration, empathy, and sense of empowerment all improve when employees are asked to focus on problems that need resolving within their organization. By utilizing a third person perspective to focus participant attention on issues that threaten organizational effectiveness, diagnostic approaches appear to cause participants to take on an "us versus them" perspective. In effect, employees may believe that they can band together to save the organization in spite of the behaviors of others. The fact that these effects are found in mixed-gender dyads is again encouraging given current organizational trends.

In addition, we find that the diagnostic approach leads to more favorable attitudes toward the organization and to improved assimilation of a long term strategic perspective, even among employees whose jobs seldom have direct long term strategic implications. The end result of taking a diagnostic approach in mixed-gender dyads is that employees feel better about their ability to make things happen, about working with others to improve their organizations, and about their organizations and the future in general.

Implications for Change

The most obvious and important implications of this research regard the creation of hybrid approaches to organizational change. Our results suggest that the first phase of each approach has strengths that may be leveraged by those managing and overseeing change within their organizations. Consistent with anecdotal support, Appreciative Inquiry with a self focus engenders more favorable emotional responses than diagnostic approaches, makes salient positive aspects of participants self concepts, and enhances engagement and creativity among men who might exhibit lower levels of each in a more traditional change exercise. On the other hand, the dissonance generated by the problem solving phase of diagnostic approaches, which researchers and practitioners have argued motivates people to move forward with change, does appear to mobilize participants against an unnamed other, resulting in more favorable relationship-related outcomes. In addition, the early focus on discrete problems under diagnostic approaches enhances participants' view of the organization and long term strategic perspectives. We believe that the two approaches might be combined by leveraging Appreciative Inquiry's positive focus on the self to empower individual employees in the change process and by leveraging diagnostic approaches' more negative focus on problems away from self to give participants a common enemy around which to rally.

Specifically, one way to leverage the respective contributions of these approaches may be to "spiral" between them. For example, a change initiative might begin with Appreciative Inquiry's Discovery phase to reduce the stress associated with uncertainty of change, to activate positive efficacious self concepts among participants, and to

encourage alternative forms of engagement and creativity, particularly among men. Then, a more problem-focused exercise consistent with diagnostic approaches might follow to harness the positive energy and engagement generated by Discovery into a sense of in-group power and efficacy mobilized against organizational dysfunction. The process could spiral back to the Dream phase to reinforce the positive orientation initially generated by Discovery and to complement Problem Identification with a more holistic and favorable view of the organization as it may become. In effect, a hybrid approach could continue to spiral between Appreciative Inquiry's tendency to "build up" the positive big picture in order to maintain positive emotions and to keep the negative side effects of diagnostic methods in check, and diagnostic methods' tendency to "break down" change process into smaller discrete steps to ensure that modifications made to the organization address problems that caused the organization to undertake a program of change in the first place. Clearly, thinking about such hybrid change processes provides much fodder for future research.

Limitations and Directions for Future Research

Limitations of our study also provide ample opportunities for future research. Clearly, the primary limitation of our experiment is that it focused solely on the first phases of the change processes (Discovery for Appreciative Inquiry and Problem Identification for diagnostic). It is highly likely that the unique characteristics of subsequent phases of each method will lead to different outcomes from those demonstrated in our study of the first phases. Therefore, further research comparing these two methods in carefully controlled experiments is warranted to identify the mechanisms by which each step of each method contributes to successful organizational change. It is reasonable to expect, for example, that similar results regarding positive affect and salient self concept will occur during the Dream phase of Appreciative Inquiry given the positive orientation that arises from the overall Appreciative Inquiry approach. However, the negativity of the diagnostic approach may prove more effective in terms of actionable results regarding the breadth and depth of possible solutions generated and the selection of tactics to be implemented (cf. Schwarz & Bless, 1991; Sinclair & Mark, 1995).

Another limitation of the study is the greatly abbreviated administration of the Discovery and Problem Identification phases and the absence of moderator influence. In an actual implementation of Appreciative Inquiry, the Discovery phase typically lasts for several hours during which a moderator is present and active the entire time. Our need for control and consistency across conditions in this experimental context turned the initial phase into a self-administered exercise for the participants, which is unconventional in organizational change management irrespective of the method. Though the constraints imposed to obtain comparable experimental data for both methods have allowed us to isolate the mechanisms by which each operates, they have also altered the naturalistic context in which both Appreciative Inquiry and diagnostic methods are usually implemented. Therefore, additional rigorous comparison of Appreciative Inquiry and diagnostic approaches in controlled naturalistic settings, perhaps through pseudo-experiments at similar but independent sites, would be a significant contribution to further detailing the influences and interactions that our research has uncovered.

Additional limitations stem from the complexity and dynamism of the mechanisms by which Appreciative Inquiry is thought to operate. Constructs such as empathy, collaboration, and creativity are difficult to contextualize and measure. In this study, we looked for evidence of these constructs in the written stories of our participants. Additional research might utilize preexisting scales, look for behavioral evidence of these traits, or evaluate participants' perceptions after change has occurred. Further, the literature on Appreciative Inquiry and organizational change did not prepare us for the counterintuitive finding that showed that diagnostic methods enhanced empathy, collaboration, and empowerment. More detailed studies and finely tuned measures may yield even more powerful insights into the root causes of these relationship-based constructs. Specifically, though we offer attributional (e.g., Appreciative Inquiry/self allows participants to take credit for what is good in their organization and diagnostic/other allows them to blame dysfunction on generic others) and social psychological (e.g., in-group cohesion against out-group causes of problems) explanations for these results, other processes that we neither measured nor considered may underlie our results.

This research has taken a first step toward illuminating how individual-level mechanisms driving practitioner success with the Appreciative Inquiry approach to organizational change differ from those that underlie long-standing diagnostic approaches. Insights generated by this research introduce the possibility that these approaches may be used in a more complementary fashion than previously thought.

ACKNOWLEDGMENTS

The authors thank Aneil Mishra and Chet Miller for their feedback on previous versions of this paper. In addition, this research was made possible, in part, by a grant from the Yellow-Roadway Corporation.

NOTES

1. Because we are evaluating a priori contrasts, a significant omnibus F test is not required (Maxwell & Delaney, 1990, p. 130). Further, a more parsimonious model including only orientation, participant gender, dyad, and their interactions was significant ($F[11,218] = 1.95, p < .04$), with the three way interaction remaining significant ($F = 9.13, p < .01$). Tests of the contrasts remained significant under this model.
2. Again, a significant omnibus F test is not required to test a priori contrasts (Maxwell & Delaney, 1990, p. 130). A more parsimonious model including only orientation, change agent, and their interactions was significant ($F[8,218] = 2.38, p < .02$), with the two way interaction approaching significance ($F = 3.20, p < .08$). Tests of the contrasts remained significant under this model.
3. A logical next step in terms of analysis is to evaluate whether affect and salient self concept mediate the impact of change approach on perceived organizational outcomes, and whether this mediation is moderated by any of our experimental factors (moderated mediation). Indeed, we performed these analyses following the instructions outlined by Baron and Kenny (1986). Results showed some support for the direct impact of affect and salient self concept on organizational outcomes consistent with the premise of Appreciative Inquiry that a more positive

orientation would lead to more favorable outcomes. Though no results ran counter to this premise, support in favor of it was weak at best. Further, we found no support for mediation: significant effects of our four factor experimental design were not attenuated when affect and salient self concept were included in the models. Because some analyses were suggestive of mediation (the main effects of affect and salient self concept on outcomes) but others were not (mediation regressions), we draw no concrete conclusions from these results as to whether affect and salient self concept are mediators of the Appreciative Inquiry processes on relevant outcomes.

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APPENDIX EXPERIMENTAL MANIPULATIONS

*In the text for each condition, **bold** denotes wording for the orientation manipulation; **bold+underline** denotes wording for the change agent manipulation.*

Condition: Appreciative Inquiry/self

We are interested in **discovering when you have been at your best**. Reflect back, from the moment you first joined this organization until right now. Obviously, you have experienced ups and downs, twists and turns, high points and low points. For now, think **about a moment that stands out as a high point for you. This was a time when you felt the most engaged, you were the most successful, you felt alive or energized and you were the most effective – you were at your best**. While you may have experienced a couple of **high points**, please share a story of just one. What happened?

- What was it about this situation that **made it a high point for you**?
- Can you remember some of the feelings you experienced **during that moment**?
- What were those feelings?
- What was going on that **allowed you to do your job so well**?
- What **opportunities helped you to do your job the way you wanted to**?
- What are 3 or 4 things **you do really well at your job**?

Condition: Diagnostic/self

We are interested in **understanding the major problems you have encountered at your job and to identify some of the causes of those problems**. Reflect back, from the moment you first joined this organization until right now. Obviously, you have experienced ups and downs, twists and

turns, high points and low points. For now, think about **a situation that stands out as one where you have felt the most blocked and you were the most frustrated – you were the least effective. This was a time when you faced problems on your job, things got in your way that kept you from being at your best. While you may have experienced a couple of **problematic situations**, please share an example of just one. What happened?**

- What was it about this situation **that raised the most concern for you**?
- Can you remember some of the feelings you experienced as you encountered this situation?
- What were those feelings?
- What was going on that **did not allow you to do your job well?**
- What **got in the way**, so you could not do your job the way you wanted to?
- What are 3 or 4 things **that cause problems for you at your job**?

Condition: Appreciative Inquiry/other

We are interested in **discovering when the hospital has been at its best**. Reflect back, from the moment of first joining the hospital, until right now. Obviously, the hospital has experienced ups and downs, twists and turns, high points and some low points. For now, think **about a moment that stands out as a high point for the hospital**. This was a time when the hospital was the most engaged, the most successful, alive or energized, and the hospital was the most effective – the hospital was at its best. While the hospital may have experienced a couple of **high points**, please share the story of just one. What happened?

- What was it about this situation that **made it a high point for the hospital**?
- Can you remember some of the feelings others expressed **during that moment**?
- What were those feelings?
- What was going on that **allowed the hospital to work so well?**
- What **opportunities helped other employees at the hospital to do their jobs the way they wanted to?**

What are 3 or 4 things the hospital does really well?

Condition: Diagnostic/other

We are interested in **understanding the major problems at the hospital and to identify some of the causes of those problems**. Reflect back, from the moment of first joining the hospital, until right now. Obviously, the hospital has experienced ups and downs, twists and turns, high points and some low points. For now, think about a **situation that stands out as one where the hospital was the most blocked, the most obstructed – the hospital was the least effective**. This was a time when the hospital faced problems, things got in the way that kept the hospital from being at its best. While the hospital

may have experienced a couple of **problematic situations**, please share an example of just one. What happened?

- What was it about this situation **that raised the most concern for the hospital**?
- Can you remember some of the feelings others expressed **as they encountered this situation**?
- What were those feelings?
- What was going on that **did not allow the hospital to work well**?
- What **got in the way, so other employees at the hospital could not do their jobs the way they wanted to**?
- What are 3 or 4 things **that cause problems for the hospital**?

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