Building the OD professional of the future:

Creating a blueprint for new models of Organisational Development practice in the NHS.

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Abbreviations

AI	Appreciative Inquiry
AR	Action Research
CEO	Chief Executive Officer
CIPD	Chartered Institute of Personnel and Development
CPD	Continuous Professional Development
DHSC	Department of Health and Social Care
FYFV	Five Year Forward View
GPF	Global Practice Framework
ICS	Integrated Care System
LSP	LEGO Serious Play
NHS	National Health Service
NCM	New Care Models
OD	Organisational Development
ODN	Organisation Development Network
ODNE	Organisation Development Network Europe
STP	Sustainability and Transformation Plan / Partnership

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Dedication

To Nana, with thanks and love from your fine loon. I hope you are dancing.

Abstract

The National Health Service (NHS) in England provides vital care to the population, free at the point of delivery. Demographic changes in society and advances in treatment of illness have resulted in a population that is living longer with complex long-term conditions. For the NHS this means a shift from episodic reactive care to predictive, preventative and ongoing care with patients at the heart of the approach. The 2014 Five Year Forward View set out a direction of travel for services to be integrated in order to break down barriers between organisations, moving from old to new models of care.

Organisational Development (OD) practitioners tasked with supporting the change efforts required to move to new models of care were struggling to get the traction needed. Inquiries led by the NHS OD community revealed a transactional bias to their activities, using traditional models of 'diagnostic' OD. The new models of care prompted me in my national role supporting the development of OD practitioners to explore if the present practice of OD was fit for the future.

Over a two-year period, fourteen OD practitioners from across the NHS worked in an Action Research group using co-operative inquiry methods to answer the question how do we build the OD professional of the future? We explored four areas in depth: locating ourselves in practice; new models of OD; phenomenal practice in the dynamic now; and building the OD professional the future.

Our work resulted in a deeper understanding of the landscape and climate of OD in the NHS. We created a blueprint for OD practice which incorporates Diagnostic, Dialogic and an emergent category of Dynamic OD into a new architecture of OD for the NHS. We revealed that strength is the core of phenomenal OD practice in the dynamic space and developed a route for the OD professionals of the future to find their way to a new way of working that will meet the ongoing changing needs of the NHS.

The research programme concluded that working in multiple interdependent complex adaptive systems will be the new normal for OD practitioners in the future NHS. To succeed they will need to stretch into unexplored areas of practice and find or create micro-communities of learning to shape and strengthen their presence. The process of co-operative inquiry itself created collaborative behaviours and as such there should be support for OD practitioners across the NHS to come together and carry out inquiries into their own practice and continually build and rebuild themselves.

There are areas for further research as a result of this project. Deeper exploration of the new approach of Dynamic OD with a wider group of practitioners will help to shape and bring life to this emergent area. The Action Research Group began considering the implications of power in our work which revealed a number of interesting themes and unanswered questions. Further work on how to work with power across organisational boundaries is an important area to pursue.

The project went beyond the original question and revealed that in addition to how to build the OD professional of the future, there is value in exploring how to *become.* In order to transform systems, we will be required to change our practice, and this can only happen when we are transforming ourselves. This original and ground-breaking piece of research shows others how it can be done.

It is time to realise that we will never cope with this new world using our old maps.

Margaret Wheatley, 2006.

Chapter 1: Introduction

Extract from my reflective journal, 16 May 2016,

"Today is the first official day of my Doctorate research project, as planned. I have begun! The process of beginning starts with writing this reflective journal. This will form the basis of my critical reflection and personal learning journey through the course of my research. This is the Director's Commentary to accompany the finished project. It's the Captain's Log that narrates the journey."

1.1 Why this research matters

This thesis describes an original and significant piece of work that has the potential to shift forward the profession of Organisational Development (OD) in the English National Health Service (NHS). It is a breakthrough piece of research that takes the theory and practice of OD in a new direction while respecting its significant roots and values.

I began the Professional Doctorate in 2015, two years after starting the role I currently occupy. I am the Assistant Director of Organisational Development at NHS Employers – a national body that supports employers across the NHS on strategic workforce issues. NHS Employers' vision is to be the authoritative voice of workforce leaders in the NHS, supporting them to improve services for patients. The part I play in the organisation is to support OD practitioners across the system to build their capability. In my application for the Professional Doctorate I described myself as a Master Practitioner of OD, having accelerated my development through a significant period of learning, research, growth and success. During this phase of my career I have re-connected to the history of OD as a profession, anchoring myself to a philosophy and set of values that I attempt to enact in my daily work. I have applied this learning in my practice in the creation of the resources and tools that I have developed with the OD community.

I am an OD practitioner by background, working in the NHS since 2003. I previously held roles in local government and the voluntary sector. I came to OD around 2006 from roles in training & development and workforce development. The 'D' of OD had been a theme in my career, but the 'O' part did not come until later when I began learning about change theory and systems thinking.

My professional history spans roles in training, human resources leadership, learning & development and OD. In 2013 I had the idea of creating a national programme of work to support OD practitioners across the NHS, based on my own experience of feeling isolated in my role. This led to the launch of Do OD, the first expert resource on OD for the NHS. Do OD helps professionals to connect, share, learn and grow. Our mission is to support OD practitioners in their efforts to transform systems in order to improve the experiences of patients and staff.

The success of Do OD began with the establishment of a national OD network across the NHS where none had previously existed. This created conditions for the OD community to be supported in working together, building tools and resources, sharing good practice across the NHS and developing opportunities for professional growth. In leading this programme I see myself as both a learner and a teacher at the same time. My role is to help the helpers, to support and guide them to make changes in their practice that will enhance their agility and ability to help their organisations to deliver their strategic outcomes.

I built my OD expertise through a combination of practical experience and self-directed learning. Using Schein's (1973) model of professional knowledge as a framework for my development where skills are built on a foundation of an underlying discipline and applied science. The underlying discipline is my undergraduate degree in Psychology. This is translated through the application of behavioural science in my OD work such as systems and complexity theories. The skills and attitudes I enact in delivery of service to my clients are supported by my personal values of service, helping, inclusion and authenticity. In the context of my role, my clients are OD practitioners across the NHS in England. They act as third-party change agents, supporting staff in organisations to enact change.

At the heart of this research project is the theme of change. It was a golden thread throughout the inquiry, spilling out into the world of work and beyond. Change is the air that we breathe (Yeager & Sorensen, 2009). Our societies evolve and adapt with time. Within and across our societies, organisations shift and shape how we live our lives both at work and home. Our organisations are the heartbeat of society, not separate from it.

Over time, the construct of the organisation has shifted (Neumann, 1999) and what it means to be part of an organisation today is very different to previous notions from the Industrial Age onwards. Highly complex changes in the fabric of our organisations are moving us from hierarchies to wirearchies (Cheung-Judge, 2017). The shift from an Industrial to Information Age has altered the nature of the workplace, the worker, and the work (Tetenbaum, 1998). Despite, and because of, the impact of technological change on organisations, both now and in the future, they need to be fit for people (Adams, 2012).

Making organisations healthier and therefore the people who make up organisations, will result in healthier societies (Porras, 2004). This is also the goal of the NHS.

The increase of speed, pace and complexity of change (Cheung Judge, 2014) pose particular challenges both for members of organisations and those tasked with supporting organisational development. Complex systems of relationships and interwoven networks create inter-dependencies previously unseen in organisations and systems (Jacobs, 2017). This is the expert field occupied by OD practitioners who work within the socio-technical systems of organisations.

The practice of OD, grounded in theory, applied research and experiential consulting (Schull, Church & Warner Burke, 2013) has existed since the 1940s. Over the decades, OD has come under much scrutiny – often from its own practitioners – with some professing OD as the solution to everything and others proclaiming its imminent demise. In the 1970s, one author was so hopeful about the future of the profession that he claimed the function of OD "may equal or exceed the importance of traditional line operations such as finance and manufacturing" (Halal, 1974, p.35). As time has passed, and the success of OD interventions has remained consistently inconsistent, others have noted that the definition of OD has become much more diffuse (VanEyde, Maes & Ven Eynde & Untzeitig, 2013) and that, particularly in the UK, there is a widening gap between the theory and practice of OD (Sweetman & Gooding, 2012).

OD represents a wide spectrum of different tools, techniques, and interventions (Golay & Church, 2013) but the breadth of the field and blurred boundaries between techniques and approaches (Gillan, 2011) have contributed to a fogginess surrounding the profession. How we define OD is still under debate. The definition itself is often different to the application; how we as professionals talk about our work affects how our clients and colleagues create meaning about OD (Bushe, 2011) and thus our language shapes the reality of its application (Bushe & Marshak, 2009).

In the NHS we have defined OD as enabling people to transform systems (Do OD, 2017). This definition was created to acknowledge that organisations are complex adaptive systems (Bechtold, 1997) and that OD should be a total system approach to change (Basigos & Warner Burke, 1997). However, it is often apparent that a Newtonian narrative about a mechanical universe still infiltrates how people view organisations and change (Marshak & Grant, 2008). This is the case in the NHS, where a medical model of health predominates, filtering through to how we view organisational change.

1.2 My place in the research project

Change in organisations happens when people themselves change, in my experience. In the Review of Learning carried out for MBS4020 I described a significant shift in how I viewed myself at that stage of my career. I was able to describe myself as an instrument of change through the work of applying OD techniques to system issues. This helped to reinforce my connection to the philosophy of OD and demonstrate humanistic values in the way I enacted my practice and presented myself. Through my work in Do OD, I was deepening my understanding of the roots of the profession and using this as a way to transform the profession.

I noted three particular learning needs that would contribute to the successful completion of the Professional Doctorate:

- A refresher of research methods.
- A need to continue to re-frame my relationship to research and treat it as an opportunity for engagement and relationship building.
- Inquiring into current and emerging research methodologies in the field of OD through my connections with academics and scholarly OD practitioners.

The reflection, planning and delivery of the research project, with the subsequent construction of this thesis represents a significant piece of professional and academic work taking place over a four-year period. The research has had, and continues to have, impact at individual, system and wider professional levels. At the beginning of the project there were known unknowns and unknown unknowns. The emergent approach I took and the methods I chose enabled the research to go in unexpected directions, exploring issues I had not previously considered as well as attending to the original aims and objectives.

The research question at the heart of the project was how to build the OD professional of the future. I will describe how I arrived at this question by exploring three frames of reference in turn: changes in the health needs of the population; the NHS context; and the practice of OD in the NHS. The challenges facing the NHS, organisations in general and society as a whole require new ways of approaching them. Senior leaders who are responsible for navigating their teams through these changes need to find ways to deliver excellent patient care while sustaining and growing their organisations at the same time as delivering efficiency goals. This is a challenge that must not be underestimated in its significance. They need new approaches to tackle both the opportunities of tomorrow and problems of today. Many of these approaches are to be found in the practice of OD (Adams, 2012) which places OD practitioners in a useful

position. However, during volatile periods of organisational change, shared images of wholeness are fractured (Barner, 2008), and my hope for this piece of research was to examine the pieces of our fractured realities and inquire into whether they could be assembled into a new, coherent and useful whole. The next section describes further the current context of the NHS, illustrating the issues driving the need for such complex change.

1.3 Tectonic shifts in NHS organisational constructs

The National Health Service (NHS) in England is 70 years old and was birthed from the principle that good healthcare should be available to all, regardless of wealth. The NHS is founded on three core principles:

1. That it meet the needs of everyone.
2. That it be free at the point of delivery.
3. That it be based on clinical need, not ability to pay (NHS, 2015).

The NHS Constitution (Department of Health, 2011) sets out core NHS values that underpin everything it does:

- Working together for patients.
- Respect and dignity.
- Commitment to quality of care.
- Compassion.
- Improving lives.
- Everyone counts.

The NHS has an enduring record of delivering quality services to the population of the UK, free at the point of delivery and available to everyone. When then NHS was founded in 1948 it was in the post-war era where life expectancy sat at 66 for men and 71 for women. The service has been driven by a "medical model" of care where trained and specialist experts diagnose, treat and fix those who present with health problems.

The population is changing.

Now, better and more effective treatments have been found for a majority of the illnesses and conditions that caused premature death in previous decades. Our population now lives longer and overall is healthier. However, alongside this shift we have seen an increase in people living with multiple, complex, long term health conditions such as asthma, diabetes and heart failure. These are conditions that cannot be cured, but instead must be managed on an ongoing basis. Past models of health and illness have begun to change. We are seeing a shift where people live well into their seventies, eighties, nineties and beyond with increasingly more complex care needs. This seismic shift is placing significant demands on the NHS.

The NHS is facing a period of unprecedented challenge. The drivers affecting this include not just an ageing population but also rising healthcare costs, demographic changes in the workforce, increasing use of technology and the rising complexity of care needs. This is taking place in a wider system facing equally challenging times, including significant change demanded of partners in social care, housing and education. The Five Year Forward View (NHS England, 2014) set out a direction of travel for the NHS to 2020. It established key priorities for the system to address, narrowing the gaps between:

- Health and Wellbeing.
- Care and Quality.
- Funding and Efficiency.

These three key gaps will open wider if the NHS does not address them and need to be narrowed in order for the system to be sustainable in the future and deliver safe, quality care to patients. NHS England states that “rapid progress is needed to speed up the development of new care models for promoting health and wellbeing and providing care that can be replicated more easily in other parts of the system” (NHS England, 2014, p.8).

The NHS is changing.

In response to the Five Year Forward View (FYFV), the NHS has attempted to transform the way services are organised and delivered to serve the more complex needs of the population. New models of care are being tested across the country, fundamentally changing the way our NHS functions. From inward looking silos focused on individual organisational performance, the NHS is working more collaboratively across boundaries, focusing on preventative and proactive services while at the same time responding to the increasing demand for traditional services.

The NHS is a system - a set of parts that interact with each other and function as a unified whole (Bechtold, 1997) - employing over 1.3 million staff. The NHS is the largest employer in the UK and has a budget of over £116bn. Activity in the NHS has risen over time. During the ten-year period from 2004/5 to 2014/15 there were 45% more operations completed per year. Hospital Admissions rose by 31% and attendance at Accident & Emergency increased by 25% in the same period. Health expenditure in the UK in 2013 was 8.46% of GDP. As the NHS is a system and not a single organisation, its resilience is related to its adaptive capacity (Jacobs, 2017) and the kind of problems encountered in the NHS can be seen as inherently uncontrollable (Wheatley, 1999). Previous models of organising, using traditional mechanical models of change, still influence how people behave towards change (Marshak, 2008) in the NHS. This can be seen in the predominance of long-term strategic plans driven from Government with quantitative targets and an expectation that change will be predictable and planned – usually in patterns that follow electoral cycles. These traditional organisational models reinforced notions of predictability and linear change, with a command-and-control culture of leadership. The changing needs of those using the NHS are, however, making unprecedented demands on the system and challenging the traditional models of service delivery. The ability for a top-down, command and control, centralised approach is coming to an end in relation to useful and workable solutions. Understanding what changes should occur at more local levels - and how it should happen – are increasingly expected to come from within the system. The system must heal itself.

The NHS sees over 1 million patients every 36 hours. In 2014 the Commonwealth Fund rated the NHS as best out of eleven country's healthcare systems in terms of effective, safe, patient-centred care and efficiency. The public perception of the NHS is positive, and the 2014 Care Quality Commission satisfaction survey showed 84% of patients scored their overall experience as 7 out of 10 or above (CQC, 2014). The NHS is a source of national and public pride in the UK. Public perception of the NHS remains high despite all its challenges. An IPSOS MORI poll in 2013 showed that 71% of people agree that "Britain's National Health Service is one of the best in the world." In this poll the NHS topped the list of "things that make us proud to be British", above the armed forces, Team GB, the Royal Family and the BBC. In the opening ceremony of the 2012 Olympics the NHS was showcased as a shining example of British culture. The NHS' Five Year Forward View noted significant progress in the last decade including cancer and cardiac outcomes are better; waits are shorter; patient satisfaction much higher. Progress has continued even during global recession and austerity thanks to protected funding and the commitment of NHS staff (NHS England, 2014).

There are, however, an increasing number of challenges facing the system. Change in the NHS is constant, but in recent years the scale and pace of change has increased exponentially. In 2012 the Chief Executive of the NHS described the changes needed as "so big they could be seen from space". The 2015 Conservative Party manifesto pledged to spend at least an additional £8 billion by 2020 over and above inflation. This investment was tied to several commitments, including hospital care 7 days per week by 2020 (NHS England, 2014).

The Five Year Forward View notes that quality of care can be variable, preventable illness is widespread, health inequalities deep-rooted. Our patients' needs are changing. The changing needs of the population are set against a challenging financial backdrop described by the Nuffield Trust as an unprecedented financial challenge following the longest period of constrained funding that [it] has ever faced. It is widely acknowledged that the NHS is facing a funding gap of £30 billion by 2020/21, with £8billion promised by the Government by 2020/21 and a further £22 billion expected to come from efficiency savings. The traditional machine metaphor within organisations prioritises efficiency above all (Griffin, 2008), and this may be one of the reasons why the model persists even when its usefulness in other areas has reduced as seen in Governmental inspection regimes and manifesto pledges which state often unachievable goals. For example, Public Health England's ambition for 100% of NHS staff to receive a flu vaccination is unachievable, yet NHS organisations are performance monitored against that target. When viewed in this way, change is seen a rational, linear, contained and knowable process (Oswick, 2013) and there is a seductiveness inherent in that way of seeing the world.

Behind the public pride in the NHS there has been a growing need to ensure that delivery of healthcare is always at the highest standard. High profile investigations into practices at Mid Staffordshire and Morecambe Bay NHS Trusts revealed serious failings that could have been avoided. Sir Robert Francis who led the inquiry into Mid Staffordshire stated that the extent of failure of the system suggests that a fundamental culture change is needed. These investigations came as a result of complaints from public, patients and carers whose voices are now fundamental to how organisational cultures are developed. One positive shift that emerged from the Francis Report (2013) was a focus on improving organisational culture and particularly for organisations to engage staff more effectively and authentically. While it stopped short of taking a named dialogic stance, the shift signaled a move to a different view to looking at organisations, one where narratives, stories, metaphors and conversations continuously construct social reality (Marshak, 2015) and define the culture for all.

To accelerate the delivery of the FYFV a new programme was created which aimed to test out new models of care that can be replicated across the system in the future. Over 400 organisations were selected to participate in the programme in 50 sites, named Vanguards. The Vanguards were partnerships of organisations from across geographic health system which would develop collaborative practice to shape new ways of delivering services, redesigning local health and care systems. The goal of the Vanguards was to develop a blueprint for the future of NHS and care services with NHS England's Chief Executive, Simon Stevens, describing the Vanguards as radical care redesign (NHS England, 2014) covering over five million patients. Vanguards were chosen through a self-nominated application process based on levels of ambition, approved by a New Care Model Board. Central to the success of this initiative were OD professionals.

There are five types of Vanguard:

1. Integrated primary and acute care (9 Vanguards).
2. Enhanced care in care homes (14 Vanguards).
3. Multi-speciality Community Providers (6 Vanguards).
4. Urgent and Emergency Care (8 Vanguards).
5. Acute care collaborations (13 Vanguards).

Vanguards were tasked with delivering new care models, resulting in fewer trips to hospitals…specialist clinics in local surgeries…tests and treatment closer to home and access to urgent help easily and effectively, seven days a week (NHS England, 2014). Services will be more accessible and more effective…improving [patient] experience and outcomes.

Each vanguard site is tasked with leading the creation and delivery of new models of care which in turn can be used by the wider NHS. This is a huge undertaking, involving thousands of staff across the country. The larger and more diversified the organisation, the higher the complexity (Fredberg, 2014). Table 1 below illustrates some of the shifts occurring as a result of demographic and service changes.

From	To
Medically driven model of care	Person centred care
Working in organisational silos	Integrated, collaborative partnerships
Single sector (health)	Alliance partnerships (Health and Social Care)
What's the matter with you? Treat and cure.	What matters to you? Holistic empowerment.
The patient come to us	The services go to the patient
Defined, specialist, single practitioner driven services.	Blended, generalist, multi-disciplinary team approaches and new roles.
Reactive crisis-based care	Pro-active, preventative public health.
Nationally (centralised) set priorities	Priorities set by needs of local population
Out of hospital	Care in community or at home
Restructuring existing services	Collaborative and collective approaches to service delivery
Office hours	Extended hours

Table 1: The NHS, from the past to the future (Taylor-Pitt & OD Bootstrappers, 2018).

Establishing new models of care that lead to blueprints for practice across the NHS implies that there is a model for others to follow. However, as Vogt, Brown & Isaacs (2003) state, our attachment to finding the answer may inadvertently thwart our creativity which in turn may result in solutions that fail to meet the aspirations and expectations of the programme. It is challenging to manage change even when it is small scale (CHO Group, 2015) and yet the NHS is placing high expectations on clinical and managerial staff who may not be appropriately skilled in leading change in a dynamical system (Haigh, 2002). This creates

significant opportunities for OD practitioners to support leaders in delivering their change programmes. NHS OD practitioners have reported difficulty in demonstrating and evaluating their impact which in turn has led to an increased nervousness in the community about future levels of investment and support in the profession. At a time when OD practice is most needed, those delivering the function are experiencing a crisis of confidence.

Helping to navigate the NHS through this new world of change is an opportunity that also poses challenges for OD practitioners. The OD community's response to the Five Year Forward View is a key opportunity to demonstrate the effectiveness and contribution to system and organisation change that OD practitioners can bring. The Five Year Forward View continues an ongoing programme of service transformation and organisation to serve the more complex needs of the population. The changes expected of the NHS require significant expertise and support from suitably skilled and experienced Organisational Development practitioners. As Block (2008) said, if I can predict the future, I can control it. Contemporary models of change reject notions of predictability and control. They reject top down planning (Lewis, 1994) and instead promote relationships based on trust, openness and involvement in decision making (Schull, 2013) as the engine of change. This shift does raise new issues for those leading change as relationships in complex systems are non-linear and made up of unpredictable branching choices (Tetenbaum, 1998).

The complexity of multi-sector transformational change projects far surpasses that of a project within an individual organisation (Jacobs, 2017) and as such the ask of OD practitioners in the future will surpass the expectations held previously. It is also true that the more drastic and large scale the change, the more energy is needed, and more anxieties are provoked (Sackmann, 1989), and as such OD practitioners may be required to hold the tension in organisations more effectively, working with new energies and shifting roles in the system. Transformation requires a collapse of coherence (Bushe, 2013) which also involves letting go of previously held, often important, beliefs and practices. This invites further exploration.

Yeager & Sorensen (2009) place high hopes on OD practitioners, optimistically stating that times of crisis allow us to develop the capabilities organisations need to survive and thrive. However, the world in 2009 is different to the world of 2019 and we cannot yet predict what is needed in 2029, we know that approaches to planned change may themselves need to change in order to be fit for the future (Levasseur, 2010). The changing landscape against which OD practitioners operate will continue to become more challenging and complex. The next section explores OD in the NHS, illustrating opportunities and challenges that OD professionals have encountered and may see in the future.

1.4 Doing OD in the NHS

The ultimate purpose of OD in the NHS is to improve the quality of patient care. OD already makes a significant difference to the NHS, improving the performance and health of systems by strengthening the humanity of our organisations. OD enables people to flourish, thrive and have meaning in their work (Do OD, 2018). Becoming an OD Practitioner is often an unusual and winding journey. Few people, I included, spend school days dreaming of working in Organisation Development. It is often a mid-career shift, and my experience in the NHS has shown that some OD practitioners describe a feeling of waking up one day to realise they are doing OD rather than it being a conscious career choice.

The NHS is the biggest employer of OD practitioners in the UK yet the resource available for their development is smaller than any other professional group (Do OD, 2018). The OD workforce is relatively small, with large workloads. My personal experience as an OD practitioner pre-Do OD was one of isolation, frustration and reinvention. Professional groups such as HR, Finance and Clinical staff had access to networks and development which did not exist for those of us working in OD. The lack of connections and development available for me as an OD practitioner led to the creation of Do OD in 2013.

Do OD, the first national resource for OD professionals in the NHS, has the goals of helping people to connect, share, learn and grow. The first year of Do OD was focused on establishing foundations and growing the community across the country, many of whom reported similar feelings of isolation and disconnection. We supported the development of regional and national networks in the NHS, designed and delivered the first national OD conference and created resources and tools to support the development of practitioners.

I have a unique role in the NHS and the field of Organisational Development that gives me an opportunity to take a helicopter view of the system. I work with OD practitioners across the country as my remit covers all NHS organisations in England. My role enables me to act as a consultant to the system in the form of an in-house outsider and as such have worked with colleagues in the community to explore OD practice in the NHS. I describe this as acting as a meta-consultant to the system, developing the developers.

In 2015, we published the OD Capability Report (Do OD, 2015), the first of its kind in relation to the practice of OD in the NHS. The report found that OD practitioners are a highly qualified and relatively senior group of staff. However, much of the OD work carried out across the NHS was described as 'transactional' in nature including coaching, mentoring and team building. In contrast, OD practitioners stated a desire to be working in the transformational space but were unclear as to how the shift might occur. The chart

below, taken from the 2015 report, illustrates how over 50% of OD practitioners' time was spent on what they described as transactional work including team development, coaching, training and leadership development.

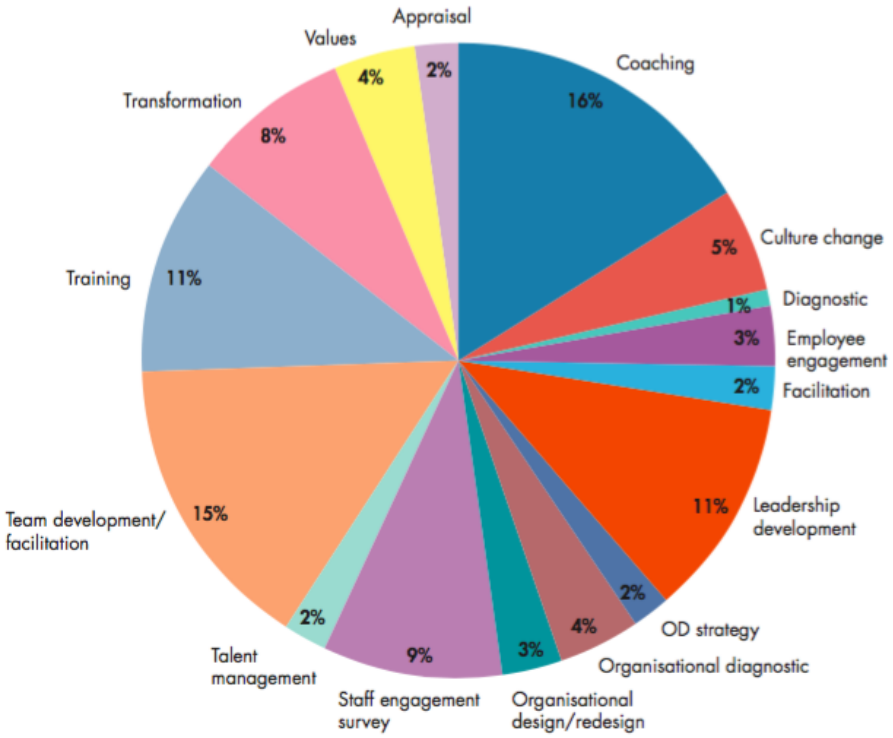

Figure 1: OD in the NHS 2015 (Do OD, 2015).

Three years later, a further report 'The Role of Organisational Development in the NHS' (Do OD, 2018) reiterated key shifts that the OD community in the NHS aspired to, simultaneously highlighting gaps in perception of their practice.

OD practitioners were asked to describe their purpose, and what others in their organisations thought their purpose was. Their responses are shown in Table 2 below.

OD practitioners' descriptions of purpose	What others think our purpose is
Change	"Whatever"
Enabler	Training
Diversity	Culture
Patients	Underground
People	Change
Growth	Unknown
Strategic	Connectors
Supporter	Helpers
Disrupter	Team Builders
Improvement	Fixers
Connector	Magic Wands
Innovating	Transformation

Table 2: The role of OD in the NHS (Do OD, 2018).

The table shows a disconnect between what OD practitioners think their purpose is, and how others perceive it. The list on the left is aspirational and worthy whereas the right-hand column describes a more confused and inconsistent perception of the work.

1.5 The challenge and opportunity of doing OD in the NHS

The OD workforce in the NHS remains a reactive function that reports being unable to demonstrate any added value beyond interventions designed to make staff feel happier in their workplaces. While this may be important, there is unrealised potential in the system, that is potential which has not been used in the most impactful way. There are, of course, a significant number of strengths in the field of practice, including:

- OD practitioners in the NHS are generally well qualified.
- OD is hope focused.
- OD supports new leadership styles and mindsets.
- OD enables collective action.
- OD facilitates conversations across whole systems.

(Do OD, 2018)

The work of OD practitioners is described as being both aspirational and practical. However, there are a number of areas where practitioners are less positive about their presence in and impact on the system, including:

- Practitioners feel uncomfortable when OD is seen as light-weight.
- OD has been described as pink, fluffy, magic pixie dust.
- The backstage practice aspect of OD can often lead to it being hidden, under-recognised and under-valued.
- The workforce is small, with big expectations which can lead practitioners to feel anxious that they are not making a big enough difference.
- Practitioners feel like they are chaotically juggling competing priorities.
- The temptation of a one size fits all approach is in tension with a robotic approach.
- OD is seen as the “soft stuff”.

The 2018 Do OD report concludes by stating five key ambitions of the OD community, to be more strategic, agile, credible, impactful and inclusive. Those who contributed to the report created an ambition statement for OD in the NHS that states:

"We make positive change which all staff engage with to make services better for patients. Our work is integrated in the day to day business of our organisations. OD is systematic, innovative, proactive and enabling. We work across whole systems to support effective transformation. We are catalysts for change. Our practice is evidence based, inclusive and strategic" (Do OD, 2018, p.8).

Given the significant scale of the strategic changes to come, transactional OD as practised is unlikely to be powerful or scalable enough to enable the system to transform. What is expected of OD practitioners is more complex now than it was in the past. The challenges are more difficult, and the context is more challenging. There is not an agreed model of OD across the system. There are some fundamental aspects of OD that appear to be missing in some parts of the system, spanning theory and practice. The connection between organisational strategy and capability is not consistently applied. To illustrate this point, the NHS is experiencing the highest levels of patient demand than at any time in its history. Patients present with multiple complex conditions requiring collaboration from professionals and organisations, yet several key staffing areas are in crisis, funding across the system has not matched the pace of demand and partner organisations in social care and the third sector are challenged by lack of funding.

From my perspective leading Do OD, I believe there is a need to explore whether the existing practice of OD matches the need of an NHS delivering new models of care. The practice of OD, like the role of the NHS, must adapt to serve a complex client base with changing needs. This became the key driver for my action research project. The perfect storm of population change, new models of care and models of OD struggling to cope with rapid change as well as the challenges is the landscape against which this research takes place. This can be seen as both a crisis and an opportunity. The ability of OD practitioners to adapt and help organisations reshape themselves could be crucial to the future of the NHS. The next section describes in more detail the aims and objectives of the research project. Figure 2 below highlights the three drivers of change which underpin my research.

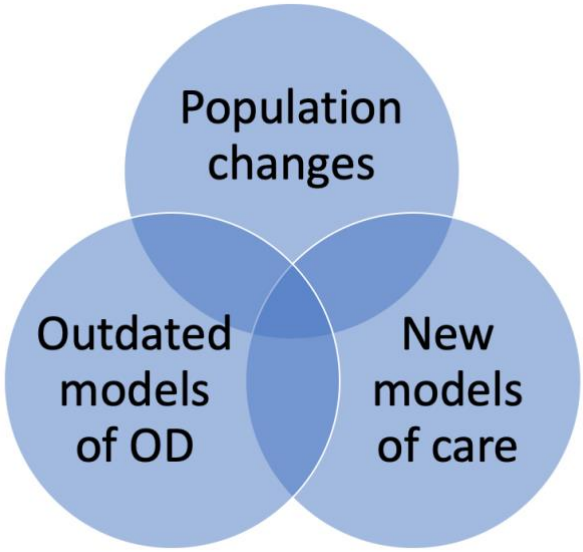

Figure 2: Three drivers of change.

1.6 Aims and Objectives

In my research proposal I stated a hypothesis that the NHS of the future would require new models of OD practice to reflect the new models of care being delivered to patients. My work up until that point had generated data suggesting that a significant amount of OD practice in the NHS was transactional and focused on single organisations. OD practitioners were expressing an aspiration to work in more transformational ways, at system level. My broad goal was to inquire into the creation of a blueprint for new models of OD practice that would support successful implementation of new models of care in the NHS. This would involve examining the professional development required for OD practitioners to bridge capability gaps between past, present and future practice.

The aim of the research project was to identify how the practice of OD could be improved in order to support the development of new models of care in NHS Vanguards. I intended to work with five OD practitioners in Vanguards – one for each type of Vanguard - exploring new ways of conceptualising and practicing OD. My goal was to enable a shift in the paradigm of OD practice that would support emerging new models of organisations in the NHS. To narrow the gap between existing and future models of OD practices I hypothesised it may be necessary for practitioners to develop and build their capability. Through this project I set out to explore the development needs of the participants with the aim of creating a framework for future professional growth and learning.

The objectives of this project were:

1. Critically assess current models of OD practice in five NHS Vanguards.

2. Design a blueprint for new OD approaches in the Vanguards using principles of Dialogic OD.

3. Propose a framework of development for OD professionals using Appreciative Inquiry.

4. Evaluate the effectiveness of generative imagery as a tool for re-conceptualising the practice of OD in the future NHS.

5. Create a map of my learning during the Doctorate process.

The five top level objectives were further broken down into expressions of practice based and theory-based objectives.

The practice-based objectives of this project were to:

P1. Shape and change the way OD is practiced in a sample of NHS vanguards.

P2. Show professional growth and capability in action in five OD professionals.

P3. Demonstrate the effectiveness of changing OD paradigms.

P4. Build my own capability as an OD practitioner consulting to the system on a meta-level.

The theory-based objectives of this project were to:

T1. Identify the paradigms of OD currently in use and propose new ones.

T2. Test Dialogic OD as an intervention approach to enabling Vanguards to deliver their objective.

T3. Use Appreciative Inquiry as a methodology for shaping professional change.

T4. Grow my own research skills and capabilities in shaping and building new models of OD practice.

The final output from the process were to consist of:

- Five individual case studies of NHS OD Practitioners.
- One collective case study of the research group.
- Landscape map of OD models.
- Report on OD models.
- Blueprint of OD practice.
- Framework for Professional Development.
- Report of framework findings.
- Report on Generative Images and Metaphors.
- Maps of learning journeys.
- Dissertation.

OD in the NHS, I hypothesised, to make a shift from transactional to transformational, would need a seismic shift in theory and practice. My initial thinking was that OD practitioners needed to shift from a traditional 'Diagnostic' mode of OD to a more contemporary, 'Dialogic' approach. This would entail an appreciation that organisations are socially constructed (Yeager & Sorenson, 2008) meaning making systems, containing sites of human pain and healing (Vongas & Hajj, 2015). It would mean letting go of established, tried and tested methods and ways of working, moving more experimentally into a way of being that might be new to many of us. To undertake this shift would require a deep examination of how we practice OD currently and an exploration of new opportunities. The design of the research project needed to give space for examination of practice from a number of different lenses. My initial structure for the Action Research Project is shown in Figure 3 below. The cycles remained open enough to ensure that the outcome of each previous cycle would inform the next, in service of the objectives being explored.

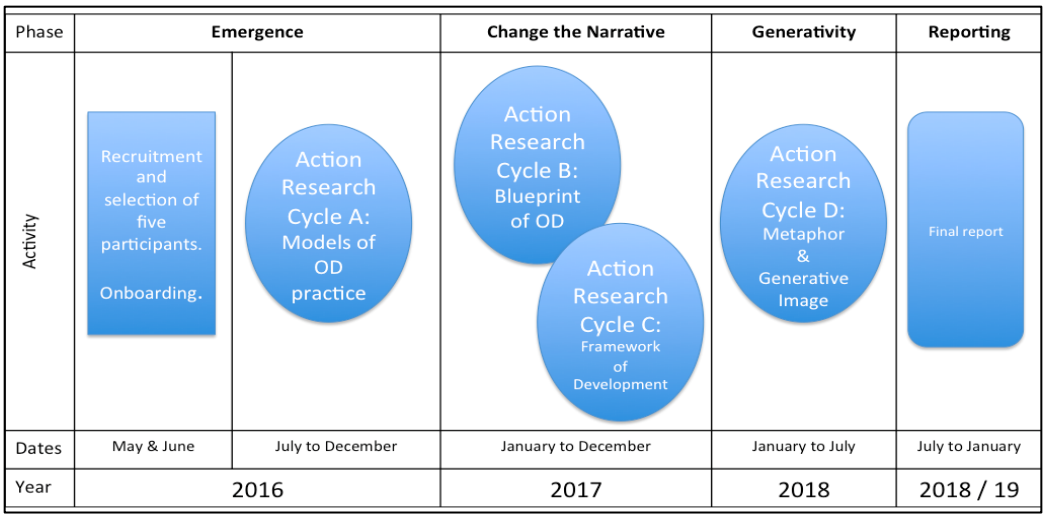

Figure 3: Original project structure from research proposal.

The following chapter sets out a narrative of the field of OD based on literature describing the birth, evolution and future of the practice. While it must be noted that this was not compiled following a systematic literature review, the chapter highlights the breadth of the body of knowledge from which the findings are drawn. Data used to inform the analysis was drawn from reference works, online material, books, academic and practitioner journals, conference papers and organisational literature. I decided not to restrict the initial searches to a particular timeframe as the exploration of the history of OD required exploring early writings on the subject. Beyond Chapter 2, literature reviews were carried out on each of the sub-topics covered in the emerging cycles of action research. The reviews are integrated into the sections dealing with each topic. Databases searched included PsychInfo, JSTOR, Ovid, Emerald, IBSS and Google Scholar. The searches covered:

- Organisation / organisational development and OD.
- History of OD.
- Future of OD.
- Diagnostic OD.
- Dialogic OD.
- Complexity and Organisational Development.
- Appreciative Inquiry.

As each cycle of Action Research contained significant elements of emergence, themes which were revealed during the research were included into subsequent literature searches including:

- Metaphor and cognitive sculpting.
- Properties of dynamic systems.
- Utopia and Afro-Futurism.
- Improvisation.
- Map making and navigation.

1.7 The Inquiry Roadmap

In my research proposal I anticipated four cycles of Action Research following the recruitment of the participants. The research adhered to this structure in broad terms, although the content of each cycle varied to a greater or lesser extent from the initial plan. The emergent nature of the work combined with the needs and interests of participants meant that there were known unknowns to be explored and in the process of the inquiry we discovered several unknown unknowns. The flow of the research is illustrated below in Figure 4.

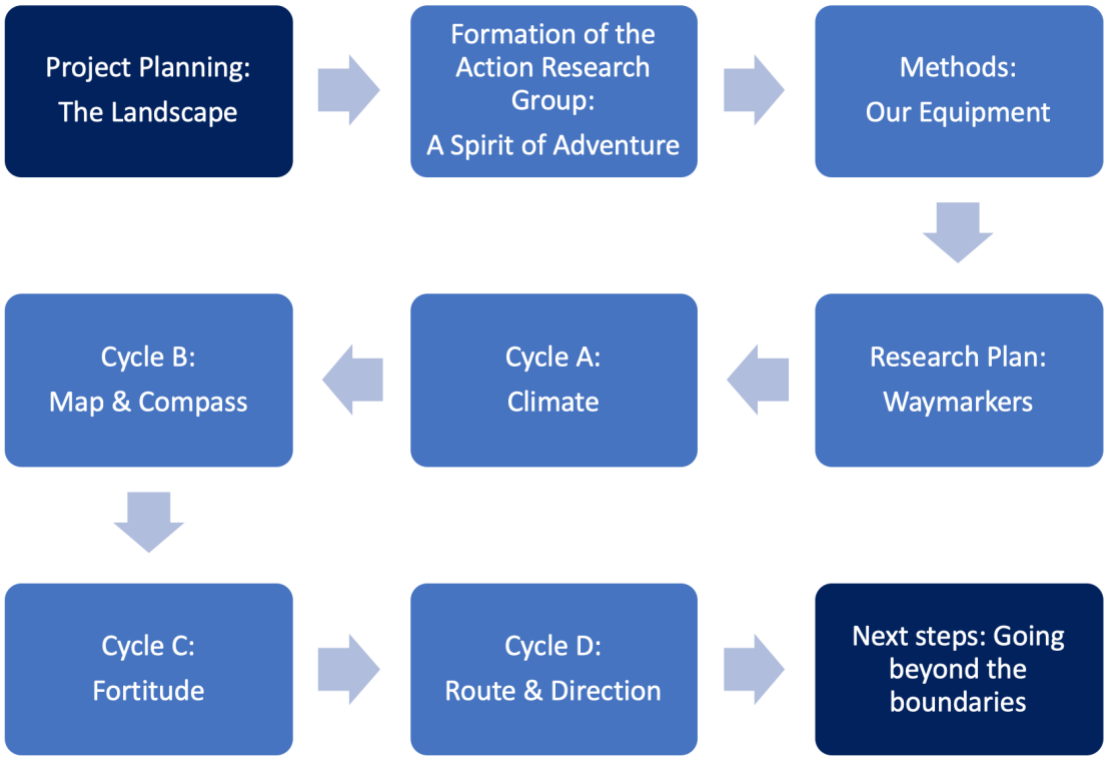

Figure 4: Research roadmap.

My thesis describes and illustrates the research journey undertaken to explore shifting models of OD against shifting models of care. The introduction has set out why this research matters, the seismic changes expected of the NHS in relation to changing public need and the hopes for OD practitioners tasked with supporting those changes to become reality.

Chapter two sets out a summary from the literature of key components that influenced the research project. I describe a brief history of the theory and practice of OD from its inception in the 1950s to present day. The paradigm shift from traditional to more contemporary models is explored, contrasting the predominant methods of OD practice based in a frame of Diagnostic OD to the more emergent forms of Dialogic OD. Holding this against a backdrop of complexity and perpetual change, I will explore what is missing from the literature and examine the often-contradictory advice scholars have offered about the future of OD practice. My place in this field will be described in relation to my hopes for the research project.

Chapter three focuses on the methodology and approaches I used to deliver the research project. I will describe how and why I chose these methods, demonstrating congruence between the practice of OD and the methodological frame for the project. I will look at the pros and cons of using Action Research to generate data and how the particular form I chose - Co-operative Inquiry - was suited to the aims of the project. I describe in more detail the theory of Dialogic OD and how this came to be a pillar of the research process. I will introduce the OD Bootstrappers Action Research Group, the engine of the inquiry, telling the story of our work together. I will illustrate some of the ethical issues arising from the inquiry process.

Chapter four explores the findings of research, describing the outputs, outcomes and impact of the work. The structure of this chapter follows the four cycles of Action Research that made up the research project: locating ourselves in practice; exploring new models of OD; how to be phenomenal OD practitioners in the dynamic now; and building the OD professional of the future. I will set out the findings from the Action Research group and show the impact these have had to date.

Chapter five discussing the results of the project, summarising the findings and showing the contribution of outputs from our work. I will show how the research project has met each of the objectives in meaningful and at times unexpected ways. I describe how the initial inquiry question changed and evolved into several new areas of exploration.

Chapter six sets out the conclusions of the research project, showing what was learned through the process. I will describe how co-operative inquiry engendered collaborative practice, enabling the group to act as instrument of change. My reflections on the research process, my role as a researcher and my own personal learning will demonstrate how my initial question could be seen as limited and limiting in scope. The implications of my work for OD practitioners and the wider OD community are discussed, along with recommendations for future research. I end this section with an illustration of how I have met the requirements of the Professional Doctorate.

To end I will describe my main learning:

- Working across multiple interdependent complex adaptive systems will be the new normal for OD practitioners in the NHS.
- Stretching into unexplored areas of practice will help us be phenomenal practitioners in the dynamic space.
- Co-operative inquiry creates the conditions for collaboration needed to work across organisational boundaries.
- Micro communities of learning amplify presence through using group as instrument of change.
- Transforming systems requires transformation of self.
- The practice of OD needs to accelerate its journey of professionalisation if it is to meet the demands of the future NHS.

The project proposal was granted ethical approval by Middlesex Business School and in accordance with the NHS Health Research Authority guidelines, this project did not require NHS REC Approval. Confirmation is available in Appendix 12. Beyond formal ethical approval, the delivery of the project revealed a number of issues that required management. Some had been previously flagged and others were more unexpected.

The next chapter illustrates and describes the findings from the initial literature review on the past, present and future of OD.

Chapter Two:
OD's role in the process of complex change

The practice of Organisational Development enables people to transform systems. This is the definition crafted by the NHS OD community in 2016 and is the lens through which I view my work. There has been discussion and debate within and outside the NHS OD community about whether OD is a profession or a practice, a skill or a craft, an art or a science. As the scale and pace of change becomes more complex, OD practitioners feel the weight of the expectations placed upon them. Sometimes a lone practitioner in an organisation, OD professionals have been predominantly focused on the internal health of their businesses. This is changing, and alongside the shift comes the question of whether the profession and its practitioners are up to the challenge. Can the field of OD step up to the plate and achieve what is expected of it in the new world? Much has been written about the practice of OD. In this chapter I will review OD practice, illustrating the themes and advice in existing scholarly thinking. This will enable us to benchmark where OD in the NHS is. I begin with a brief history of the theory and practice of OD, identifying key milestones in the timeline of my profession. I will focus particularly on the contrasting paradigms of Diagnostic and Dialogic OD, describing the similarities and differences. I will explore how the emergence and application of complexity theory has led to a deeper understanding of the practice of OD. I will end with an analysis of the gaps in the literature and show how I came to the hypothesis that we should move not just from Diagnostic to Dialogic OD but also to explore beyond the known boundaries of theory and practice.

2.1 A brief history of OD

Chapter One described the significant challenges of the changes facing the NHS. The NHS is not alone. The wider world of work and the concept of organisation itself is also changing. The scale is such that the ability to manage change should be seen as a core organisational competence (Burnes, 2005). Managing change is, however, a paradoxical idea. We can manage change projects, but in doing this to believe that we are managing change is less convincing. With macro factors such as globalisation, technology and economics affecting the context in which organisations operate there is an ongoing thirst from leaders to find the answer to change. This holy grail has been sought for decades and is a thread in the conversation about the purpose and practice of OD that has ebbed and flowed over the past 60 years.

OD is concerned with three key areas of work: organisational health, organisational performance and the management of change. These areas need intentional effort from leaders with the help of behavioural scientists (Cheung Judge, 2014) which is seen as a key role of OD practitioners. High up the list of priorities for the field, like that of management consulting, is how to help organisations manage and live with change (Ochieng Walumbwa, 1999). One of the differences that sets OD apart from traditional consulting is by maintaining a focus on its core values, founding principles and ideals (Schull, Church & Warner Burke, 2013) while keeping an eye on organisational success. However, the dichotomies of values versus business and performance versus health have also contributed to a confusion around the purpose of OD.

The field of Organisational Development has existed for over sixty years, with the term OD coined in 1956 (Gillan, 2011). Since its invention, the theory and practice of OD has shifted and changed in response to the context and environment within which it is practiced. OD remains to the present day in a confused place. It is a field that is often misinterpreted or misunderstood (Cote, 2004), even in the basic aspect of how people define OD. It has been described as an approach to organisation consulting that emphasises the applied behavioural sciences (Gottlieb, 2001), linked to institutional strategy (McCord & Franetovic, 2014) taking a total system approach to change in organisations (Sackmann, 1989). Those are grand aspirations which would ordinarily put OD in high regard and demand by organisations. Yet for decades, some have wondered if OD is dead or dying (Bushe & Marshak, 2009). OD has been variously described as established, effective, struggling and possibly finished (Lau, 1995). An exploration of the history of OD may add colour to those rather grey descriptions.

OD grew out of a reaction against the earlier mode of Taylorism, the reigning theory of scientific management during the first third of the 20th century (Nevis, 1997) and what we may describe as 'traditional' OD was based on strong assumptions about organising and changing. OD practitioners operating in this tradition have assumed that change is an event that can be orchestrated and managed (Werkman, 2010).

This approach began in the 1950s, when the field of OD was influenced by a linear and planned view of change which came from Kurt Lewin - often described as the inventor of OD - and was expanded into a theory of practice by those in the field (Burnes, 1995). It was embraced over the years by some OD scholars into the 1970s. OD was encouraged to move in the direction of more detailed and intensive diagnoses, and more exacting interventions so that it became more of a science than an art (Michigan University, 1973) and this view dominated until the early 1980s. For the next two decades, into the late 1990s, the

field of OD was challenged to become more action focused and tailored to improve productivity. With that came expectations that interventions would be faster, delivering results that were realised in the short term (Nevis, 1997).

Despite a rich history of published work, training programmes and professional associations, the nature of OD has been continually debated, often leaving both clients and practitioners confused. The theoretical landscape of OD is vast (Lynham, Chermack & Noggle, 2004) and set against a backdrop of changing conditions surrounding other existing professions such as Human Resources (HR) and Training (Weidner & Kulick, 1999). In the UK, OD is located predominantly within the HR function (Gillan, 2011) and can therefore be limited to "people stuff". OD, however, has far wider reach and potential, yet many still believe that OD is just about getting everyone to like each other (Kezar, 2001), is located down in the bowels of the organisation, facilitates retreats and does some teambuilding, usually for the more junior members of organisations (Bradford & Warner Burke, 2004). Another view of OD is that it is a jack-of-all-trades (Sweetman & Gooding, 2012) and therefore lacking in clarity and focus. How did such confusion come about?

As previously mentioned, OD became focused on short term gains and productivity which some believe has compromised the established OD values of trust, openness and involvement in decisions (Schull, Church & Warner Burke, 2013), leaving the profession no more than a set of techniques without values (Margulies & Raia, 1988). At the same time, OD has been criticised as being disconnected from organisational reality, missing the links to business strategy (Lewis, 1994). This has - perhaps unfairly - been partly attributed to those sponsoring OD not knowing what changes are needed, wanted or how to achieve them (Bushe & Marshak, 2016).

The drive to solving problems has encouraged a quasi-scientific stance which treats specific issues in objective ways (Oswick, 2013), often narrowing the focus of the field to quick fix solutions. Some OD scholars and practitioners continue to express concerns that the field has lost its identity and humanistic values (Cummings & Cummings, 2014), clinging to outmoded diagnostic models based on simplistic and psychologistic concepts of organisation behaviour (Harrison, 1984). Cummings & Cummings (2014) state that diagnosis before action is a fundamental dictum of OD which itself places a simplistic view on how OD works. Some have described a decline in the enthusiasm for OD over the years, due in part to a failure to deliver promised benefits and a lack of return on economic investment (Halal, 1974).

Other reasons given for OD's failure to realise its potential include the competence and credibility (or lack of) from practitioners who often operate as servants of power (Block, 2008) instead of objective helpers.

There is seen to be a split between theory and practice, and when theory is used it is outdated or faddy. For example, Lewin's 'unfreeze, change, refreeze' model seen as a cornerstone of change management practice rarely applies when the organisational water we swim in is in fact white water rapids. Part of the solution lies in the identity of OD as a profession, with an encouragement of practitioners to own their difference and emphasise what they can do for organisations (Korten, De Caluwe & Geurts, 2010) along with a re-branding to help trust in the field to be built, established and sustained. This would enable OD to move out from the shadow of other social science disciplines (Worley & Feyerherm, 2003).

For OD practitioners, this would involve a shift in practice and a deeper understanding of their role. Ray & Goppelt (2013) argue that practitioners should abandon the previously desirable position of objective outsider, recognising that any intervention will change both the client and the practitioner. Daniel (2013) likens the process to performing music, requiring emotional and intellectual investment on the part of the practitioner. A continued focus on self as instrument (Cheung Judge, 2001) would further enhance self-acceptance (Yontef, 2007) in a field suffering an identity crisis.

The picture painted of OD is confusing, conflicted and challenging. OD is both dead and not dead. The heart of the problem is that practitioners should be clearer about the definition of OD, and open to being more ambiguous about it. The training undertaken should be more focused on rigour and results, but not faddy or tool driven. We should go back to our roots of humanistic values and be driven by business goals.

It is clear that the practice of OD does need to be renewed (Bunker, Alban & Lewicki, 2005) and that new realities differ dramatically from the past (Tetenbaum, 1998). Our theories and our identity have been constantly shifting (Ray & Goppelt, 2013) but may not have kept up with the pace of change in the world. As organisations and systems become more complex and, as such, are incapable of being predicted (Lewis, 1994) perhaps we need to move away from traditional practices where OD is defined as an intentionally designed program of change initiatives (McCord & Franetovic, 2014). However, the emphasis on finding quick fixes also drives black and white thinking (Vogt, Brown & Isaacs, 2003) which is at odds with the multiple valid - often conflicting - representations of the same complex system (Richardson, 2008) which accompanies the socially constructed lens on organisations inherent in the more contemporary practice of Dialogic OD.

While our field has been evolving, the world of work itself has experienced seismic shifts that the founding figures of OD could not have predicted. Organisations and the nature of our relationships to them have changed in fundamental ways. Careers have morphed beyond recognition in some sectors. OD does have an ability to evolve and adapt with the changing nature of the workplace (Garrow, 2009) and we are

presented with an opportunity to grasp this change with both hands. Minahan & Farquhar (2008) believe that the field of OD has reached a point of bifurcation, growing beyond its own capacity to maintain itself. A new path may be emerging for OD, one that we can create while working.

2.2 From Diagnostic to Dialogic OD

A different direction for OD began to emerge in the 2000s, with a shift from the traditional (termed as Diagnostic) OD to newly coined Dialogic OD - a philosophical and practical approach to consulting. Diagnostic OD, in broad brush strokes, looks at organisations through the frame of 'company as machine'. It embodies a positivist mindset, providing empirical evidence and concrete analysis that result in planned and detailed actions (interventions) leading to measurable and validated results. Dialogic OD approaches organisations from a different view, seeing them as socially constructed meaning making systems where change happens through self-organised dialogue and action that results in a changed narrative about the company. While still often planned, Dialogic practices are less solid in their nature and as such may not be so easily quantified.

Moving from an existing model to a new one is congruent with the historical practice of OD which is stated to have an ability to evolve and adapt and to incorporate new paradigms in order to increase understanding of organisations (Garrow, 2009). Dialogic OD is based in social constructionism and involves changing organisational narratives (Bushe, 2013). These new dialogical OD practices emerged because they are seen to be more successful at promoting transformational change in contemporary organisations (Bushe, 2009).

While Dialogic OD is a still developing mindset (Marshak, 2015) it has begun to demonstrate its effectiveness when applied to complex change. Dialogic methods are said to be especially effective when dealing with "…adaptive challenges where there is little agreement about what's happening and where there are no known solutions or remedies available to address the situation" (Bushe & Marshak, 2016, p.6). Diagnostic and Dialogic OD are not two different things – they are different ways of thinking (Bushe & Marshak, 2016). The table below highlights the differences between Diagnostic and Dialogic OD, setting out the frame within which the shifting paradigm of OD models to be tested in the Vanguards.

Diagnostic OD	Dialogic OD
Behaviour results from an underlying objective reality.	Organisations are socially constructed realities.
Change can be envisioned, planned and managed.	Transformational change results when there are significant shifts in language that encourage emergence.
Consultant stands apart from the organisation.	Consultants are part of the interactions.

Table 3: Diagnostic and Dialogic OD (Marshak, 2015).

Bushe and Marshak's work on Dialogic OD established a new pathway for the profession. Instead of machine-based analogies, Dialogic OD approaches organisations from a different perspective, seeing them as socially constructed meaning making systems where change happens through self-organised dialogue and action that results in a changed narrative about the company (Bushe & Marshak, 2009). The focus is on promoting effective dialogue and conversations that become the vehicle for change (Schull, Church & Burke, 2013). Dialogic OD is made up of both structured and experiential interventions (Bushe & Marshak, 2016), and as such are less solid in their nature, which means they may not be so easily quantified. Dialogic OD does not set out to change behavior in the way Diagnostic OD does, but instead attempts to change the frameworks that guide what people think and say (Bushe & Marshak, 2009). The inclusion of complexity theories into the canon of OD practice complimented and lay the ground for Dialogic OD to position itself as suitable for the contemporary challenges facing organisations.

2.3 The emergence of complexity

In single organisations, the experience of change has often been treated as an episodic event involving a linear series of activities. Change was seen as something with a beginning and end point that could be managed through increasingly detailed action plans. These episodic approaches to change were helpful when organisations needed to implement discrete changes but could be troublesome when adapting to the shifting pace of the changing environment (Cummings & Cummings, 2014).

The science of complexity – described by Stacey (1995) as the dynamical properties of nonlinear systems appeared to contain insights and explanations for why our old ways of working were not likely to be successful in new ways of organising. Complexity theories have been seen by academics and practitioners as a way of understanding organisations (Burnes, 2005) particularly when dealing with non-linearly related systems (Black, 2000). Complex systems require collaboration, participation and openness to information and relationships (Wheatley, 1999). They are self-organising in that there is no overall blueprint or external determinant of how the system develops (Burnes, 1995). This particularly interested me, given the challenge to Vanguards of developing a blueprint that other NHS systems could adopt.

The shift from working in individual organisations to a system of multiple interdependent complex adaptive systems is likely to increase the number of complex problems encountered by those attempting to support the change. These complex problems can only be solved by cross-sector coalitions that engage those outside the organisation (Kania & Kramer, 2011). The relational aspect to working in complex systems, producing unintended consequences and rendering the universe unpredictable (Tetenbaum, 1998) could lead to chaos, where too much changes for there to be any learning (Lewis, 1994). Similarly, in stability there is little growth. A complex system perspective is concerned with the dynamics of the whole system (Stacey, 1995) and can be seen as an art or craft for which an aptitude is necessary and for which experience is the only schooling (Hiett, 2001). Complexity theory has influenced the theory and practice of OD for many years notably demonstrated the work of Patricia Shaw, Cliff Oswick and Michael Quinn Patton who have each practiced and taught OD through the lens of complexity.

In 2006, Kahnweiler asked what will successful OD professionals need to do in order to remain successful 5-10 years from now?. He answered his own question with three pieces of advice: gain knowledge; apply knowledge; and achieve results. In fact, the literature is full of sage wisdom about how OD practitioners can keep themselves fit for the future including look for seeds of the future in the present (Zand, 2001); make inner and outer shifts to remain relevant (Cheung Judge, 2017); become perpetual learners, more

self-reliant and more capable…in dealing with surprises (Schein, 1996); be multitheoretical and multidimensional in [their] thought and practice (Lynham, Chermak & Noggle, 2004).

2.4 Themes and ideas in the OD literature

The themes emerging from literature on the past, present and future are both enlightening and confusing at the same time. On one hand, OD is dead and yet OD is not dead. Our time has been and gone, or the best is yet to come. Confusion abounds over a clear definition and even purpose for OD. The broad range of paths into the field and different approaches to training of OD practitioners leaves gaps in our abilities. Reasons for the seemingly ongoing decline in OD include:

- Practitioner competence, credibility, confidence & certification.
- Acting as servants of power. Our closeness (or not) to leadership.
- Lack of focus on rigour, results and relevance.
- Too much and too little emphasis on values.
- Absence of, or outdated models of change.
- A widening split between theory and practice.
- Fuzzy branding and vague boundaries of practice.
- Too faddy or tool driven. Trying to make one size fit all depending on what's in fashion.

There is a glimmer of optimism about the future of OD, stating that OD will survive if we take a systems perspective, integrate theory and practice, develop self-learning systems and become better at defining and responding to the needs of the client. Organisations of the future will be concerned with issues of globalisation, technology, finance, and the question of whether employees are an asset or an expense. To thrive in this future, OD practitioners should work on self as an instrument of change in order to go deeper under the surface and further into the complexity of human system issues. Values and ethics should be at the heart of our work, combining our experience and training into a depth and breadth of abilities.

The challenge I have set out so far in this thesis has illustrated and described the changing expectations of OD practitioners in the NHS, requiring a shift and stretch into previously unexplored practices. The literature paints a mixed picture of our ability to make that shift. If, as stated, there are outdated models of change being used by practitioners of varying competence and capability, we face a significant hurdle to overcome if we are to achieve the goals of supporting the NHS through a period of complex change. When the NHS was formed, and population health was more predictable, traditional models of diagnostic OD would have been more appropriate. However, the more contemporary models of Dialogic OD may be

more suited to the NHS of the future, and it may be important for practitioners to develop further competence in this area. If OD remains in its past practices, it will not be fit for the future. This tension is at the heart of the research I have undertaken.

My goals in the Action Research project included making a contribution to the theory and practice of OD in the NHS. The literature identified a number of gaps worthy of further exploration which led me to formulate these questions, both reinforcing the original themes in my research proposal and broadening my perspectives to include notions of practitioner confidence as well as competence:

- How do we narrow the gap between theory and practice?
- What are the opportunities to be more values driven in our work (and what are the challenges)?
- Is there a way of keeping the boundaries of our work broad and also clarifying the role and purpose of OD more definitively?
- Where are the possibilities to be exploited in the areas of competence and confidence in our work?
- Can OD practitioners step up to the plate and achieve the changes required of them to support new models of organising in the NHS?

I was also curious to explore the connection, distinction and potential of moving from models of Diagnostic OD to Dialogic OD. Could this shift be the solution to supporting the NHS with more complex change challenges? New ways of organising - working across, between and within organisational boundaries - will become the new normal for OD practitioners in the NHS and as such may require different approaches and models to guide our practice. As Korten, De Caluew & Geurts (2010) suggest, the core of OD should be revitalised, thus giving ourselves a makeover.

The next chapter of the thesis focuses on how I shaped, structured and delivered the Action Research project in service of those questions and the objectives previously described in Chapter One.

Chapter 3: Methodology

3.1 Choosing methods for the research

This chapter focuses on the methods chosen for the research project and describes how they were used. It will explore and discuss the reasons for selecting the underpinning framework of Action Research and the accompanying practice of co-operative inquiry. The formation of the Action Research Group is summarised, and ethical issues examined. The chapter begins with a description of Action Research as an enabler of learning that is particularly suited to the field of OD and the practice of supporting change.

The aim of scholar-practitioners is said to be both creating actionable knowledge and resolving business problems (Tenkasi & Hay, 2008**)**. As an insider researcher, this may lead to challenges that stem from a supposed pre-understanding of the organisational issue and professional biases inherent in previous knowledge and experience (Coghlan, 2013). To mitigate in some way against these biases, a strong foundation of rigorous research methodology should be applied. This begins with an exploration of paradigm, and a choice of adopting a quantitative or qualitative stance. Both methods may be used in any research project (Guba & Lincoln 1994) although historically there has been more of an emphasis on quantification in the field of science.

I wrote in my research proposal that the ontological scaffolding upon which the project is built was firmly rooted in an interpretivist perspective, because I believe that organisational development and change is a subjective experience where meaning is made through our relationships with each other. However, I also believe that the formal NHS system takes a rationalist approach to managing change. The positivist response to this would be to undertake research which was free of values, highly structured and objective (Costley, Elliot & Gibbs, 2010).

This view of the world is congruent with the underpinning philosophy and constructs used in contemporary Organisational Development theory and practice. The interpretivist approach that I bring to the project has shaped the epistemological and methodological approaches that I will propose as ways of generating new knowledge. Quantitative approaches are described as “hard”, bringing to life images of researchers behind one-way mirrors, observing their subjects from a distance and speaking the language of the positivists (Symon & Cassell, 2004). This approach is often valued in organisational

research as being more scientific and therefore believable (Rahman, 2017) because it is based on truth (Symon & Cassell, 2004).

The most significant determinant of the epistemology and ontology adopted is the research question (Saunders, Lewis & Thornhill**,** 2009). Maylor & Blackmon (2005) boil the question down to whether the researcher needs to be a scientist or an ethnographer. The answer can lie in the framing of the research question. Those including words like 'what' and 'how many' may lend themselves more neatly to the positivist scientific approach, whereas questions like 'how' and 'why' invite a more ethnographic, interpretivist paradigm.

Qualitative methods have their drawbacks. They are generally more time consuming than quantitative approaches, particularly in the ordering and processing of data generated (Miles, Huberman & Sadana, 2014). Sample sizes are smaller in qualitative studies whereas quantitative methods can be more easily carried out over large samples (Seale & Silverman, 1997). Smaller sample sizes can make it more difficult to construct generalisable findings and evidence that is reliable across a wider population. However, qualitative research elicits deeper insights based on authentic and often more relevant responses (Rahman, 2017), while the fuzzy generalisations (Costley, Elliott & Gibbs, 2010) emerging from approaches such as Action Research can be useful in work based situations.

The project proposal described taking an interpretivist perspective supported by social constructivist assumptions about organisations. An interpretive approach can produce more fine-grained explorations of practice (Pozzebon, Rodriguez & Petrini, 2014) through an assumption that there is nothing inherently real or true about any social form of organising (Bushe, 2001) and that the notion of a single universal truth is rejected (Garrow, 2009). This was not chosen as a view purely taken for the research project. It was a view already held and demonstrated in my OD practice, although one of my realisations during the research was that this had not been previously explicitly articulated as a world view. It is an ontological window of the world that is congruent with contemporary models of OD theory and practice but is also a bias worth noting in terms of seeing contemporary OD as good – fitting with my world view – and traditional OD as bad because it takes a different position.

Taking a social constructivist approach to the research was in line with the frame of Dialogic OD I had proposed as a container for the project. Dialogic OD, firmly in the camp of viewing organisations as social systems, espouses a complex, multifaceted approach to knowing (Yaeger & Sorenson, 2008) inherent in

the social constructivist principle that change comes when the conversations about the organisation change. Locating this research in an interpretivist camp, using a dialogic lens and social constructivist principles supported the use of qualitative methods to generate the data and drive the inquiry. The foundation of the project was Action Research- a collaborative and democratic partnership (Coghlan & Brannick, 2005) that enables researchers to look at practice and check whether it is as they feel it should be (McNiff, 2013).

3.2 Action Research as foundation.

Enoch & Adital (2016) posed the question of how researchers can engage participants in a journey of reflection while at the same time constructing new knowledge. Action Research is carried out by practitioners in the role of practitioner-researchers undertaking cycles of inquiry based on critical self-reflection and action, the purpose of which is to develop practical knowing. Action Research is further defined as a family of approaches (Reason, 2001) that combine a systematic study of a problem and the possible ways of solving it. The process of problem solving in Action Research happens in an on-going changing environment (Bargal, 2006) where the aim is to understand past events, present phenomena and future intentions (Chandler & Torbert, 2003). This approach is well suited to the context of the NHS which not only constantly changes, as all complex adaptive systems do, but in this case is also set the challenge of accelerating the pace of change and deepening the effectiveness of our change efforts. Action Research, like OD, contains an element of emergence described by Gaya Wicks et al (2008) as making the road while walking along it. This image was useful when contemplating the recruitment and formation of the inquiry group whose members would each bring their own experiences to the process and contribute to building the road together.

The field of OD has action research as one of its roots, with the underlying principles embedded in the training of OD professionals over the last four decades. Action Research and OD have an intertwined history and a co-evolutionary future (Kiel, 2014). This reinforces the synergy of using Action Research as a methodology to work with OD professionals as participants in the inquiry group. Action Research components rely on democratic principles of cooperation among researchers, practitioners and clients. They utilise transparent procedures for decision making and have high regard for humanistic values (Bargal, 2006).

Action Research has its downsides as an approach. It is described as messy (Burns, 2005; Pearson, 2017; Cook, 2018) and lacking in academic prestige. This is not necessarily surprising as Action Research in fact emerged in response to, and as a reaction from, more positivist scientific paradigms of research. As such it should not necessarily be judged by the traditional criteria of random sampling, generalisation and replicability (Burns, 2005) but it must still be carried out in a rigorous way in order to balance the perceived failure of Action Research to make a difference to real practice (Somehk, 1995). Action Research can in itself pose risks to participants due to the depth of challenge it brings to our assumptions and pictures of ourselves (Pearson, 2017).

The Action Research Cycle - plan, act, observe, reflect - underpinned the process and was used explicitly and deliberately to structure the project. Using Action Research as the container for the project provided a way of integrating theory and practice that link the real-life experiences of the participants with concepts, models and theory to enhance and grow their practice and themselves. Action Research operates at different levels from individual to system (Kiel, 2014) and as such offers a way of incorporating various dimensions of the inquiry and integrating them into a coherent whole. Lewin's famous dictum of no action without research and no research without action (Bushe & Marshak, 2009) allows this project to be aligned with the needs of the Professional Doctorate objectives, straddling the parallel processes of action and research. This integrated route, where practice and theory are developed alongside each other (Lester, 2015) fulfils a personal and professional ambition of mine as described in the strapline for Do OD, to stimulate the theory and practice of OD.

The field of OD has action research as one of its roots, with the underlying principles embedded in the training of OD professionals over the last four decades. Lewin conceived of Action Research as an iterative, two-pronged process whereby research leads to action, and action leads to evaluation and further action (Burnes, 2004). Action Research was and still is a cornerstone of OD practice (Bushe, 1995). As such, Action Research and OD have an intertwined history and a co-evolutionary future (Kiel, 2014). This reinforces the synergy of using Action Research as a methodology to work with OD professionals as participants in the inquiry group. Apparent in the name, Action Research is simultaneously research and practice (Chandler & Torbert, 2003) where the primary purpose is to develop practical knowing (Reason, 2001). It is an approach to research which aims at taking both action and creating knowledge or theory about that action. The outcomes should therefore be both an action and a research outcome (Coghlan & Brannick, 2005). Focusing Action Research on the actual experience of participants ensures that knowledge is acquired through responding to a real need in life (Gaya Wicks et al, 2008). The process can be described

as one of collaborative inquiry-based action that is focused on achieving practical results (Kiel, 2014). This guided the way the inquiry group worked together during the course of the project.

Action Research operates in real life situations and is based on collective inquiry. It is collaborative and participatory, resulting in shared learning and empowerment for those involved (Kiel, 2014). From the very beginning, in service of how the research group is formed, deliberate attention was paid to how people were drawn into the process of inquiry and action and how they participate and collaborate (Coghlan & Brannick, 2005). In Action Research, timely action in the present, transforming historical patterns into future possibilities, is the ultimate aim and achievement (Chandler & Torbert, 2003). The worth of Action Research is in its potential to contribute to people's self-development and self-reliance (Gaya Wicks et al, 2008). Action Research components rely on democratic principles of cooperation among researchers, practitioners and clients. They utilise transparent procedures for decision making and have high regard for humanistic values (Bargal, 2006) such as inclusion, social justice, democratic participation and respect for difference. Humanistic values are at the heart of OD practice and as such there is congruence in applying Action Research methods to a project based on OD practice. The synergy of the two worlds should be enacted in a practical as well as philosophical approach. One of the core values of OD, participation, is also at the heart of Action Research. Participation is fundamental to the nature of our being (Gaya Wicks et al, 2008).

Participatory Action Research, defined by Burnes (2012) as collaboration and co-inquiring, produces knowledge directly useful to a group of people and should also empower them (Reason, 2001) by the creation of this new knowledge. This became attractive as a concept as I began conversations with interested participants. The participants could become co-researchers, contributing to the process from design to conclusion. The aim of this approach was to amplify the creation and application of knowledge about them and their worlds (Reason, 2001) and given that the deep workings of any system are known only to those who work within it (Wheatley, 1999) it would be important to construct methods and approaches that would deepen the participation and as such explore more levels of knowledge.

These trained helpers act as ‘organisational clinicians’ in that they: (a) practice in-depth observation of learning and change processes; (b) emphasize the effects of interventions; (c) operate from models of what it is to function as a healthy system and focus on pathologies, puzzles and anomalies which illustrate deviations from healthy functioning; (d) build theory and empirical knowledge through developing concepts which capture the real dynamics of systems (Schein, 1997).

3.3 Co-operative Inquiry as a method of Action Research

The particular flavour of Action Research chosen for the research project was based on Heron's (1996) principles of co-operative inquiry, a way of researching that involves people who have similar interests (Heron & Reason, 2001). Co-operative inquiry involves people learning together and investigating the possibilities for transformation over time (Baldwin, 2002) using their own experiences as the evidence. The participants act as co-researchers and are involved in decisions about the research including what to inquire about and how to explore the topic. Co-operative inquiry is a qualitative research strategy that uses multiple methodologies and is congruent with the social constructivist ontology. Heron describes the process of co-operative inquiry in terms of human flourishing. He states that the awakening of the human spirit should be seen as an important end in itself. This happens because the research is done with people, not on them. Co-operative inquiry uses cycles of action and reflection to refine and deepen experience and knowing, both individually and collectively. This reflects the deep commitment to participation and equality that lies at the heart of the approach. As the approach itself allows participants to both act and reflect it is more likely to lead to learning about the process of practice (Baldwin, 2002).

Each person is a co-subject in the experience phases and co-researcher in the reflection phases (Heron, 1996) which Reason (1999) sets out in four stages. Firstly, the group talks about their interests and concerns before agreeing on the focus of the inquiry. Next, they take action and observe the outcomes of their own and each other's behaviour. As they become fully immersed in their experience, they may find themselves exploring new fields, taking unexpected action that can lead to interesting insights. Following their action, the co-researchers map their experiences onto the questions they posed and begin the cycle again.

Heron describes how the full range of human senses should be available as tools of the inquiry process and that any aspect of the human experience should be seen as a potential topic of inquiry. Heron's extended epistemology of knowing begins with experience, followed by a non-verbal expression of understanding – which he describes as propositional knowing which leads to a written form of knowledge – presentational knowing – and finally in the know how, which he defines as practical knowing. These phases of knowing give permission to co-operative inquiry participants to go beyond the intellectual and explore the realms of emotional, somatic, poetic and artistic expressions of knowledge and learning.

The skills required for a co-operative inquiry are not the traditional research abilities found in a textbook. They include being present and open and emotionally competent. The outcomes of a good co-operative

inquiry should include elements of personal transformation that emerge from deep connection to the process, and an ability to express the findings of the inquiry in a range of modes of expression. Concrete practical skills, particularly in the space of action and collaboration are an indicator of good co-operative inquiry along with the more traditional methods of written reports and papers.

While the focus of this inquiry is primarily work-related, and as such the practical aspects of knowing should have an application in the workplace, I am equally interested in the deeper, transformative aspect of the human spirit that is said to be awakened during the process. Having never undertaken a co-operative inquiry in this way, I was curious to see if the experience would live up to the hubris.

Action Research can be used for theory building (Mishra & Bhatnagar, 2012) and serve as a counterbalance to the perceived pre-dominance of a deficit discourse (Zandee & Cooperrider, 2008) which is certainly prevalent in the NHS, although not often voiced in my experience. The encouragement given by Luckcock (2007) to enter a soul-friendly form of collaborative research and reflective practice together using dialogue to engender inquiry (Stevenson, 2005) provides an opportunity to create a space of honesty and openness where experiences can be discussed in full voice. Cognitive development does not occur in a vacuum (Head & Shayer, 1980) and my aim was to create a container where participants can be fully themselves, sharing their stories as they unfold.

Dialogue is a key component of voice. Beyond the role of initiating researcher, it is clear that I would have a key part to play in stimulating and participating in the dialogue. In Dialogic processes, the researcher is always part of the unfolding processes of stability and change rather than a neutral facilitator (Marshak, 2015). The use of dialogue in Action Research can enable participants to reflect on, learn from and remedy problems in their organisations (Martensson, 2004). Action Research as a process involves shared dialogue that helps to explore perspectives and possibilities (Kiel, 2014). This is congruent with the principles of Dialogic OD. Dialogue in Action Research builds on social constructionist roots (Martensson 2004, Bushe, 2013) and researchers cite complexity science as a basis of their frame (Kiel 2014, Marshak 2015). In Action Research the researcher speaks the language of the practitioner (Martensson, 2004) which is important to highlight given the dual identities I bring to this project as a researcher and an OD practitioner in my own right. Having experience as a practitioner enables me to bring models and theories to the project that can be tested and applied to the organisational issues identified by the participants.

As action research is about real time change, its core is the story of what takes place (Coghlan & Brannick, 2005). The following chapters of this thesis tell the story of what took place. It begins to ask the question posed by Cheung Judge (2014), what sort of legacy do we want to leave in the world?

3.4 Framing inquiry as adventure

When I began the process of scoping the research project, I worked with a graphic facilitator to help shape my ideas and turn them from the experiential into the presentational. I envisaged embarking on a journey, setting out with a backpack full of ideas and tools. Framing the inquiry were the pillars of Dialogic OD: emergence, generativity (a concern for the future) and changing the narrative. I titled the image Mountain Diving, creating a generative image of my own which represented the peaks (theory) and ground (practice) that I would be covering during the research project. This is shown in Figure 5 below, and the image is used in a later chapter and used to track my progress and surface my learning. The image became a place for me to reflect, illustrate and capture particular points of interest along the journey.

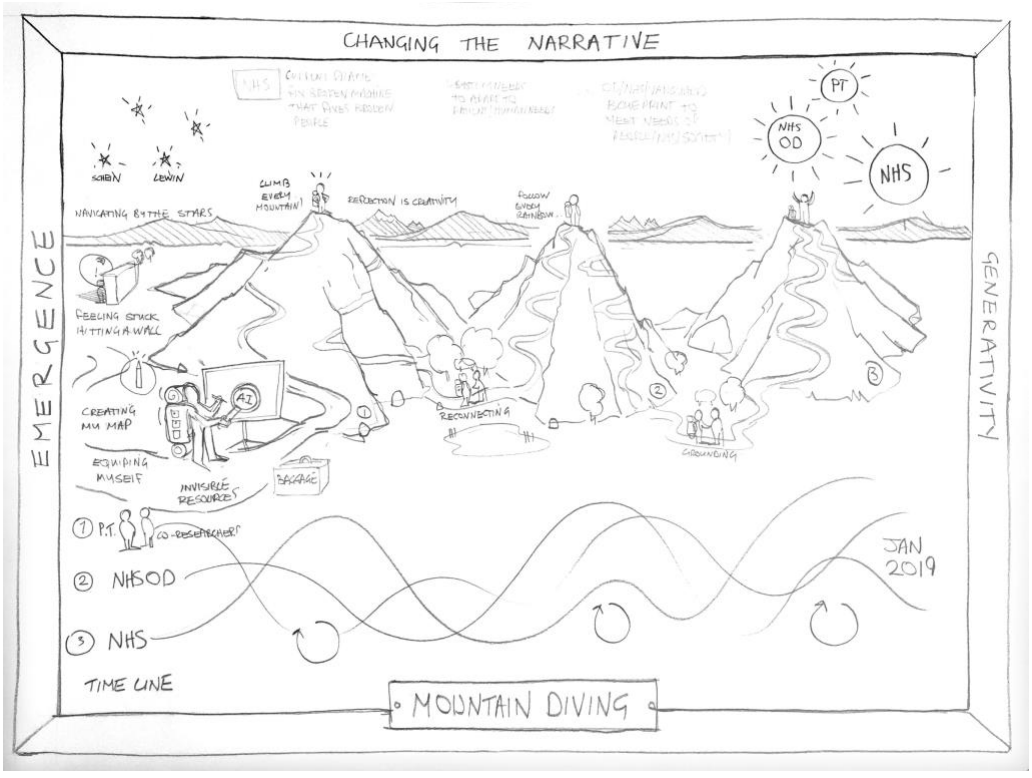

Figure 5: Mountain Diving Generative Image by Julian Burton.

From planning to implementation.

The following sections describe the leap from planning to implementation that took place between May and July 2016, including:

- Inviting participants to take part.
- Introductory and explanatory conversations.
- Rules of engagement.
- Individual and organisational biography.
- First group meeting.
- Defining areas of inquiry.

The first step of the research journey was to recruit the five co-researchers who would accompany me in the project. I had planned on working with five OD practitioners, one representing each of the five types of NHS Vanguard site to give a snapshot of the whole system and create possibilities for participants to contribute and add value (Wirtenberg, 2007) from their different perspectives. My day job gave me access to a national database of NHS OD practitioners, but not which of them were involved in Vanguard sites. The invitation email (Appendix 2) was sent to the 558 people on the Do OD mailing list on 23 May 2016. The message invited people to express an interest in participating in a doctorate level practice-based research project. After setting out the context of my work, I explained briefly my curiosity about OD practice in Vanguards and my intention to work with five OD practitioners over the course of an 18 to 24-month research project. Interested people were invited to make contact to arrange a "no obligation" chat. I ended the invitation by saying,

"Join me on an adventure of a lifetime. Well, at least until October 2018. Who knows, it may change all of us in ways we could never imagine."

I did not know how many responses I would receive and even noted in my reflective journal "I'm about to press send on the email asking people to participate in my research. It's really scary! What if nobody responds? What if it falls at the first hurdle?"

However, within the first day I had 22 responses to the initial email. Ten people were interested in finding out more with a view to taking part and 12 replies came from well-wishers. Each respondent was sent a follow up email with further information about the project (Appendix 3) and an invitation to arrange a telephone call to discuss their interest in taking part. The follow up email detailed the aim and objectives of the project and my initial hypothesis.

"It is my hypothesis that the NHS of the future will require new models of organisational development practice that reflect the complexity of our emergent adaptive system. This research project will inquire into the creation of a blueprint for new models of OD practice that support the successful implementation of new models of care in the NHS. It will examine the professional development journeys required for OD practitioners to bridge existing capability gaps in order to thrive, grow and make a sustainable difference in the future."

The follow up email also mentioned co-operative inquiry explicitly for the first time. using the term 'co-researchers' to describe those who would make up the group of five. I stated explicitly that,

"The project overall is shaped by principles of Dialogic OD theory… Emergence, Changing the core narrative and Generativity. I'll be using these as markers for the three phases of my research project."

I see now that there is a tension visible in the language describing the project. On one hand, "co-researchers", and on the other, "my research project". Later in the follow-up email I veered back into the language of co-operative inquiry,

"We'll work as a community of co-inquirers where we help to build each other's capability and give space to reflect. During the process we will want to share our learning with the wider OD community and we'll talk about ways we could do that."

A third email (Appendix 4) was sent in June 2016 updating the interested parties. Each of the people who had expressed an interest were offered a one to one introductory telephone call with me where we discussed the nature of the research and found out more about each other. Following these calls, 16 people were still interested in moving forward. My proposal to the 16 was that we form two groups, a primary and secondary group who would work in parallel, with the primary group testing their findings with the secondary group. In the third email I wrote,

"In the spirit of collaborative inquiry, I'd like to begin with some feedback from you about the idea, and for you to clarify where you would see yourself in the process. I'd be grateful if you could reply and let me know if you would like to be…

A) Part of the primary group, generating the models and implementing for themselves

B) Part of the secondary group, testing the ideas and giving feedback

C) No preference, happy to be in primary or secondary group

D) No longer interested in being part of the project"

Interestingly, no 'other' option was offered. At that stage I invited people to read about "Collaborative Inquiry" (sic) to get a flavour of what was being proposed.

In a fourth and final formation email (Appendix 5), I explicitly discussed Heron's (1996) model of Co-Operative Inquiry and said,

"To be honest I have really struggled with working out how the core research group should be formed. Everyone has something unique and interesting to bring. My initial goal was to recruit 5 participants and there's currently 14 people who have said they'd like to be in the group. Heron's work has made me reflect on my own role as the 'instigating researcher' and my personal values of participation and equality.

In the true spirit of Co-Operative Inquiry, I'd like to suggest that those who have the energy to be part of the group should be part of it. 14 is much more than 5, and I'm sure that will come with its own particular challenges, but it also opens many more possibilities. The richness that can emerge from increased difference is very interesting to me. Also, it gives us space for some smaller sub-groups to form, as well as building in sustainability should anyone's circumstances change during the project.

I don't know if this is the 100% right decision, but I know it would be 100% wrong for me to tap individuals on the shoulder and create a group that reflects my own preferences. In actual fact, everyone I've spoken to has been super friendly and I'm sure we will do some really interesting work together."

At this stage I asked people to confirm their participation as a "co-researcher" and to circulate a pen portrait of themselves to the group, with some information about who they are at work, at home, what they bring to and want from the group.

One group member said,

"I think it's exciting that you've had such demand to be part of the group and indeed this is part of the research journey. I think it also shows the demand for new OD models in these unprecedented times."

3.5 The OD Bootstrappers Action Research Group

Fourteen people came together to form the Action Research Group. Members reflected a diverse geographic spread and a range of host organisations. Some members worked in Acute care settings and others in community and mental health focused organisations. Each of the members' home organisations were involved in testing out a new model of care, working across organisational boundaries. In other respects, the group was remarkably homogenous. All group members were women – with the exception of me as the initiating researcher - with similar ethnicity and age. Group members came from a variety of professional backgrounds including clinical roles, HR, Learning & Development, Programme Management and OD. This will be described further in the next chapter. As Saville (2016, p.21) noted, "the essence of OD is not to be found in 'things people do'…. the answer lies in the mindset of the practitioner." The group officially launched on August 1, 2016 when I emailed them to say,

"Hello everyone,
A very warm welcome to Day 1 of the **Action Research Co-operative Inquiry Group**. Agenda item one: we need a snappier name! I'm delighted that you are all part of this group. We have much to do. It's a huge privilege to be working with you and I hope that you get what you need out of this experience.

Attached is a document with each of your biographies collated. Thank you so much for sharing your stories. I wonder what you'll notice when you read the document? Do you see any immediate connections? Similarities? Differences? Does reading others' stories remind you of something in your own that you haven't mentioned? It would be great to get some conversations going about what you see. Which leads me to two practical matters: our first 'meeting' and ongoing communication.

I'd like to arrange a call for us all to get together by phone so that we can meet and hear each other's voices. I appreciate that holiday season is imminent, and diaries are already busy, so I've been a bit creative with suggestions. If you could please follow this link and indicate your availability, we'll see how it goes. There's a lot to do in this startup phase of the inquiry, including working out our objectives and ways of working. We need to talk about the type of inquiry group that we want to be. John Heron's book "Co-Operative Inquiry: Research into the human condition" has a really good section on this. In the meantime, please do say hello to each other over email and get some conversation going on anything that takes your fancy! Best wishes, Paul"

We were off.

Who are the OD Bootstrappers?

Table 4 below illustrates the role, organisation type, career background and qualification level of each group member. Also included are details of why each person wanted to be part of the group.

Participant initials	Role	Type of organisation	Background	Qualification level	Why?
EV	Head of People Effectiveness and Development	Acute Trust	Local Government Retail Consulting	MSc	Passionate CPD Networking Collaboration
LF	Organisational Development Consultant	Mental Health Trust	Allied Health Professional	MSc	Improve practice Action learning Theory Safe space
MT	Head of OD	Mental Health Trust	Civil service Training Wellbeing	MSc	Deeper OD Stifled Collaboration
NY	Director of HR & OD	Mental Health & Community Trust	HR	MSc	Inquiring into areas not yet defined Deepen practice Support the field
FB	OD Manager	Community Trust	Retail management OD		
HD	Business Development Manager	GP Federation			Sustainability of Vanguards Getting the best out of workforce OD project

CS	Head of OD and Learning	Mental and Physical Health Trust	Allied Health Professional	MSc	Engaging hearts and minds Dialogic OD
DT	Deputy Director of OD	Acute Trust	Housing Consulting	MSc	Be part of the group Be listened to Challenged Supported Encouraged
GC	Director of OD	Acute & Community Trust	Consulting	MSc	Safe space Share Challenge Be challenged
BR	Head of Workforce and OD	Vanguard	Business consultant		Network Deliverable improvements Prove value
RM	Head of Leadership Development	Acute Trust	Business Psychologist OD Specialist	MSc	Research Expand thinking Network
PJ	Associate Director Organisational Development	Vanguard	Teaching Education	MSc	Learning about OD Support
KR	Programme Manager	Vanguard	Operational Management	PG Diploma	Culture OD Techniques
AP	Executive Director of Nursing and Quality	Mental Health & Community Trust	Nursing		Embedding OD in practice

Table 4: OD Bootstrappers.

The group is representative of 7 out of 10 NHS regions. In terms of NHS pay grades which range from 1 to 9 and then Very Senior Manager (VSM) above that, it is a senior group, ranging from 8a (n=1) to VSM (n=3). The biggest incidence is at 8b (n=5). Half of the group (n=7) have been in OD for 10 years of more. 12 out of 14 have been in OD for 5 years or more. Two have been in OD for 4 years or fewer.

One of our first tasks was to have a series of conversations about the nature of the inquiry group, based on Heron's (1996) features of a co-operative inquiry. I asked the group to describe their views on the following elements:

- Internally initiated or Externally initiated.
- Full form or partial form.
- Same, reciprocal, counterpartal or mixed role.
- Inside or outside.
- Closed or open boundary.
- Apollonian or Dionysian.
- Informative or Transformative.

Heron contrasts one approach, Apollonian whereby the cycles are enacted in a rational, linear, systematic manner with Dionysian, an approach where there is an imaginative, expressive, tacit approach to integrating reflection and action. He cautions against being rigid in adapting the action research cycle formally and so denying spontaneity and creativity. It is also important not to get too preoccupied in the cycles at the expense of the quality of participation.

During the conversations about the nature of the group, one member suggested that we create an identity for ourselves and call the group The OD Bootstrappers, based on Heron's description of a research group pulling itself up by its own bootstraps. The form of the group was left open, as the idea of Apollonian or Dionysian reflection and action (Coghlan & Brannick, 2005) resulted in an almost 50-50 split on preferences by group members.

Due to the geographically diverse nature of the group, we acknowledged early on that finding the time and resources to conduct the inquiry purely in person would be impossible. If the inquiry had been set in one physical location, we would have been more likely to meet regularly but we covered the length and breadth of the country from our respective organisations. As such, we agreed to use virtual methods – email and conference calls - as the core nature of our communication with a commitment to meeting in

person on a regular basis where possible. I began sending a weekly email, called the Monday Mailing, to the group where I would check-in, ask questions, share reading materials and talk about my week. I chose to do this in an informal, conversational style in order to encourage others to do the same in their responses so that we could get to know each other as people despite the remoteness of our proximity to each other. In my work I had a naturally conversational style, but I deliberately tried to go deeper and further in my openness with the research group, which at times I found liberating and sometimes deeply uncomfortable. However, this style seemed to resonate and the tone of our initial conversations over email were friendly and inclusive. I asked each group member to complete a pen portrait so that we could find out more about each other, deliberately stating that they should be as creative as they wanted to be in their biographies. Some group members sent photos of themselves (with and without pets), sharing stories of their lives in and out of work. However, I was mindful of the need to hear each other as soon as we could, so I arranged a conference call for early September where we could speak to each other for the first time. I set an agenda, including,

- Introducing each other.

- Nature & purpose of the group.

- Ways of working.

- First cycle of Action Research.

- Planning our face to face on 30 September.

- Reflections on the process.

The first conference call was busy, warm and friendly. Members introduced themselves to each other and shared some of their experiences. I used a semi-structured format where we began with a check-in round. This gave each person the opportunity to talk in turn, uninterrupted and have their voice heard in the virtual space. It created a climate of participation, equality and inclusion. As a result of the first call we agreed a group task to map ourselves and our OD activity as a way to kick off Cycle A. I suggested ten ways which people could use to do that, using several existing OD models that I thought would be useful to the group. The four levels model gave a frame to assess individual practice maturity, while the Sanchez model uses a similar approach but on an organisation level. The Do OD Capability model is a method for exploring aspects of individual OD ability.

The full list of questions I suggested to the group are:

1. Where are you on Lynn's "4 levels" model?
2. What level of Sanchez's OD maturity is your Vanguard?
3. Using the Do OD Capability Model, what are your key strengths?
4. During the week commencing 19 September, how do you spend your time? What are you doing?
5. At which of the nine levels of system do you operate? What proportion of your time is spent in each? (Ref: Cheung-Judge)
6. List everyone you speak to during a day. Map them on a Stakeholder Map.
7. Map the geography of your movements for a week. Where do you go?
8. What documents do you use to navigate your territory? Is there a Vanguard OD Strategy? Do you have OD objectives relating to the Vanguard? What does your appraisal say?
9. Look at the emails you sent over the course of a week. Who did you send them to? Who emailed you? What were the emails about?
10. What is on your to-do list right now?

3.6 Research Cycle A: Locating ourselves in practice

In the first cycle of research I was interested in finding out answers to these questions:

- What brought the participants to OD and how do they practice in the client system?
- In what way has participants' OD practice changed over time and why?
- Which aspects of participants' purpose, practice and presence need strengthening in the Vanguard?
- Has the process of critical reflection enabled aspects of OD models at play in Vanguards to change?

The night before the first group meeting, I wrote in my Reflective Journal,

"Tomorrow is the first 'in-person' meeting of the group. I'm feeling quite nervous! Just sat down to print out a load of stuff, and realised that I've already let some of the admin get way out of hand. Files everywhere. I need to sort that out. Feeling a little under and over prepared at the same time. I'm excited to see what happens when the group comes together. I thought about buying each member a gift but decided against it. I'm not some benevolent patron. I may buy some doughnuts for the meeting, but that's about as far as I should go. Balance equality and support. I've been doing a lot of reading and have very much enjoyed being on top of the mountain. Tomorrow, it's right in at ground level. I'm looking forward to what happens."

Deciding whether to buy doughnuts or not kept me awake that night.

First face to face meeting

The first group meeting took place in a meeting room at the Gestalt Centre in London – my choice – and I reflected afterwards how I was tired, with a headache. Much of the session focused on sharing the mapping exercise. I used a method giving each person 5 minutes to describe their findings and then allowing the group to comment on what they had heard. I did not take part, instead acting as a facilitator to the group. The intention behind the exercise was to highlight the group's interests and concerns (Heron, 1996) as a way into the inquiry process. Later I wrote in my Reflective Journal,

"And me? I think I acted as a good container. Balance of steering, navigating.

Should I have had 5 minutes? Probably."

I designed the face to face meeting using a variety of methods and approaches intended to create a harmonious, safe space for participants to meet and get to know each other in person. To begin the meeting, we checked in using an exercise where each person chose one from a selection of picture postcards, representing what they bring to the group. The words used to describe the postcards were: Focused; Logical; JFDI; Big picture; New ideas; Enthusiastic; Reflective; Functional; Just say I; Glitter; Appreciative; Journey; Masks; Colour; Connecting.

We discussed what we noticed about our check in, and the group in general. Specific issues around the lack of diversity in the group were noted, particularly gender and lack of ethnic diversity.

After the first meeting NY wrote to the group,

“Just wanted to say thanks so much for including me last Friday it is really great to be part of this work, I feel that I am deepening my practice and understanding through the inquiry process and it is providing much needed head space to focus on the vanguard work. I was also humbled by the great cadre of people you have managed to draw to you and your work, there were so many times on Friday that people's contributions really made me stop and reflect and sit in humbled awe!”

CS replied,

“It was great to meet everyone on Friday and put a face to the voice / email and I thought that we made a really good start. I was reflecting on our conversations on the way home on the train and was struck about the adaptability in our work and the ‘stealth’ around how we position OD, it made me wonder if there is something about the legitimacy of our work; I know that it can be a struggle here as there are a number of people in the Trust who see our work as ‘pink and fluffy’ and often describe it as ‘discretionary’. It can be hard to challenge even though there is a clear business case. Anyone else suffer from this?”

AP responded,

“I was also struck by the number of people who talked about the positioning of OD and “stealth” and surprised at the number of people who mentioned the “imposter syndrome”. This makes me wonder how well OD is positioned in different organisations and by NHS overall?”

LF wrote,

“In terms of actions, more reflections. I am paying attention to gender and power as it plays out in my organisation and thinking about “imposter syndrome”. I really don’t feel like an imposter. I am sure I have

the same doubts and failures as others...I think I “name” them as “self-limiting beliefs” ...have been using mindfulness recently and possibly it is part of “being kinder about me” ??”

PJ replied,

“I seem to battle with my confidence a lot and also whether I am ‘doing OD’ and as you say about the artist, I guess I’m waiting for someone to tap me on the shoulder and tell me I am an OD professional. Imposter syndrome again…”

I wanted to give each person the opportunity to go deeper into their experiences, and so our first face to face meeting was followed by a round of one to one calls where I explored the hopes, fears, views and stances of each participant. These took the form of semi-structured interviews with a core set of questions aimed at helping us to locate ourselves in practice or, as Roets et al (2009) describe, creating cartographies of the present:

1. Tell me about your journey into OD?
2. What’s your definition of OD?
3. How do you spend your time?
4. Where are you located?
5. Who do you report to?
6. How did you learn OD?
7. Tell me about your CPD.
8. What is your underlying philosophy of OD?
9. What do you see happening that you’d love to intervene in but can’t.
10. Why can’t you?
11. What have been the big moments of your OD work?
12. Tell me about OD in the Vanguard

This led to each participant describing a piece of self-revealing writing (Schultze, 2000) that covered details about themselves, their role, their likes and dislikes, stance and self.

In the lead up to our second face to face meeting, I asked the group to complete an individual assessment against the newly released Global OD Practice Framework (OD Network, 2016). I had been involved in giving feedback as part of the development of the framework and was curious about testing it with real-life practitioners. The Global OD Practice Framework (GPF) was developed by OD Network and positioned as the first truly global competence framework for OD practitioners. At the time I suggested the group use it (October 2016) the GPF was a paper document, so I created an online self-assessment process using Survey Monkey for the group to complete. Since then, ODN has created its own online assessment.

I added an additional question at the beginning of the survey, based on Lynn's (1997) four levels of OD practitioner development which range from new (1), technician (2) to professional (3) and master (4) practitioner levels.

Second face to face meeting

Our second face to face meeting took place in Birmingham in December 2016. This was our first reflection meeting to make sense of the data gathered during the first cycle of research including how we went about forming the group, the individual and organisational biographies, the mapping exercise, 1:1 phone calls and ODN assessment.

We began the meeting with a checking-in round, inviting people to describe how they were as they came into the meeting. FB described feeling "knackered, balancing lots of stuff". HD and BR also said they felt "knackered" and added "feeling frustrated" and "feeling schizophrenic". MT said she was "frustrated, wondering where OD was fitting into the organisation". LF said she was "tired but happy". AP was "in a good place but bone tired". I described feeling "dusty and looking forward to a warm OD bath". DT said she was "changing with the wind".

This round of checking in revealed a willingness from the group members to show up honestly and authentically. This continued in an exercise of co-consulting, working in pairs and threes to help each other deepen our understanding of the previous three months and the work we had done inside and out of the group. The ensuing conversation revealed some of the challenges and opportunities facing group members. It was noted that we are all doing bits of a bigger jigsaw bringing organisations together to see the bigger picture. Trust and relationships were essential to our work, but that the vanguards were driving difficult behaviour to play out. There was an increase of fear in the system, with people wearing masks and being polite to each other in person but behaving differently in their own organisations.

The conversation turned to the experience of being part of an action research group. One member said this was her only place to talk about her work. Another said that being part of the group had already given her reassurance about her work. A third colleague mentioned feeling comfortable and warm in the group, and that it was the first time in her NHS work that she was spending time with like-minded people. One member described her husband waving her off "to her therapy session" as she left for the meeting.

Being part of the group was also making one member "want to step up" because "the group holds me to account in a way the organisation doesn't". This was echoed in a comment from another member who spoke of reading more about OD and buying OD books since becoming part of the group. The connections made in the group were remarked on by one member who said, "Initially I felt a fraud in the Vanguard but working with people in the group and making connections…I'm not waiting for permission to have a seat at the table anymore."

The discussion opened into one around identity. One member noted how she had "been thinking about professional identity, linked to the conversations about stealth and legitimacy. In private business OD is out there, seen as professionals, valued and invested in. NHS seems to play it down and not see it as a professional role." This was echoed in others saying they were not always seen as credible, and that we need to more explicitly carve out what OD is, and shape our professional offer. I added an observation that the group gives us space to explore those issues and consider who we are versus who we want to be.

We used the following questions to guide our initial conversation:

- What have we learned about what brought us to OD and how are we practising?
- How has our individual and collective OD practice changed over time and why?
- What aspects of OD need to be strengthened in the Vanguards?
- Has the process of critical reflection enabled models of OD in Vanguards to emerge?

The findings from the first cycle of research, discussed in Chapter 4, influenced the next stage of our work which was to focus on models of OD practice in the Vanguard.

Transitioning into the second cycle of research, one member reflected,

"So far it has enabled us to build rapport and Trust – particularly December's meet up. It has offered opportunity to explore similarities and differences and for me personally it provided some peer support and an alternative for my CPD."

3.7 Research Cycle B: Models of OD practice.

As we moved into the second cycle of research, I was struck by the way the group had formed and worked so diligently together and individually. I was forming a range of connections to the members, some closer than others, and we were building on a good foundation as we approached the next phase of our work together. In this next cycle I was curious to explore the following questions:

- How have the findings of Cycle A influenced and altered participants' thinking and behaviour?
- What are the existing elements of OD practice being enacted in the client system that will demonstrably advance the delivery of new care models?
- How could participants create new approaches to OD that are more suited to the goals of the Vanguard?
- Have we uncovered data that suggests the narrative about OD needs to change?

Cycle B began in January 2017 and was framed as a focus on new models of OD for new models of care, with a particular emphasis on Dialogic OD. From the first cycleI knew that for some Dialogic OD would be a brand-new concept whereas others were more familiar with it. To get the group started again with a dialogue after the festive break I invited members to share their thoughts on Dialogic OD and come up with a word over email that represented their ambitions for the coming year. This started a conversation full of warmth and humour where words shared included clarity, fabulous, deepen, collaborate, fanning, focus, flip flop, adaptability, fun, optimistic and pragmatic. My word was fire, signaling my intention to bring energy and heat to my work.

In relation to Dialogic OD there were different responses from the group members. HD said,

"I'm really interested in the dialogic approach to OD. I'm starting to wonder if this is the part we are missing to make the changes we are looking at sustainable. We need to support staff in understanding the need to change our ways of working and how they can help and be involved."

CS added,

"I thought it [Dialogic OD] allowed us a degree of flexibility to 'be kind to ourselves' and not get so hung up on the complexities we have to live with at work."

Other members expressed similar enthusiasm about exploring the theory, but not everyone was in agreement. LF added,

"...has this passed its sell by date? I didn't reply at the time as I felt a bit grumpy in general and possibly because of this thought it was a bit "new wine in old bottles" and didn't want to rain on others parade."

The group responded well to the conversation and there was room for a range of views. The work we had done in setting our ways of working seemed to be enabling an environment where members could express their authentic views even if they were not those of the majority. This aspect of the co-operative inquiry process helped the group to work in a positive climate. However, I was finding the volume of email traffic and acting as lead researcher to be challenging. I wrote in my Reflective Journal,

"I feel excited and overwhelmed. I think I might need to take a couple of days off and really catch up with myself."

The group took part in a conference call at the start of the year where I shared the questions I had intended to shape this cycle of research as previously detailed. These came from my initial plan for Cycle B which was to inquire into the core narratives in our individual organisations and co-create containers for interventions at a Vanguard level where the core-narrative could be explored and altered. I envisaged we would inquire into our own core narrative as OD practitioners think about whether it helps or hinders the practice of OD in the Vanguards. This could lead to the creation of a new generative image to inspire change.

As Tenkasi & Jay (2008) stated, true understanding emanates from the creative integration of knowledge based on theory, practice and experience and as such the ability of group members to inquiry directly into their own ways of working would give us a collective synthesis of metapraxis in action. With this in mind I wanted the group to think about both practice and theory in relation to the future of OD in Vanguards.

The Dialogic processes to be used in this cycle of the project were intended to be a more effective way to deal with highly complex and novel organisational challenges requiring transformational change (Marshak, 2015). This is particularly pertinent in the Vanguards where a challenge exists for leaders to work across organisational boundaries in collaborative ways. This has, since the inception of the Vanguards, often been a difficult process leading to defensive and counter-productive behaviour. The purpose of using Dialogic OD in this Action Research Cycle was to inquire into creating conditions where collaboration across a Vanguard system can be encouraged and accelerated.

Third face-to-face meeting.

The third face-to-face meeting of the group took place on 13 March 2017 in a Trust Headquarters in the North West of England, hosted by MT. The group had arrived before me, as I got lost on the way to the

venue. The room we met in had a circle of comfortable chairs and sofas which contributed to a feeling of informality and friendliness. The group seemed relaxed and were chatting about their children and the use of social media. It felt a welcoming and unhurried space which was easy to join and begin our business.

The meeting had three main objectives:

- To reflect on the themes from Cycle A and continue the sensemaking process.
- To explore more deeply the findings so far from our inquiry in Cycle B.
- To co-create a blueprint of a new model for OD.

The group shared their reflections on being part of the research process so far. Comments included

“My thinking and behaviour has changed significantly as a result of interaction with Paul and the group as well as academic reading which is bringing more insight about OD theory.”

The full set of findings from Cycle A are discussed in the Results Chapter of the thesis. These inspired the next stage of our work and acted as a springboard to our next creative period. I had been considering the comment AP made at the end of the Birmingham meeting where she said,

“The field of OD itself is still emerging. How do existing models of OD help us move forward? Is there a continuum of diagnostic OD to dialogic OD? Diagnostic and Dialogic OD are not interchangeable, so when is it ok to use one or the other? Sometimes we need a plan and a timeframe, to work in a linear way. But how do we know when?”

I had an idea that the continuum might stretch beyond existing models of Diagnostic and Dialogic OD. In a moment of inspiration, around 2am, I wrote in my Reflective Journal,

“Dynamic OD. Just wanted to get that down on a page and leave it to ferment. Could I make it an extension of diagnostic, Dialogic, dynamic…OD that works across multiple interacting complex adaptive systems.”

I was keen to share my thoughts with the group at the face to face meeting. I began by sharing my own summary of the differences between Diagnostic and Dialogic OD, illustrated in Table 5 below.

	Diagnostic	**Dialogic**
Issue	Operational	Strategic
Focus	Transactional	Transformational
Approach	Reactive	Proactive
Client	Individual	System
Change	Episodic	Continuous
Method	Planned	Emergent
Size	Small scale	Large scale

Table 5: More on Diagnostic and Dialogic OD.

The conversation that followed highlighted how OD should be building capacity and efficacy in the system by improving the system's knowledge of itself but that we are working at various levels of system and often they are disconnected from each other. The range of our practice is so broad. If we could define OD and put boundaries around it, we would be able to identify our differentiator. Clarity about our practice is essential for building confidence both in ourselves and our clients. We acknowledged that moving from doing OD in an organisation to a system has opened up a gap. As one member described, like moving from being a gardener to being Alan Titchmarsh:

"In my organisation I'm a gardener. I'm in my faded old clothes, and some people might not even notice me. I'm tending to the veggies and the flowers. It's seasonal work. I spend time in different parts of the garden at different times. I'm tending the garden for other people. In a system, suddenly I'm Alan Titchmarsh. I'm put in front of a camera, with lights on me, and I have to talk about gardening. I'm on show, explaining how to do gardening. I have to learn to read autocues and look natural. It's hard to forget about the cameras and be visible all the time."

The overarching question I posed to the group was "So if that's how we got here, where do we go next?" I shared my initial thoughts on the continuum of OD by drawing the following diagram on a flipchart. The description of the model is included in Appendix 6 and the discussion that followed in the group is detailed in the results chapter.

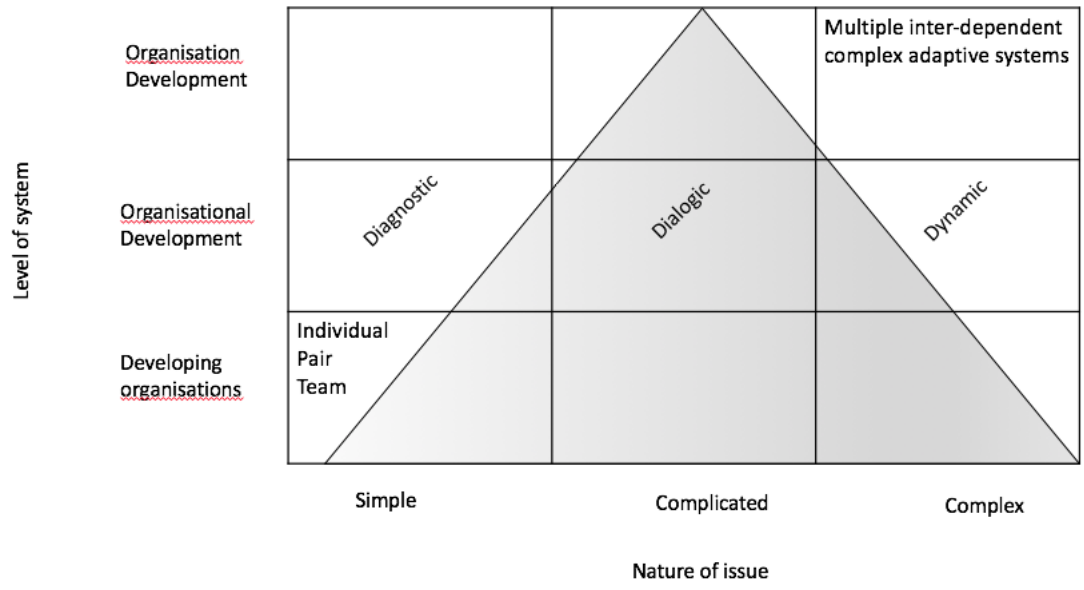

Figure 6: Dynamic OD Version 1.

Initial comments on the drawing included,

"I like the notion of "feeling the battle between fluidity and structure". That feels *very* Dynamic OD."

"What does, or should it feel like when you're in the top right-hand box?"

"Are people pushing themselves up against the boundary enough to make transformation really happen?"

"What are the forces that shift us from one box of the model to another?"

"Is there a conversation about what OD does compared to what OD should do?"

"Do some OD practitioners exist in the territory of the lower left-hand box? Is that ok?"

Over the coming three months the model was refined based on alpha testing by group members, initially to shift the boundaries of the bifurcation points as shown in Figure 7 below.

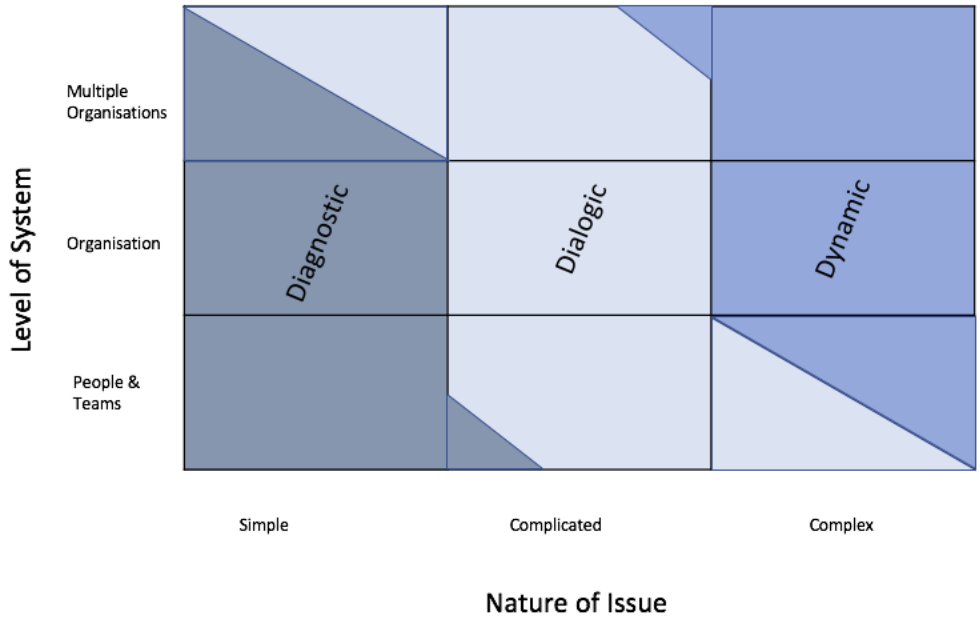

Figure 7: Dynamic OD version 2.

Group member GC provided a case study of how she had used the model to map the OD activity across the Vanguard, included in Appendix 7. The map is illustrated in Figure 8 below.

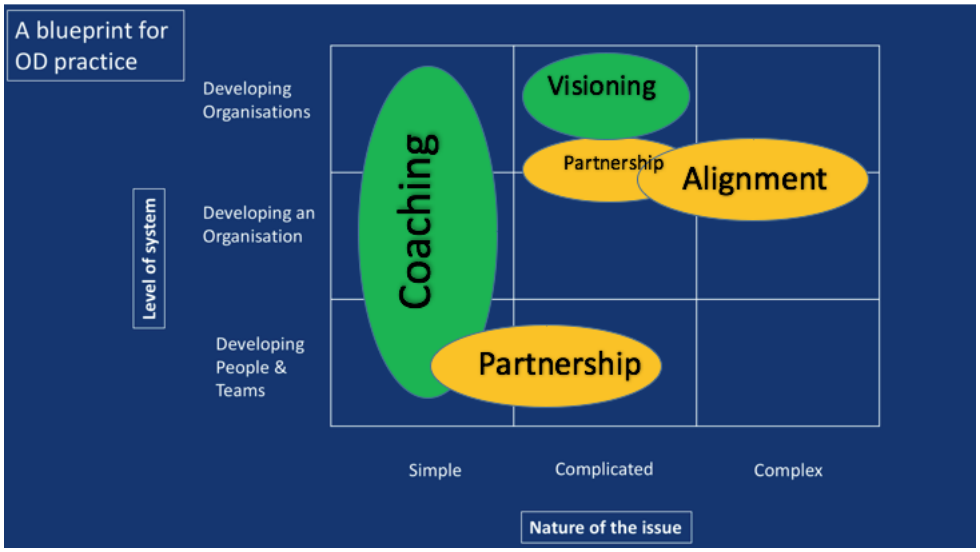

Figure 8: Mapping practice using the model.

Reflecting on the model, BR commented,

“We’d been having similar conversations about system OD versus the OD we do in our organisations and had been reflecting that those people leading cross-organisational workstreams within our STP needed different kinds of support.”

PJ added,

“I’ve been sat here with the diagram of the model in front of me for the last 2 days, even taking it home and having it on the table when I eat and at the side when I’ve been watching TV… just keep staring at it to get my thought processes going. I can’t help but think we need circles and not squares, if we’re going with ‘fluidity’ perhaps the circles could represent drops of water or something and it would enable us to overlap them in different forms – thus producing more than one static model!”

Group member HD reflected on the model and sent the group an illustration of her sensemaking, shown in Figure 9 below.

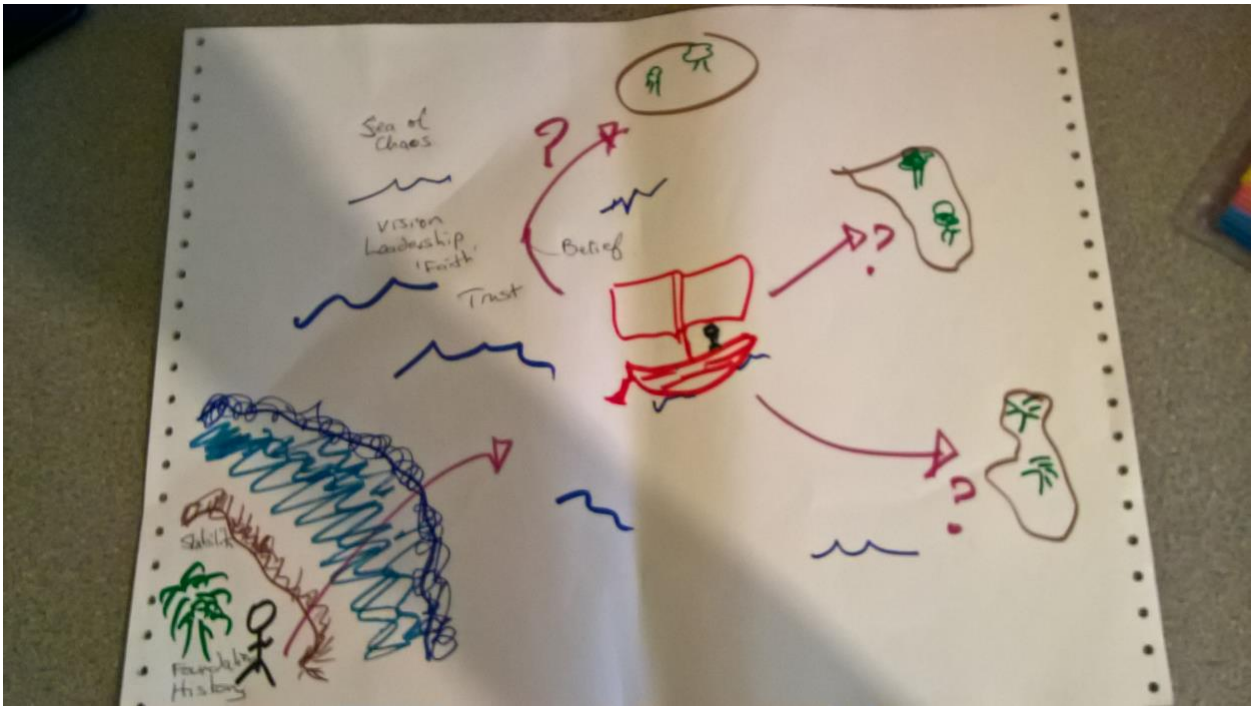

Figure 9: Illustration of bifurcation points.

The accompanying text read,

"So, what I think I have drawn is a pictorial representation of Paul's model which at the moment makes sense in my head – so test this out and see if it makes sense to anyone else.

The island is the land of diagnostic OD and is built on solid foundations and has a long-established history. In some ways it's a safe place and runs and works well.

The edge of the island, the beach, the lagoon is more the Dialogic OD space. Here stories are told and shaped and the boundaries are more blurred. There is still stability, although the sands/water move and change

At the edge of the lagoon is the reef and beyond is the "sea of chaos" – unchartered waters and where in my head I've put our "Dynamic OD"

Generally, we live on the island and at its edge (beach/ lagoon) quite happily. Unless something significant happens or pushes us would we change? Operational / local change occurs within the boundary of the island. Significant change / disaster is the driver to make us go beyond the reef. This may be something significant on the island = the burning platform etc., or it could be a visionary leader that has an idea and can see something better, another island.

To get to the island we have to go through the sea of chaos. This could be seen as uncontrolled and disorganised and in some instances could be. To make safe passage we need the Dynamic OD overlaid. Words that came to mind here were vision, strong leadership, faith, trust….

What I also felt was that within this area we have the skills and knowledge but that the arena we are working in is new and different, and rapidly changeable, so we can navigate these waters – but it's not easy.

Finding a new home / island brings challenges. Is it the right one? Do we recreate what we had on the old one – by design or default? How much of the history and legacy of the original do we bring with us and what could, or should we have jettisoned on the voyage over?"

I was delighted to see that HD had been able to express her connection to the emerging idea in both propositional and presentational ways of knowing. The image and text helped me to deepen my understanding of what it was I was trying to explain. I replied,

“It fits really well with Heron’s Extended Epistemology which uses ‘presentational’ knowing as the stage where ideas are expressed as images or music. I’m going to print the picture and contemplate the story of it. It’s a really nice metaphor!”

With further testing and refinement, detailed in the results chapter, we made a commitment to share our thinking at the national Do OD conference. The Do OD Conference is an annual event organised by my team, bringing 200 NHS OD practitioners together to explore current thinking in OD theory and practice. I was able to earmark a workshop session for the OD Bootstrappers to test some of our thinking with people outside of the group for the first time. The workshop description, shaped by me and two members of the group read:

“Emerging into the fog: shaping a new architecture of OD in the NHS

Doing OD in the NHS sometimes feels like finding your way through fog. One year ago, a group of intrepid OD practitioners set out on a research journey, exploring new practices to underpin our work in the NHS. We’ll share the story of how we found and helped each other to navigate through the fog, along the way creating a new way of mapping our practice.

This workshop will be an interactive, dynamic exploration of the current OD landscape and all its complexity and uncertainty. You’ll test out the model we have developed to help us find our way and map a piece of OD work in a reflective space. We’ll look at how focusing on use of self, others and tools can help us find the right path.

Please come and explore with us.”

The outcome of the workshop is discussed in the results chapter, and images from the session are illustrated in Figure 10 below.

Figure 10: OD in the NHS Conference 2017

The workshop was the first time we had shared our work with anyone outside the group. I had found it a nerve wracking and exhilarating experience. I wrote the next day to the group,

“Well, wow! My head is so full of thoughts about the conference yesterday that it's going to take a while to process them all. I had so many mixed emotions about our workshop - excited to run it, nervous about how people might respond, glad to be part of this fantastic group of talented people. I'm not sure if I had any expectations other than to see what happened, so I'm still making sense of the positive feedback we had. The formal evaluation forms are full of praise for our session and there have been some lovely tweets about it too.”

MT replied,

“I feel the workshop went well, but I can’t help reflecting we need more time – we gave them a taster but there was so much to further explore.”

HD added,

“Know what you mean re a head to full to think at the moment!

Came home on the train with some others who had been at the OD conference so carried on discussion!”

Followed by LF who commented,

“Are we almost a microcosm of system working; self-managed group in uncharted waters trying to make something better?”

With the useful feedback from the workshop participants and colleagues on social media, we set to work on further refining the model so that we could share it with the wider OD community. Group members continued to use, discuss and explored the emergent model with colleagues and stakeholders in their own systems.

Having refined the model to a point where the group was happy with it, we were ready to share it with a group of beta testers. We wanted to open our thinking up to a wider discussion, as Block (2008) noted that if all transformation is linguistic then we create a new future by having new conversations (Block, 2008). Our intention was to engage with OD practitioners who had attended the workshop session and build connections across boundaries, leading to perhaps a larger scale change than was taking place just inside the action research group. Kania & Kramer (2011) note that comes from collaboration and not just isolated individuals. We wanted to create a loosely coupled community (Wooten, 2008) of practitioners to shape our thinking and do a good piece of systemic OD (Minahan, 2016).

The next phase of developing the model was through a period of beta testing with NHS OD practitioners from beyond the group. From the participants at the conference workshop “Emerging into the fog”, I contacted the 27 people who had volunteered to work with us and invited them to take part in a Beta Testing process. This involved accessing the documents on a collaborative online platform, Mobilize, followed by testing the process and leaving feedback. I created a manual to be used for the test process which was signed off by the group members. A copy can be found in Appendix 10.

An invitation was sent to the 27 people who left their details at the workshop. They were asked to register on Mobilize, download the document and give feedback. They were asked to keep the materials confidential as part of the testing process and to use it on their real-life OD challenges.

The response was interesting. Of the 27 volunteers,

- 14 people signed up to the Mobilize Group.
- 7 downloaded the instruction manual.
- 4 gave feedback.
- 3 people asked for 'an extension' to the feedback deadline.

With further prompting we were able to gain more feedback, and this is illustrated in the results chapter.

Refining the model.

On a group conference call, we discussed the development of the model so far, raising questions, ideas and feedback for each other. My reflections after the call were an opportunity to think out loud about our work so far. I wrote in my Reflective Journal,

"Dynamic OD as a 'thing' doesn't exist yet. How do you invent something that doesn't exist? Dynamic OD is in a Pre-existence state. We're stirring the primordial soup. I wonder if we're actually talking about two separate things, (1) a theory of Dynamic OD as mode of practice in the space of complex, multiple interdependent complex adaptive systems, and (2) an overarching Framework / Taxonomy / Model for identifying the range of modes of OD at various levels of the system and degrees of complexity. The model is a boundary, marking bifurcation points and shifting from one state to another. How can we represent those shifts?"

The feedback we had gained from the alpha and beta testing confirmed that we were onto something and so we made further refinements to the model in order to blur the boundaries and soften the edges.

I wrote a summary of our work so far and published it on our website which can be found at www.ODBootstrappers.wordpress.com including the final version of our blueprint model, shown in Figure 11 below.

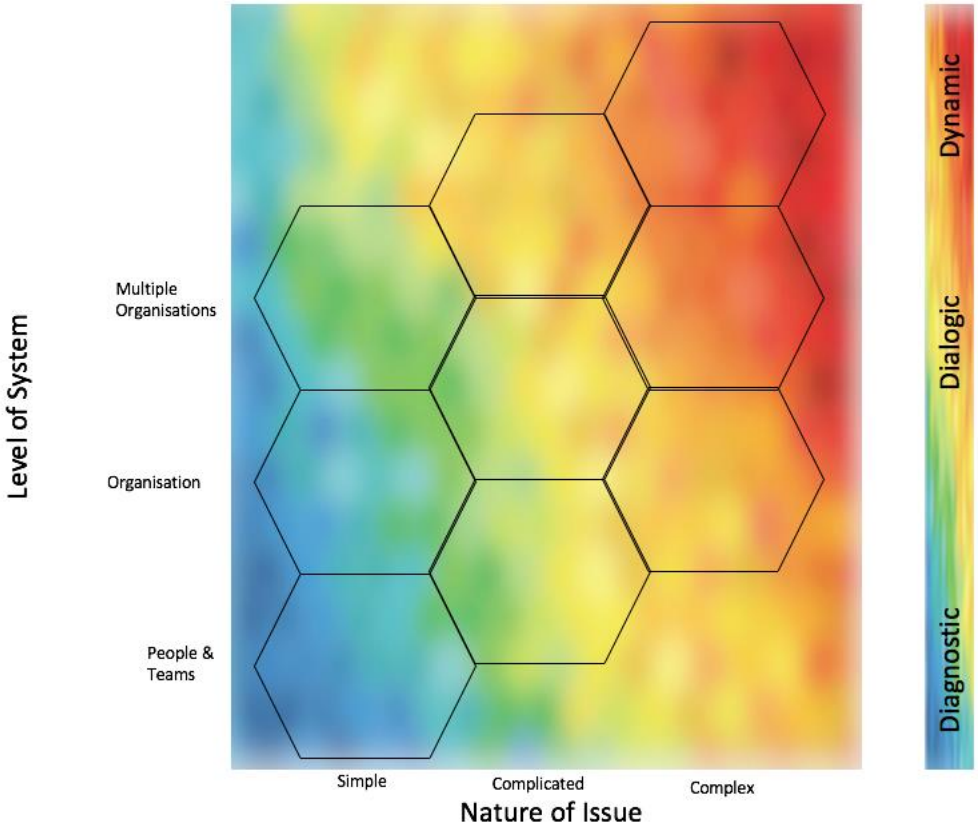

Figure 11: Blueprint for OD practice (Taylor-Pitt & OD Bootstrappers, 2018).

Leaving Cycle B, I noticed I was feeling overwhelmed. I was finding it difficult to switch my brain off at night. I was carrying a sense of anxiety in my belly. I wrote in my Reflective Journal,

"I'm feeling really stuck, like the earth has turned muddy and I'm spinning my wheels. I'm feeling a little anti-climactic, tired and uninspired which is interesting because it's all been really positive. The group has come together, stepped up, leaned in etc. We are in our flow! We've made a bit of a shift from gardeners to gardening experts. I feel a bit stuck in the action part of it though and need to put my head into a research mode again."

Luckily for me, it was time to move to our third cycle of Action Research.

3.8 Research Cycle C: Becoming a phenomenal OD practitioner in the dynamic now

In Cycle B we had deepened our inquiry beyond locating ourselves in practice and begun to shape an emerging theory of Dynamic OD which we contextualised in a broader Blueprint of OD Practice. This moved us into the next cycle of research. Cycle C was concerned with the personal and professional development that will be required from individual practitioners to bridge the gap between current and future. In Cycle C we set out to identify how OD practitioners currently develop their professional capability and create a model of development that will support the changing requirements of the profession in the future. The questions I had posed for this cycle were:

- In testing new models of OD during Cycle B, what did participants notice about their practice?
- Which elements of competence and capability are strong enough to deliver participants' intended outcomes?
- How might participants stretch into uncomfortable or unknown territory in order to develop further?
- Where do participants' greatest ambitions for the future of the profession exist?

The underpinning approach to be used would be Appreciative Inquiry (AI), a form of strengths-based action research that is congruent with the underpinning social constructivist assumptions of Dialogic OD. AI is a form of Action Research (Burnes, 2012) enacted through a theory of organising and methods for changing social systems (Bushe, 1995). It attempts to create new theories, ideas, images that aid in the developmental change of a system (Bushe, 2001) using a generative approach to research into organisational life (Zandee & Cooperrider, 2008). AI is a strengths-based approach to transforming human systems towards a shared image of their most positive potential (Ludema & Fry, 2008) using structured and emergent principles. AI deliberately contains space for the poetic and 'magical', where mystical pragmatism conjures bold imaginations of possibility (Zandee & Cooperrider, 2008). Using Appreciative Inquiry is an antidote to a deficit approach which restricts our ability to reach our dreams (Ludema, Copperrider & Barrett, 2001). AI is not just about the positive aspects of life at the expense of the realistic or the negative. It has been described as a quest for new ideas, images, theories and models (Mishra &

Bhatnagar, 2012) through a participatory form of action research (Luckcock, 2007). Dialogic OD and Appreciative Inquiry share a common interest in language and semiotics as levers for change. They are both imbued with high generative capacity (Cooperrider & Zandee, 2008) and draw on tools such as generative images and metaphor as enablers of transformation. Generative imagery and metaphor can be used to re-frame and accelerate action in organisations. Metaphor is the structuring and sense making device in our daily life (Lakoff & Johnson, 2003) that helps to refocus the familiar and show it in new light. Metaphors connote meaning on cognitive, emotional and behavioural levels in a holistic way (Sackmann, 1989) and as such they involve entire systems of meaning. Metaphors are powerful linguistic vehicles of emancipation (Mantere, 2006), effective because of their capacity of semantic and cognitive reconstruction. Metaphors facilitate the learning of new knowledge (Barrett & Coopperrider, 1990) and help to trigger a perceptual shift (Sackmann 1989). They provide a particularly potent vehicle for interpreting the emotional aspects of organisational experience (Barner, 2008). Closely linked to metaphor is the concept of generative images. These are conceptualised as "an invitation to see anew, to facilitate the learning of new knowledge, to create new scenarios of future action and to overcome areas of rigidity" (Barrett & Cooperrider, 1990, p.127) by stimulating new organisational conversations and narratives (Marshak, 2015).

At our face-to-face meeting in London we discussed whether Appreciative Inquiry would be an appropriate framework to hang the next cycle of research on. We questioned if AI was an old approach to a new problem, and that perhaps we would need to be more improvisational. It was seen as important to use a technique that was strengths based and not deficit focused. We would need to work in ways that could help us to identify what is going well and what might work in a more dynamic space. Starting with an appreciation of what is working well was seen as a positive step, but the group did not want to be hamstrung by the formalities of Appreciative Inquiry, so it was decided to use an AI flavour but leave ourselves space to move off script if there was energy to explore outside the lines of a traditional AI process. We began the AI process by using a generative approach to the topic and instead of using language like "bridging the gap" we focused on the idea of stretch and associated words like expand, boost, amplify, augment and raise. This helped to frame a more positive voice to the idea of developing ourselves for the future.

The group identified further questions to explore more deeply in this cycle of research:

- How do we as a group role model OD practice in a system space?
- What is the OD practice that we need?
- How could we articulate possibilities in positive ways?

With these ideas in mind, I set out to examine and explore how the OD Bootstrappers would describe their own professional development journeys. I adapted a version of Schein's (1972) Professional Education Questionnaire – the original can be found in Appendix 11 – and asked each group member to complete it. The findings are detailed in the results chapter and revealed a comprehensive expertise that I described to the group as "a manual for OD". It was a springboard that helped the upward momentum of the AI phase. In advance of our next face to face meeting I invited the group to think of a positive question based on our findings so far and turn it into the most affirming, ambitious, affirmative topic possible. LF responded with,

> "Starter for 10..." How do we become the best OD practitioner we can be?" I think it is a bit wordy, need a simple question, so edits and alternatives welcome."

In the days leading up to our next face to face meeting I suggested the group consider these questions:

> - Describe a time in your OD work that you consider a high point. A time when you were most engaged and felt alive and vibrant.
>
> - What have been your best experiences of OD?
>
> - Without being modest, what do you most value about your OD work?
>
> - What do you think is the core life-giving factor or value of OD which it wouldn't be the same without?
>
> - If you had three wishes for OD in the future, when everything is just as you always wished it could be, what would they be?

The weekend before our next meeting my husband and I took our godsons to a LEGO exhibition where larger than life models of superheroes were the main attraction. I was struck by an image of Batman building himself out of LEGO and it struck a chord with the intentions of our current research topic. I began reading about the idea of superheroes, and how the superhero metaphor can serve as a useful tool to empower people (Sharma, 2009) as the concept of super is metaphoric and therefore can be constructed and re-constructed. That evening I did some Amazon shopping for a box of superhero postcards.

Face to face meeting

The morning of our next face to face meeting was an eventful one. Trains to London were diverted or cancelled due to line fires. In London, an improvised explosive device was detonated on an underground train. Nevertheless, the group convened and there was a sense of adventure in the room. I brought the pack of Superhero postcards as a mechanism to check-in and share how we were doing. I asked each person to choose a postcard and describe what it meant to them, what super powers we would like to have and anything else that came to mind. The details are shared in the results chapter. The conversation created conditions of possibility for us to do further work to develop our AI question.

We began with LF's suggestion of how do we become the best OD practitioner we can be? And built on it through a series of pair and larger group discussions, each person contributing their ideas and encouraging each other to be bolder and braver in their suggestions. Questions include how do we become the best version of ourselves and how do we be more able to do dynamic practice? At this point KR mentioned how the work of the group and her learning so far had been phenomenal, which the group gravitated to. This led to a further set of questions based on this idea, including what would tomorrow feel like to be a phenomenal practitioner. The conversation turned to the idea of Dynamic OD as a target for our development, and the group continued to build questions together such as what would be different about being dynamic and what are the endless possibilities and solutions for Dynamic OD? A growing sense of excitement was filling the room and the questions became more ambitious. How can I be a confident practitioner in the dynamic arena? If I reach phenomenal, who or what am I am being? How do we become phenomenal OD practitioners in a dynamic space? That question brought a quietness to the group. We paused and realised we were almost there. We settled on "What would it take to become phenomenal OD practitioners in the dynamic now?" This would become the focus of our work following this meeting.

Emails between group members on their journey home included several people commenting on how they had ordered boxes of postcards from Amazon to use for themselves.

I noticed in myself I was still bogged down in the process of being a researcher. During a conference call with the group, we reflected on the Appreciative Inquiry process so far, and LF asked if I was having fun. I recall this as being a turning point for me in Cycle C. I realised I wasn't having fun. It felt like hard work. If I wasn't enjoying it or feeling excited about it then why should anyone else? LF emailed me and said,

"People in Bootstrappers tend to engage in different ways, maybe we think of a range of activities. Random ideas, draw or find pictures which sum up phenomenal OD, 10 words which sum up dynamic OD for you, describe the moment when dynamic OD was happening, name the five most positive emotions you felt at work and when you last felt them, article poem or writing which has really helped you deepen your understanding."

I thought about LF's email and the random ideas she had offered. I considered how to include several different mini tasks for people to complete but in a fun way. I remembered those folding paper 'fortune tellers' we made at school and had a go at building an OD version, below in figure 12.

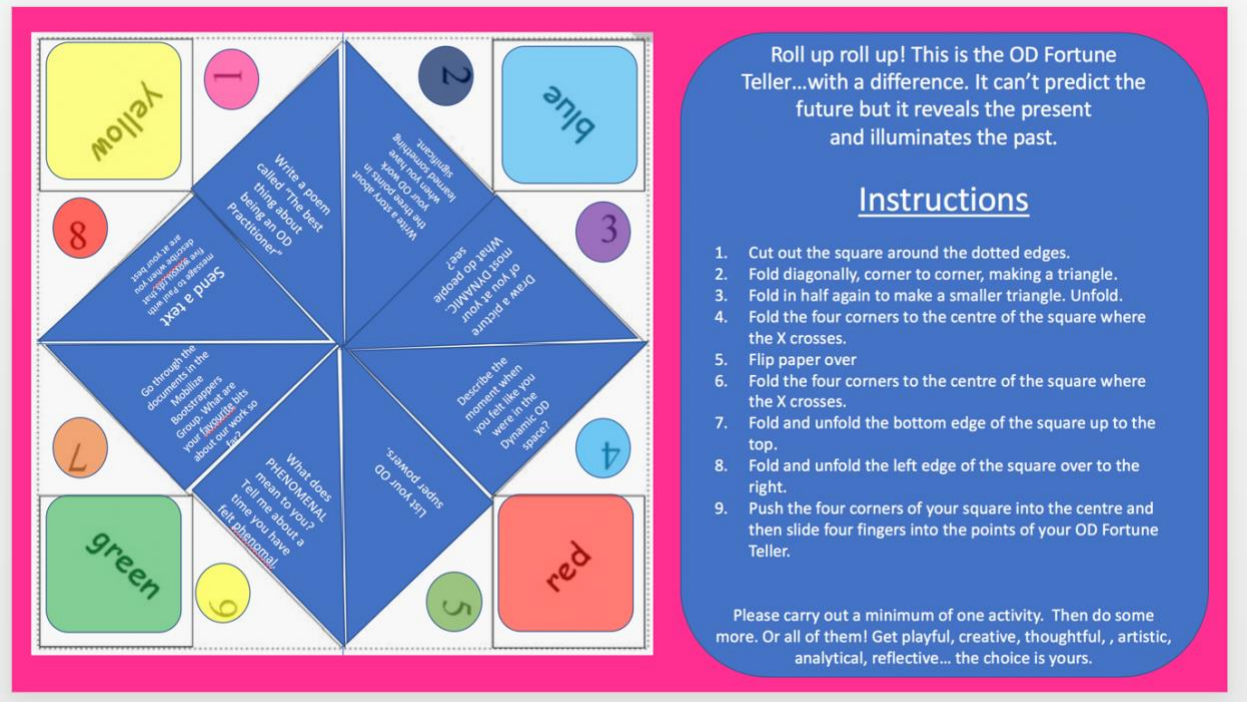

Figure 12: The OD Fortune Teller.

I sent the Fortune Teller to the group with an uncharacteristically fun email,

"Imagine this email arriving with an explosion of fireworks and a piece of your favourite cake (or fruit). Welcome to an interesting stage of Cycle C. I hope that everyone feels able to join in, build energy and get excited about revealing the things that make us so brilliant. The document is where the fun really begins. Open it up and you'll discover the OD Fortune Teller. The instructions are on the document. You can use it on your own, or with a friend. If you use it with someone else, it becomes a dialogic intervention! The task: Please print out, cut out and use the Fortune Teller, taking part in at least one activity. If you feel inspired, do two. If you are feeling very energised, do more. Please do a minimum of one thing and

respond by Friday 20th October. I have to give huge thanks to LF for her help and reminding me that Appreciative Inquiry is fueled by FUN. Enjoy!"

The approach worked, and the group was incredibly creative. At the end of the task I wrote,

"I'm VERY energised by the amazing responses to the OD Fortune Teller. Wow! What a fantastic bunch of stuff you've created. I've attached your replies in a powerpoint so you can see them in one place. It's great. I realise not everyone had the chance to submit something, and when you see it you might be inspired to submit something else….so let's keep it going. If you'd like to add to it, either new content or some feedback to others please do add it to the slides and I'll collate version 2."

In the lead up to our face to face meeting I had read Womack's (2013) book on Afrofuturism and shared an article with the group as an introduction to the concept which I believed might be useful in our Dream phase. I described it an email as,

"What's that, you say? Good question! I only recently discovered Afrofuturism through a radio programme I was listening to. It's a movement / philosophy / artform that reimagines the future from a black perspective using the techniques and metaphors from science fiction literature, music and visual arts. It's incredibly powerful and inspiring. The attached article is a two-page introduction and I'd encourage you to google some deeper work if you're interested. I attach it to give us a different perspective on what the future could look like. To inspire us to start thinking bigger and differently. When we come together in December we'll be focusing on the 'dream' aspect of Appreciative Inquiry and so I hope this will help to spark some ideas."

I was not the only one who was feeling pressurised at this point. RM emailed the group,

"I am absolutely committed to my job, it means so much to me to make our OD service successful and for me to feel successful! but being spread too thinly is something I feel on a daily basis now. And I'm not doing any of the real OD stuff I enjoy, other than last week some Hogan assessments (very sadly a guilty pleasure of mine – I love psychometric profiling and observing derailing behaviour in assessment centres…). Trying to do so much, with such limited resource, is incredibly challenging. And, I am constantly feeling like I am failing, lacking detail and depth because I am spread so thinly – with no-one really to talk to in a safe space – it's not a nice feeling."

DT replied,

“This work both excites and exhausts me. After an intensive half day, I later caught up with one of my team who provided his view of our OD team...’we are lacking cohesion, we are becoming fragmented. ‘Oh no more guilt. I’m the senior leader, protected time for review has been cancelled. We OD folk are so busy providing spaces for others, we (I) have failed to find time for us.”

I responded in a positive way,

“I’ve been reading your emails from last week and really feeling the weight of people’s workloads and the impact of those. I am struck by your expressions of pressure and how you used phrases like:

- Hitting a brick wall.
- Surface skimming.
- In the grip.
- Spread thinly.
- I feel like I am failing.

I can relate to all of those, especially at the moment when things feel particularly busy. I heard “Don’t Worry Be Happy” on the radio the other day and it made me stop, smile and breathe. I wondered how I could try and re-frame those feelings of failure and look at them through different lenses. So far, I’ve come up with:

- “I’m not failing because I am still trying my best.”
- “It’s not me who is failing, there’s an underinvestment in OD resource which means I’m having to work super hard to keep up.”
- “Even if I was failing that would be fine.”
- “I’m not failing because nobody else thinks I am, so it’s all in my head.”

I believe that I needed to hear my own words as much as anyone else might. The Appreciative Inquiry seemed to also be giving the group, and me, space to open up about the real challenges and personal costs of our work. The group was due to meet in person two weeks later, and I was continuing with the Afrofuturism theme, expanding our thoughts to Utopian spaces. I invited the group to contemplate how we might collectively create a space where we could be at our best despite the tough conditions we were experiencing.

"I'd like us to collectively create our own Utopian space. That is, I'd like each person to contribute something that would make it the best space for us to work in. If you're coming along in person, that gives you lots of possibilities – what will you bring? If you can't make it in person, please could you still contribute something by email – it could be an image, a word, a poem, a song…something that you'd like to include in our Utopian space."

Creating a Utopian Space.

For our next face-to face meeting, we gathered in the London office of NHS Employers, in a small conference room. It was December 2017 and our focus was on reviewing our Appreciative Inquiry findings so far and diving deeper under the surface. We began, as normal, with a check-in where each person could use the space to share what had been going on for them since our last meeting. Where a check-in normally took around thirty minutes, this one took two hours. The details are illustrated in the results chapter. Having exorcised some metaphorical demons in the check-in, we continued our AI process using a 'gallery walk' technique where all of our data generated in this cycle so far was displayed on the walls of the meeting room, as illustrated in Figure 13 below. While walking the gallery we asked questions such as "What does it mean to be an OD practitioner in the fog" and "what might I need". Our goal was to frame to create the path into the positive core – the sustainable source of positive energy for both personal and organisational transformation (Ludema & Fry, 2008).

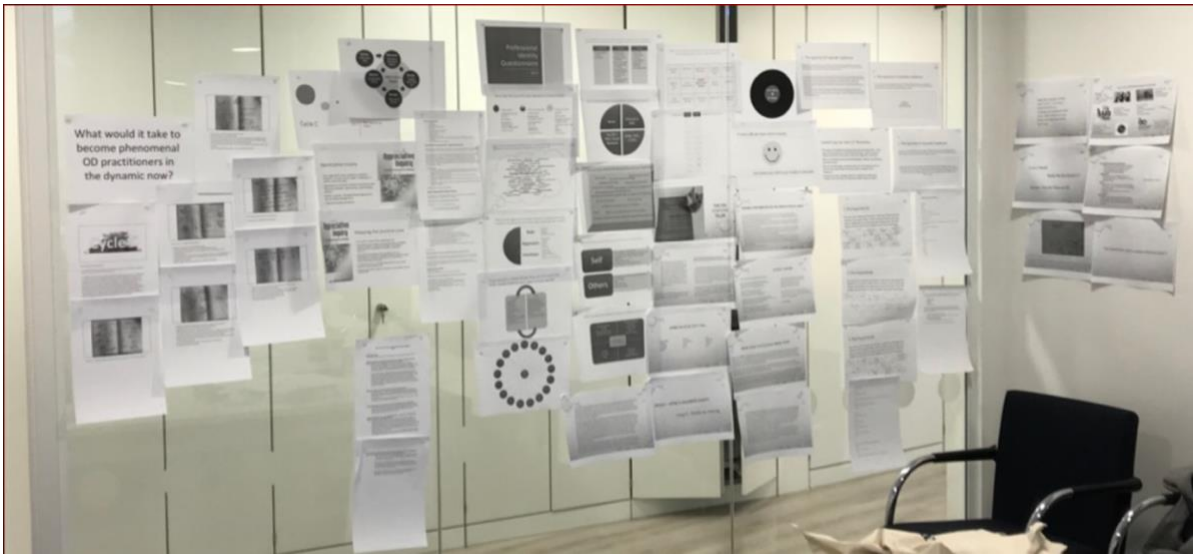

Figure 13: One wall of the Appreciative Inquiry gallery.

The group spent time reading the material and talking about what it meant for us and the ideas revealed in our exploration. We each wrote a short list of words that we could use to describe the positive core of our OD work. Through a process of theming and grouping, we agreed on a final list of 17 words that were in our positive core. These words were arranged on the wall using post-it notes which gave us the chance to move them around and group them into clusters. LF asked the question "what is at the core of our positive core?". The details of our findings are discussed in the results chapter.

Coming out of Cycle C, group members described feeling reconnected, grateful, proud, enthused and electric. LF described it as,

"Feels like another gear shift. Moving into I don't know what I don't know. Thought I had got my head around it and not going into uncharted territory again."

We ended Cycle C at the start of 2018 which prompted me to once again ask for a word for the year from the group members. This time they included bold, light, passion, power, discovery, truthful, show up, present, purposeful, exploration, hopeful, happy and lightning. We had energy again.

3.9 Research Cycle D: Building the OD Professional of the Future.

The initial intention for Cycle D was to focus on two objectives:

- Evaluate the effectiveness of generative imagery and metaphor as tools for re-conceptualising the practice of OD in the future NHS.
- Create a map of the learning journeys during the Doctorate process .

The questions to consider were:

- Over the course of Cycles A, B and C, how has participants' use of generativity enabled the challenge of system change to be reconceptualised?
- In which ways have metaphors enabled cognitive reframing of OD approaches to Organisational change?
- What is the image that most clearly represents participants' personal transformations?
- What is the parable or fable that best conveys the lessons of the journey?

However, this was written as part of the planning proposal which at this point was almost two years old. As this cycle took place at the end of the project there was not a pre-selected, clearly defined method for undertaking the work as this was to be informed and shaped by Cycles A, B and C. In order to ensure the

final cycle of research was relevant, we met face to face to review our work to date and identify topics for the last phase of the project. We began with a check in which was, as had become our theme, revealing and personal. There were stories of drifting, procrastinating, being undermined, not knowing which was up, being invisible, and guilt over a perception of not participating as much in the group. However, there were glimpses of optimism including excitement, purposefulness and flourishing.

We began by reflecting on the experience of being a bootstrapper so far. Key points discussed included

- The process of co-operative inquiry has catered well for difference.
- We know more than we can say.
- The group has filled a gap, an unmet need, for peer support and development.
- There are no politics to get in the way.
- The diversity of thinking and supportive challenge has helped us deepen our connections to each other.
- Learning and sensemaking happens in the group space.

NY noted,

"The group is in a completely different place to where we started. We're thinking about our roles differently. Our OD practice has changed as a consequence of being part of the group. We have deepened our practice by being part of this story."

We re-walked our path together by identifying the key learning, themes and thoughts about the process, illustrated in Figure 14 below.

This helped us to draw out themes as well as identify loose threads that we can work on. We identified a need to do further work on power and to draw our thinking together into the question of how to build the OD professional of the future. These would become the themes to explore in our final cycle.

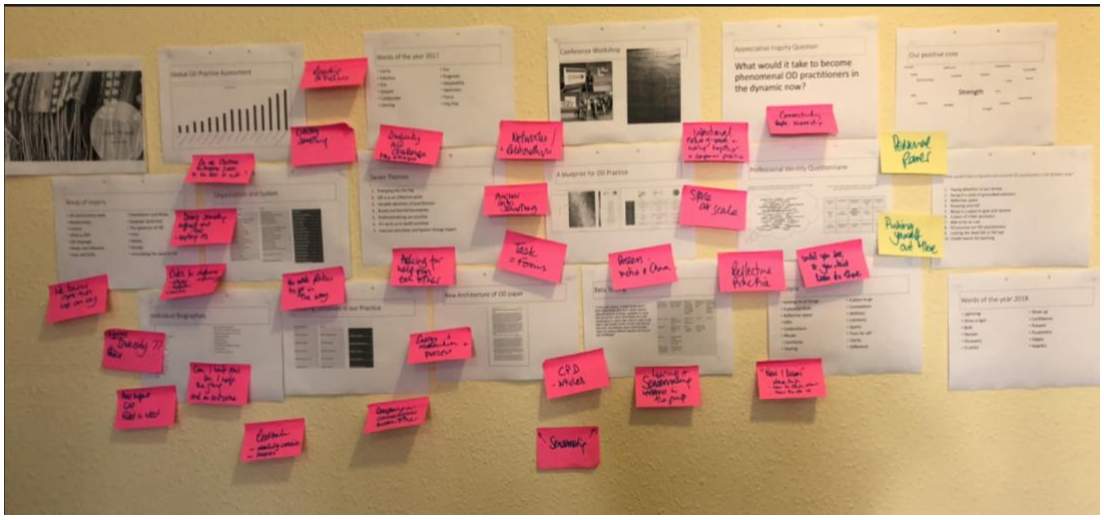

Figure 14: Re-walking the path.

The conversation on power took place at a face-to-face meeting in Leeds in March 2018 and is discussed further in the results chapter.

Sharing our findings at the ODN Europe Conference

Along with the final cycle of research, members of the group volunteered to run a workshop session at the 2018 ODN Europe (the European chapter of the Organization Development Network) Conference. I, NY and LF shaped our learning so far into a framework which we called The Compass. We shared the ideas with group members and set off for the conference.

The discussion that took place is described in the results chapter. Figure 15 below illustrates our model in action.

Figure 15: Workshop at the 2018 ODN Europe Conference.

Building the OD professional of the future.

The penultimate face-to-face meeting of the group took place in London at an NHS Trust Headquarters. Our goal was to attend to the question at the heart of the research process, how to build the OD professional of the future.

We took the question quite literally, and used a technique based on the LEGO Serious Play (LSP) Methodology ™ as our tool. LSP uses narrative storytelling through the medium of LEGO pieces with which to assemble metaphorical representations as answers to questions. LSP is a facilitated process where LEGO is used to build meaning through creative thinking (Hayes, 2016). The LSP method is seen to be an effective way to facilitate knowledge and generation of ideas (Hadida, 2013) particularly through the purposeful co-creation central to the method (Dann, 2018). LSP helps participants to explore their socially constructed realities and relationships (Wengel, McIntosh & Cockburn-Wootten, 2016). Our Bootstrappers group used the method to answer the question "How do we build the OD professional of the future?"

LEGO Serious Play (LSP, 2010) etiquette states:

- The LEGO Model is the answer to your building challenge.
- There are no wrong answers.
- There is no one right answer. Everyone has different views.
- What the model looks like is not the most important thing.
- The meaning attached to each model is what makes it valuable.
- The LEGO models are tools and means to an end.

We ran the exercise several times, each time following a four-step process:

- Develop a question.
- Build your answer to the question.
- Share it.
- Capture it.

Using the process to check-in to the group elicited a deep and personal round of disclosures. Group members described feelings of walking tightropes, having spanners thrown in the works and feeling toppled. We spoke of unchartered territories, a jumble, and stepping into difficult environments. One member became upset when she described the experience of a sick family member. The check-in models also revealed hope for the future, seeking out new horizons and looking to new career opportunities.

The group made a collective build which was in response to the question how do we build the OD professional of the future. The resulting model and narrative illustrated our beliefs, hopes and aspirations for the OD professionals of the future and will be discussed in the results chapter.

The final meeting of the group was on the horizon and I was keen to give members the chance to reflect on our journey. Members had spoken positively of the 1:1 call with me that took place in Cycle A. In the lead up to the final meeting of the group, I scheduled another 1:1 call with each group member to give us the chance to reflect, sense make, reminisce and contemplate the work we had done together.

I had a set of questions which I used loosely to steer each conversation.

1. Tell me about your journey as a member of Bootstrappers.
2. What's your definition or your underlying philosophy of OD?
3. Do you think that has changed since you joined the group? OR What is it about being part of the group that has influenced that if at all?
4. If so, how does that change show up in you and your work?
5. What stands out as (have been) the big moment(s) of your time with the Bootstrappers?
6. Beyond our papers, and website, when you look within yourself, tell me about something within you that exists now as part of our legacy?
7. Anything you wish you had done differently?
8. Are there any aspects of our work or the group that remain unspoken?
9. What are your hopes for the group post-June?
10. What are your hopes for you?
11. Can you sum up your experience of the group in a metaphor?
12. Anything you'd like to say to me?
13. As we close the group, what should we attend to?

I asked each group member to prepare something to bring to our final meeting that would represent the journey they had been on during the research process. Unbelievably, the group was coming to an end.

Final face-to-face meeting.

Our final meeting took place in London on June 29, 2018. We returned to The Gestalt Centre and surprisingly were in the same room where we first met in 2016. I had arrived early to lay out the materials I brought. As people arrived, they greeted each other warmly and there was a lot of laughter. The group check-in was relaxed, personal and generous. Several members mentioned being in denial about the group coming to a close. I myself had found plenty of distractions before leaving home as I was resisting the fact that we were ending.

As we had in our first face-to-face meeting, we used postcards as a way of getting into a conversation about what we had brought to the group. The findings are described in the results chapter. Following this,

we discussed the first and final 1:1 calls, comparing how we came across in each of them and what we noticed about the difference. This is discussed in the results chapter.

The final objective of Action Research Cycle D was to create a map of the learning journeys during the Doctorate process, to individually and collectively inquire into our own learning and turn the results into an embodied metaphor in physical or visual form. The intention behind this was to create a single image of the adventure we have all been on which started in a time of turbulence and difficulty for the NHS. As Banner (2008) notes, in volatile periods of organisational change wholeness is fractured and as such the creation of a collective embodiment of our journey may help to restore a sense of wholeness to the participants, the OD community and the NHS. The group reflected on the entire journey and identified loose threads that remained dangling and group members chose aspects that they would like to take forward.

As we checked out for the last time, there were smiles and tears. We ate cake together and posed for group photos. The Bootstrappers Action Research Group had officially come to an end.

3.10 Ethical issues arising during the research process.

In my initial research proposal, I highlighted six potential ethical considerations and how I might go about mitigating them. These were:

1. Participation: balancing the needs of the participants and the needs of the project. Managing this through discussing and agreeing boundaries with anyone who is not able to continue to the end of the project.
2. Honesty: What participants share may be sensitive or involve a degree of vulnerability. Find ways of being honest and sensitive, creating safe containers.
3. Confidentiality: The risk was creating a safe space, sharpness and safety. Be authentic and speak the truth of their experiences.
4. Power: Positional authority, exploring issues of power.
5. Values: Managing the tension between individual, group, Vanguard and NHS values with OD humanistic values.
6. The need to succeed: Highlighting my discomfort with failure

Some of these ethical issues did manifest in the project whereas others were either a background conversation or were not discussed explicitly. The three key issues that arose for me during the process were inclusion; participation; vulnerability and safety. I will describe each of these in more detail. My own issues of success and failure will be discussed in the conclusion chapter.

Inclusion.

The decision to allow all interested parties to participate is one which I have returned to in my reflections throughout the course of the process, questioning if this was the right thing to do. I made the decision based on the principles of co-operative inquiry, but this raised further issues of creating a safe container for the research to take place in given I was working with 14 people instead of five. Jacobs (2008) argues that we need to uncover the mental models within the system if we are to have any hope of changing it and the inclusion of everyone who had the energy to participate was intended to encourage people to take part in full voice so that we could reveal the stories of the system. The conversations I had where the project was explained and we introduced ourselves to each other revealed several people did not identify as OD practitioners even if it was in their job title. While OD is a field that spans boundaries of other professional practice areas (Church, 2001) it was important for me to include those who would not traditionally be seen as OD practitioners. This was an attempt to move us away from the 'medical' model

of traditional OD where practitioners take on the role of the expert doctor, working with the broken patient (Werkman, 2010). The social locations (McDonald, 2013) of the participants – their backgrounds, roles, training and place – would, I hoped, contribute to a richness of conversation from a range of diverse perspectives. The risk of this decision was that a diverse group of practitioners could result in a race to the bottom or a slowing down of the group. In fact, this risk did not manifest itself and people were able to dip in and out of the group depending on their work and personal circumstances. In relation to the final number, Heron & Reason (2001) in fact say that a group of fewer than six is too small and lacks variety of experience.

Participation.

When describing the process of joining the group, I said in an email to interested parties,

"Inclusion in the research project is optional and you can leave the project at any time without any penalty. There's no cost to being part of the research group other than your time, energy and willingness to do some interesting (and hopefully challenging) work. By taking part in the project we'll work together to produce outputs that may be shared across the system, including case studies, reports, articles and recommendations. Your participation will be anonymised and not shared with anyone other than the university. You can of course tell people that you're taking part, and we will negotiate the levels of confidentiality needed for you to take part on a case by case basis."

The intention behind this came from a place of fear, although I did not realise that at the time. As a budding researcher, I was determined to demonstrate an egalitarian approach to the philosophy of co-operative inquiry through the ability of participants to leave at any point. However, the responsibility for any relationship is 50/50 (Block, 2008) and in a group of this size, responsibility is multi-faceted. As it would unfold, members of the group did leave at various points of the project. Some explicitly, others without a goodbye. While I made an effort to contract well around negotiating entry to the project (Neumann, 2012), I see on reflection that I was uncomfortable to talk about endings at that point. This may have impacted on the type of relationships I wanted and needed to have with the group (Cheung Judge, 2013) and the relationships and responsibility they felt to each other. Averbuch (2015) mentions leaving space in the contracting phase to support emergence and disruption, so job done there, but I believe I could have more explicitly opened a conversation with the group so that exit, like entry, was negotiated and discussed. I believe this was the need to succeed versus failure versus the needs of the group.

Vulnerability and Safety.

The process of co-operative inquiry is by its nature one involving the fullness of the human spirit. I intentionally began the group with a tone of informality and sharing personal information including weekend activities, life experiences, hopes and fears. Members of the group to a greater extent also chose to step into that space and disclose more than just their work issues. Over the course of the group's life there were several family bereavements, friends and family members undergoing serious illnesses, personal and family physical and mental health issues and discussions of work-related issues causing crises of confidence or mental distress. On one hand I believe this added to the richness of our inquiry and supported my values of authenticity and bringing your whole self to the process. However, I was asked by a friend what if someone had fallen apart and we couldn't put them back together? Heron & Reason (2001) talk about having a process for managing surfaced distress yet this was not part of my activities. Colleagues in the group had a range of experiences, including counselling and deep personal development work. There were high levels of trust and personal responsibility. On occasions a group member would flag that they were experiencing a difficult issue and the group responded appropriately. At other times, group members would go silent for a period of time. I walked a fine line of treating people as adults responsible for their own wellbeing, and a sense of responsibility that they were ok. Should I undertake this kind of research again, I would more explicitly and deliberately co-produce a process for managing surface distress. On this occasion I believe I was incredibly lucky to work with people skilled and experienced in taking care of themselves and each other.

Chapter 4: Results and Discussion

This chapter explores the findings of the research, describing the outputs, outcomes and impact of the work. The structure of this chapter follows the four cycles of Action Research: locating ourselves in practice; exploring new models of OD; how to be phenomenal OD practitioners in the dynamic now; and building the OD professional of the future. I will set out the findings from the Action Research group and show the impact these have had to date.

To continue the metaphor of a journey of adventure, each part of the research process generated data that, together, creates a coherent and cohesive story of the findings. Project planning and literature reviews provided an understanding of the landscape against which the research would be carried out. The formation of the Action Research Group signaled a spirit of adventure and excitement about embarking on the journey. The methods described in the previous chapter were the equipment and the outline cycles of Action Research, the group's way markers. Cycle A revealed the climate we work in. Cycle B resulted in the creation of a map and compass for us to navigate with. Cycle C helped us find fortitude and Cycle D gave the route and direction.

4.1 Results from Cycle A: Locating ourselves in practice.

The goal of this first cycle of research was to explore what brought participants to OD and how they were practising in their system. This cycle helped us locate ourselves as individuals and a group, establishing seven key findings that would act as the engine for the subsequent cycles. This is where we coined the term 'emerging into the fog' to describe the messiness of OD practice (as well as the process of researching). We explored how our backgrounds and routes into OD had influenced our practice and, significantly, our identities. It became clear that our practice was broad and blurred, requiring a shift in our mindset to professionalise our ways of working. It would be down to us to build ourselves, making us more able to span the gap that had opened up between working in individual organisations and collaborative systems.

From the formation of the group and our activities in locating ourselves and our practice, it was apparent that the background of the participants was varied, often covering multiple careers and professions in the same person. The list of routes into OD spanned 18 different job roles, illustrated in Table 6 below.

Human Resources	Commercial Manager	Consulting
Speech & Language Therapy	General Management	Education and training
Retail Management	Allied Health Professional	Local Authority Housing
Trainer	Management Trainee	Business Consultant
Business Psychologist	Finance	Service Management
Nurse	Podiatrist	Facilitator

Table 6: Bootstrappers' career backgrounds.

Group members had a broad range of educational and developmental learning beyond school, as detailed previously in Table 4. All but one was educated to Masters level. It is not unusual for OD practitioners to enter the field mid-career, and often unconsciously. Practitioners in OD come into the field through a variety of routes (see Table 6) which Basigos and Warner Burke (1997) argue often demonstrates intellectual heterogeneity in a field which is primarily eclectic and relies on old well-known theories (Armstrong, 2004). Practitioners are attracted to the field by a desire to create change (Basigos & Warner Burke, 1997) and often find themselves doing OD before they can describe it in those terms. Polanyi's (1966) notion of knowing more than we can tell resonates with those who have found themselves in OD due to natural inquisitiveness. Individuals self-authenticate through embodied performative experiences of their own identities (Hopper, Costley & Friend, 2015) but the tension is that practitioners cannot excel at all aspects of OD (Dunn, 2006) and they often feel that they should. OD practitioners have made the observation over the years that there are no clear standards for admittance into the field (Schull, Church & Warner Burke, 2013) and that our inclusivity can contribute to a dilution of our potential, which could underpin some of the feelings of imposter syndrome experienced by the group.

One of the key points of the mapping phase of the research came when we compared the work being undertaken by members. This generated a long and varied list of responsibilities and areas of work in the group, shown in Table 7 below.

Leadership development	Employee engagement	Service Improvement
Succession planning	Talent management	Team effectiveness
Coaching	Mentoring	Mediation
Mandatory training	Inductions	Appraisal process
Investors in People	CPD	Apprenticeships
Preceptorship	Practice education	Culture change
Process redesign	Facilitating vanguard partnerships	People & OD Strategy
Large group interventions	Transformation	Workforce Development
Strategic Change	Service Redesign	Individual development
Team development	Efficiency	Patient experience
Education and learning	Improvement methodology	Establishing group model

Table 7: Work undertaken by OD practitioners.

The breadth of OD functions on one hand demonstrated how the role is adaptive and constantly shifting in relation to the system (Gottlieb, 2001). Also, the group members were describing roles which are incredibly complex and broad. The implication of this is that complex role sets allow invisibility (Sharma, 2009) which itself may pose a challenge. There is also an idea that if it's not strategic, long term, and working at the levels of system, then it's not OD (Weidner & Kulick, 1999) and work that looks a little like OD may not really be OD (Murrell & Sanzgiri, 2011). The risk that OD becomes identified solely as a 'people function' can have consequences when the link to organisational purpose is lost (Lewis, 1994). As Porras

& Bradford (2004) stated, OD is everything and as a result OD is nothing. The list in Table 7 illustrates the group's description of OD trying to be everything to everyone.

During the first face-to-face meeting, when group members shared the findings from their individual mapping exercises, the group collectively processed the data. The themes that emerged from this session were agreed as:

- The time and energy invested by individuals in their OD practice, often at personal cost.
- There were a number of introverts in the group.
- Identity was described in various ways in relation to OD practice. People mentioned "being a square peg in a round hole"; "feeling like an imposter"; "being a ninja and chameleon" and "doing OD by stealth".
- There were many positive comments about doing OD in the NHS.
- Fears and concerns were discussed, such as "worried I'm not having any impact"; "not taking enough time to reflect"; "struggling with ambiguity"; "not having enough power or influence" and "beating myself up for all the things I haven't done yet".
- The way OD is practised across the system was described as "messy"; "inconsistent"; "overlooked"; and "not recognised".

Reflecting on the process, there was a high level of support and compassion demonstrated among the group to each other. People gave feedback including "honest, thoughtful and brave"; "insightful"; "calm confidence"; and "talented". This contributed to a climate of safety and support which would become a theme of the group's life. Perhaps this should be expected given the make-up of the group, but it became apparent during the life of the group that this was not always the experience of participants outside the group.

The idea of identity was a key part of the ongoing conversation. Several participants said that in retrospect they had been "doing OD" long before they realised that it could be described that way, a conclusion that Sweetman & Gooding (2012) noted, and that there were elements of misunderstanding of the role in both ourselves and our clients, a finding identified by Church (2001). The notion of imposter syndrome came out as an important issue to explore further. In the literature this had shown up as a collapse in professional confidence leading to a chronic collective anxiety (Harrison, 1984) and a self-esteem problem (Cox, 2005). As we shall later see, group members broke through this barrier to appreciate that the

problem was as much in the organisation as it was with them. The data from the first phase of the group's work led to the identification of several areas for further inquiry. Some of these would be pursued throughout the research whereas others played a smaller role, if at all. The theme of imposter syndrome and identity was a regular discussion point in the group. The group deliberately made time to focus on power and the value of OD. The discussion did not return in depth to issues of culture or politics explicitly although they were occasional part of the conversations. The first cycle of research revealed a mix of advantages and disadvantages to being an OD practitioner. These are summarised in Table 8 below.

Advantages	Disadvantages
"I have a nice job with a nice mix of things"	"I do it without stopping and thinking. I've never stopped to think about it before because of the workload"
"Struck by the variety of my work"	"Worried I'm not having any impact"
"Seeking opportunities to make a mark"	"Struggling with ambiguity"
"I get to spend time with people all across levels of the system."	"Personal power is not in my vocabulary"
"I want to have an impact"	"Am I good enough? I think I'll always be found out"
"Doing OD gives me energy"	"Impact vs Motivation – am I just doing the things I like doing?
"Challenging authority"	"I don't have political influence"
"Living the dream"	"How do I get the confidence I need?"
"The organisation is in a better place because of OD"	"I beat myself up for all the things I haven't done yet"

Table 8: Advantages and disadvantages of doing OD.

The discussions on how OD shows up in the system revealed further areas of concern for the group, including:

- "We don't have an OD strategy, it's much more in the moment. A series of OD projects."
- "All I do is talk. Do I do any OD?"
- "What do we mean by systems?"
- "The OD framework at the moment feels like a mess of stuff."
- "I asked if there was an OD strategy and nobody knew what I was talking about."
- "If the Vanguard doesn't recognise OD but thinks they're doing it, what do they think they're doing?"
- "In all of the senior leadership programmes I've done in the NHS, never once has anyone mentioned OD."

As a researcher I noticed a tension emerging between the lack of understanding from senior managers and leaders versus the lack of confidence of OD practitioners to explain their role. Was this a failing of managers to understand and harness the potential of OD, or of practitioners themselves to demonstrate their potential?

During the first cycle of research, I invited the group to undertake a self-assessment using the then newly released Global Practice Framework (OD Network, 2016). The framework lists areas of knowledge and skills needed to effective practice OD. At the time of this project there was not an easily accessible way of rating self against the framework, so I created a simple online survey where each person was able to score themselves from 1 to 5 on each factor. It should be noted that since the research has been completed there is now an official method of scoring the framework created by OD Network, but this is only available to members.

The results of the group self-assessment are shown below, beginning with the competencies ranked by average score.

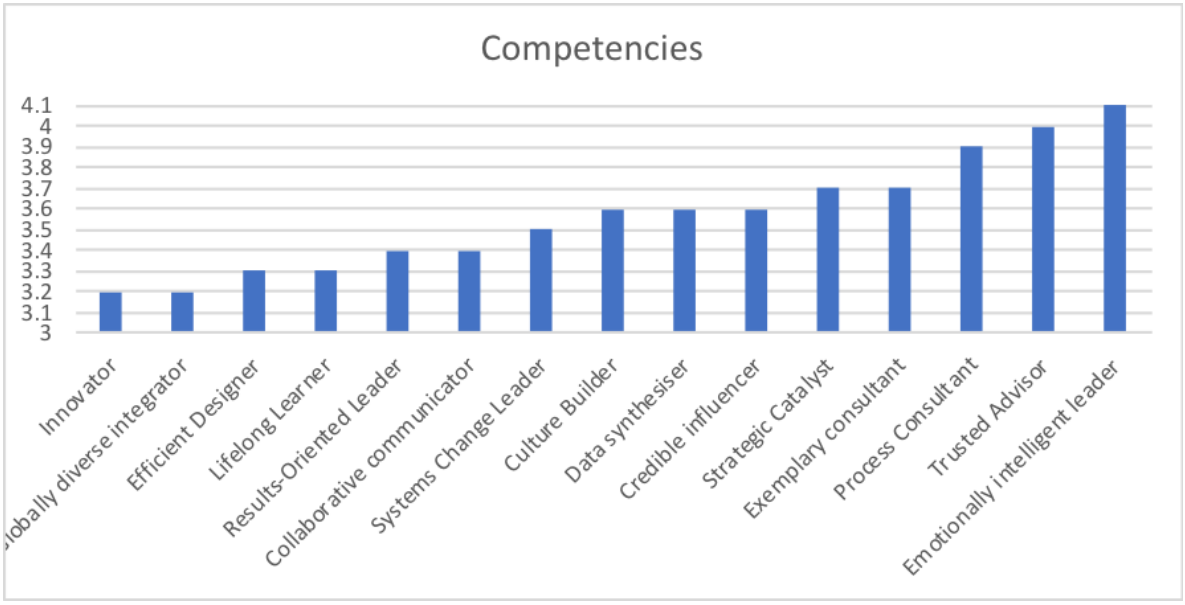

Figure 16: Competences by average score.

The table reveals that the group considered themselves at that time to be more competent in areas of consulting, as well as being trusted and emotionally intelligent leaders. The group was less confident about their ability to innovate and design. Being a 'globally diverse integrator' ranked low on the list but this was due to the word global being interpreted as 'planet'.

Overall, the competency areas of Credible Strategist and Systems Change Expert were the lowest two. Efficient Designer was the middle. Business Advisor and Informed Consultant were the top two.

Competency area	**Average score**
Credible Strategist	3.4
Systems Change Expert	3.43
Efficient Designer	3.6
Business Advisor	3.7
Informed Consultant	3.7

Table 9: Ranking of competences.

In terms of OD theory, the group scored highest in leadership, change and team development whereas their scores were lower in mergers, decision making and process consulting. The implications of this will be discussed in the next chapter.

Ranking	OD Theory	Average score
1	Leadership	3.92
2	Change & Transformation	3.91
3	Team development	3.91
4	Culture Change	3.75
5	Systems theory	3.5
6	Talent management	3.5
7	Organisation behaviour	3.42
8	Conflict Management	3.27
9	Appreciative inquiry	3.17
10	Diversity and inclusion	3.17
11	Organisation design	3.17
12	Motivation theory	3.08
13	Strategic planning	2.83
14	Process consulting	2.67
15	Decision making	2.5
16	Mergers and Acquisitions	2.42

Table 10: Ranking of OD theories.

The group ranked the main areas of practice by their importance when working in a single organisation in comparison to working across systems. The top three for each category are shown below.

Working in a single organisation	**Working across a multiple organisations**
Strategic Catalyst	Systems Change Leader
Credible Influencer	Credible Influencer
Trusted Advisor	Collaborative Communicator

Table 11: Single organisation v Multiple organisations.

Systems Change Leader appears at number one on the multiple organisations list, and number 13 of 15 on the single organisation list.

The group also ranked OD theory and models by importance when doing OD in a single organisation compared to multiple organisations. These rankings were then compared to the group's self-assessment of current strengths. The group ranked these as the top three:

In a single organisation	**Across multiple organisations**	**Current group strengths**
Motivation Theory	Systems Theory	Leadership models and theory
Change and Transformation Theory	Leadership Models and Theory	Change and transformation theory
Leadership models and theory	Appreciative Inquiry	Team Development models

Table 12: Comparison of importance of theory in single and multiple organisations against current strengths.

During the face-to-face meeting at the end of Cycle A, the group reflected on the data generated from the GPF self-assessments. The group description was that "we have a breadth of skill and experience that stands us in good stead. We have strengths in relationship building and influencing and we can help people. We have different backgrounds and paths and can take this forward. We've all come from different backgrounds. We share strengths in some areas and differences in others. Are we strong in the

areas that we need to be strong in? As individual practitioners we seem to be meeting the system where the system is. This amplifies the importance of self as instrument. There also seem to be lots of untapped skills and frustration among us. We also need to celebrate the outliers, the people on the edges who are different. They need to be listened to. There's a wealth of literature, evidence and theory that we could learn more from. How do we move from inward looking to outward looking? Our values seem particularly important to our work. The GPF can help us get clarity and position ourselves. Sharing our stories also highlights lack of clarity we work within. The group can help us get clarity. There's a lot of passion in the group and also some frustration. There's a pace and high level of workload people are wrestling with. Some issues around identity have been raised, like imposter syndrome, attached to a notion of doing OD by stealth. Locating ourselves was really helpful. Raises things about professionalism. Do we have the same kind of recognition and respect as other professions?"

Reflecting on the first cycle of research, members of the group described their experiences of being part of the Bootstrappers. They described how the process of being in the group had helped with self-confidence. In difficult times helped reinforce that they do something to offer. It was described as strength giving. Reflecting on the past helped to think about how we got here. The group is a confidence builder. It can be quite a lonely place in an OD role, and this is an opportunity to get off the treadmill. One member said "I feel like I've been in the competition but with no-one to fight. In a good way" and another member agreed "the depth of thinking in this group comes through the conversation."

Through a series of conversations at the end of Cycle A, I worked with group members to reflect on and make sense of the data we had generated from the first cycle. An example of one sensemaking conversation is shown in Appendix 5. From these conversations, the group shaped a number of themes which were seen to be true, becoming known hereafter as the 'seven themes':

1. OD in the NHS is emerging into the fog. The deeper we go the less clear it gets. Maybe that's ok? It might be foggy forever.
2. How we practice OD is at an inflection point. Does the answer to our future lie in our past? Old is the new new.
3. The identity of OD practitioners varies from imposters to experts. We talk of ourselves as ninjas and chameleons: stealth and invisibility.
4. The boundaries of our work are broad and blurred. The risk of being everything to everyone is we become nothing to nobody. Is everything OD?

5. Professionalising our practice needs a shift in mindset. Are we clear about our purpose, our models and the needs of our clients? The heart of our work is consulting but do we have agreement of what that means?

6. It's down to us to build ourselves, but CPD is challenging. It can be a feast of thirst, either not being able to find the right material or drowning in a flood of social media generated stuff that isn't quality checked.

7. We're spanning the gap between internal consultant and systems change expert, which is like patting your head and rubbing your tummy at the same time.

These are described in further detail below.

1. OD in the NHS is emerging into the fog.

The group has a breadth of skill and experience that comes from a range of professional backgrounds. Each individual meets their system where it is and shapes their practice accordingly. However, it became apparent that there was not a clear, consistent, single professional identity among the group. Although self-identified as OD practitioners, there was a fogginess surrounding the idea of what it means to be an OD professional. For some, this was the first opportunity they had taken to inquire deeply into themselves, their routes into OD and the way they are working. It also became apparent that the further they inquired into the flux of the work, the foggier (and arguably more interesting) it got.

It was clear from the content of the conversations that a significant amount of emotional labour is invested in OD work and that despite the fogginess, there is a lot of love for it. This is illustrated by members of the group who, as a result of reflecting on practice, said:

- "I get to spend time with people across all levels of the system."
- "I'm living the dream."
- "I'm struck by the variety of my work."
- "The organisation is in a better place because of OD."

Where initially I thought that exploring our practice would help clear the fog, the group discovered that their true task is to venture deeper into the fog and learn how to navigate through it.

2. Finding the future in our past (and vice-versa).

The group explored in depth what it means to be an OD practitioner. They have a wide and varied range of professional backgrounds and roles prior to our work in OD with some working in more than one field

or profession as a route into OD, as previously detailed in Table 6. Alongside the broad range of career backgrounds, they have an impressive range of qualifications and training: 33 different experiences across the group. However only three of the group have undertaken a specific course or qualification in OD. This raised the question that without formal training, and with various routes into OD, how do people become OD practitioners? We would explore this further in Cycle C as per the project plan.

Past experiences and roles have undoubtedly shaped how practitioners both made it into the field of OD and how it is practiced. Traits, philosophies, and ways of working from historical expertise still show up in current ways of working. The past is visible in the present and will shape the future. At the same time, connecting back into to the roots of OD is a way of crafting the pathway to the next steps of OD's evolution. Maybe old is the new new?

3. Of Ninjas and Chameleons

Discussions of identity as OD practitioners revealed that there was often a feeling of being an imposter in the role. One of the key themes that emerged was visibility. Group members used phrases like "doing OD by stealth," acting as "OD ninjas" and being "chameleons" to describe how they show up in their organisations. The notions of prominence and differentiation were an ongoing theme. Underneath this sat the idea of self-confidence and the importance of knowing and celebrating individual strengths. Variable degrees of comfort exist in the group when exploring notions of personal power. This was expressed by two people who said,

- "I'm worried I'm not having enough impact."
- "I was challenged on an issue. I didn't know what to do. I'm supposed to be an OD person, but I didn't know how to respond".

This raised the question where does professional confidence come from? The experiences of being an OD practitioner vary across the group. At the heart of the conversation was the question "Am I an OD practitioner and if so, how do I know?". The concept of visibility and showing up in the system prompted a desire to go from fade to flourish, from tired to triumphant. They spoke often of imposter syndrome, experienced in different ways at different times by a number of group members.

I concluded that visibility is an important influencer of our identity as OD professionals and that paying attention to how practitioners show up (or not) can be linked to their confidence in the moment. This implication was to be explored further in the next cycle of research.

4. How not to make friends and influence people?

Having identified that paths into OD are many and varied, the group realised that OD work itself is also broad and relatively un-boundaried. They listed 32 different project areas currently being delivered that were classed as OD. These range from mandatory training to leadership development and culture change. Further examples are detailed in Table 13 below.

Leadership development	Employee engagement	Service Improvement
Succession planning	Talent management	Team effectiveness
Coaching	Mentoring	Mediation
Mandatory training	Inductions	Appraisal process
Investors in People	CPD	Apprenticeships
Preceptorship	Practice education	Culture change
Process redesign	Facilitating vanguard partnerships	People & OD Strategy
Large group interventions	Transformation	Workforce Development
Strategic Change	Service Redesign	Individual development
Team development	Efficiency	Patient experience
Education and learning	Improvement methodology	Establishing group model

Table 13. Examples of OD activity by group members.

Such a broad range of activity opened up conversations on when something is OD and when it is not. Also, how do practitioners develop their skills to deliver such a broad range of activity?

Being everything to everyone can lead to being nothing to nobody. Reflecting on this raised the question of whether OD practitioners need to narrow their field of practice in order to deliver the best results.

The fuzzy boundaries around OD may also explain the commonly expressed opinion among the group that "Organisations don't get what OD is." If organisations believe OD is whatever they want it to be, does that enhance or diminish professional credibility?

The group noted that the time might be right to explore how we can more relate our OD practice to strategic business needs, identifying the interventions that could best address them instead of starting with the solution and working backwards.

5. The three-legged practitioner

What is our professional model of OD? What are the foundations of our practice? Are we operating in a strategic or a transactional space? These questions emerged from the group when looking at how OD is practiced in the system. It became apparent, as previously described, that the range of activities is incredibly broad. The process of critical reflection also revealed a lack of strategic planning and clarity around the OD approach.

- "We don't have an OD strategy, it's much more…a series of OD projects."
- "I spend time supporting people. My to-do list is about providing reports and returns."
- "The OD framework at the moment feels like a mess of stuff."
- "I asked if there was an OD strategy and nobody knew what I was talking about."

Members of the group use a range of OD models to underpin their practice depending on the needs of the situation, and adapted versions of models picked up along the way. Much of the practice was based (sometimes unconsciously) on principles of Diagnostic OD, with Dialogic OD being a relatively new and emerging area of expertise for some group members.

The concept of a three-legged stool, based on a model from therapeutic interventions, was raised as a potential way of conceptualising OD practice. This involves having clarity in three areas: understanding the needs of the client; recognising the nature of our relationship; understanding the tools available for me to use.

This led the group to think more deeply about how they might frame conversations about their OD practice through the lens of client needs and available tools in the context of our relationships. Keeping OD practice sharp was seen to be essential. Perhaps the boundaries of diagnostic and dialogic OD were not in fact broad enough to contain the expanding needs of the client system.

6. Building and developing ourselves

Discussions took place in the group about the nature of our professional development, describing some of the challenges and opportunities that may help or hinder their learning. They acknowledged that they are all incredibly busy and do not necessarily have or make enough time for their own development. Staying up to date with practice is difficult even when time is made due to the proliferation of information made available particularly through social networks. They also noted that much of the information shared on social media takes the form of how to do something, and that there is a risk of "forgetting to think for ourselves or learning how to think about something". This raised the broader question of how OD practitioners should and could develop themselves as professionals. We would explore this further in cycles C and D.

7. Working in systems and organisations: pat your head and rub your tummy

Reflecting on practice highlighted that doing OD in individual organisations is different to practising in systems of multiple organisations working together. The gap between the two spaces can sometimes be or feel vast, and there is a professional stretch involved in moving between being an internal consultant to systems change consultant. The majority of OD work has historically been practiced in physical organisations, with clear boundaries and identities.

As the NHS changes to implement new models of care, the new forms of organising that are emerging are challenging the traditional notion of what it means to work in an organisation. OD practitioners are being expected to move from doing OD to being experts about OD, showing and telling others how it can be done. The gap between the two, highlighting the need for a broad span of knowledge was described as "…like patting your head and rubbing your tummy at the same time". Stretching across the boundary of all spaces is a particular challenge.

The seven themes were a good ending to the first cycle of research with the group. Having located themselves in their practice individually and collectively, and therefore having an ability to take a stance on the position of OD in the Vanguards. This led to the question of whether my proposed shift from Diagnostic to Dialogic OD was in fact correct, as was explored more deeply in Cycle B.

4.2 Results from Cycle B: New models of OD.

The objectives of Cycle B were to explore how locating ourselves in practice had influenced our thinking on the current position of OD in the NHS and examine whether there were aspects of our practice that needed to change in relation to the needs of the system. In Cycle B the group inquired into the core narratives in individual organisations in relation to OD practice. This enabled them to co-create containers and ideas for interventions at a Vanguard level where that core-narrative could be explored and altered. Members explored how the idea of changing the core narrative about OD could help others in the organisation with alternative ways of thinking and acting (Bushe & Marshak, 2016).

Following the discussions with the group I reflected on what this idea was forming into. I emailed the members,

"Over the weekend I was doing some thinking about Dynamic OD and what it might mean. In our conversations about it we've used words like "improvise" (and the posher "extemporise"), that it's about self as instrument, working in the moment without preparation. HD likened it to a jazz band performing together. DT talked about wanting to be able to ask better questions reflexively without second guessing herself. FB has mentioned how we can build our confidence to be more agile in the immediate moment. Remember the fantastic 'throw your ox over the castle wall' article that HD circulated? There was a line in there that stopped me in my tracks: "change occurs when one becomes more of what one already is, rather than striving to become something that they are not". It's from Beisser's article The Paradoxical Theory of Change which is apparently one of the foundational texts of Gestalt Therapy. I went to the source and downloaded the article and it was striking. Beisser mentions "constant change based on the dynamic transaction between the self and the environment" and "moving dynamically and flexibly with the times while still maintaining some central gyroscope to guide (him)". It felt very congruent with our discussions on Dynamic OD. So that led me to an article called "Improvisation and Gestalt Therapy: A comparison" which talks about the importance of awareness and creativity when working in the moment. Guess what, it's from the New York City Jazz Record journal. Imagine! That then led me to another article called "The power of the immediate moment in Gestalt Therapy" which characterises working in that space by practicing inclusion, confirmation, authentic presence and commitment to what emerges. Sounds like Dynamic OD to me!"

I shared my initial thoughts with the group on the idea of a continuum across Diagnostic, Dialogic and a new category of Dynamic OD shown in Figure 17 below.

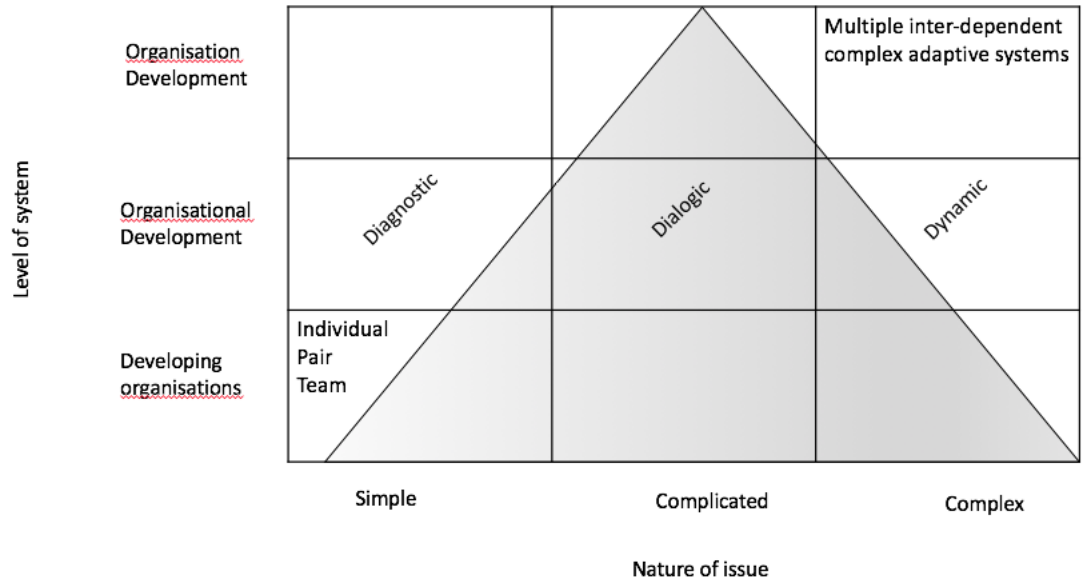

Figure 17: Dynamic OD version 1.

The model, described further below, was based on the idea of OD practice taking place at different levels of the system (represented on the Y axis) referenced against the nature of the issue (the X axis). As the group continued to shape its thinking on this emergent model of practice, I illustrated it using the continuum in Figure 18 below, beginning to expand on the differences between Diagnostic, Dialogic and Dynamic OD. These ideas would be developed further, as described below.

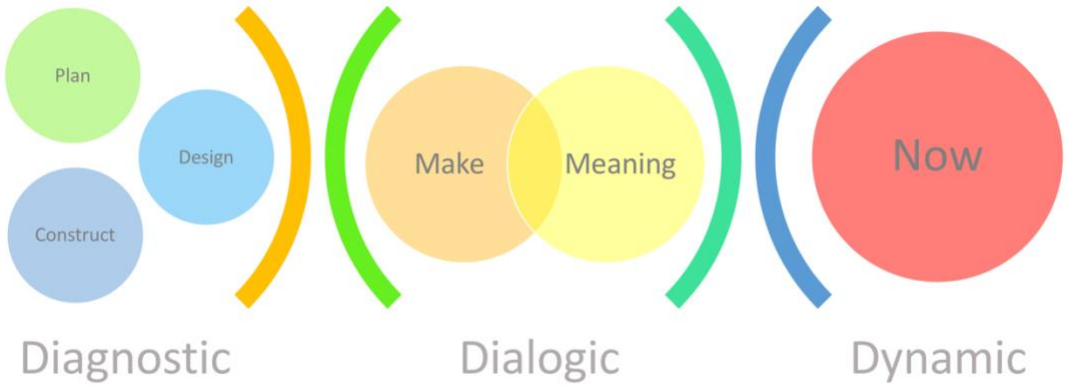

Figure 18: Diagnostic, Dialogic and Dynamic OD.

I acknowledged that the uncertain and unknown path ahead demands a new architecture of OD that stretches into the gap existing beyond Dialogic OD to create new models of practice that support the delivery of new models of care. I hypothesise that there is a space beyond Dialogic OD that is even more emergent. When we move outside our organisational boundaries, I believe there is a new way of practicing, which I named Dynamic OD. Beyond the boundaries of our known practice lie opportunities to experiment and work in new, different ways while staying firmly connected to the roots of our practice. Dynamic OD in this unexplored territory is extemporaneous, spontaneous and avant-garde. It will require courage and a pioneering spirit to break new ground and occupy this territory. The new OD architecture will be created as we build it. There are no answers hidden and awaiting discovery. We may not yet even know the questions that need to be asked.

Table 14 below describes a summary of the differences between Diagnostic, Dialogic and Dynamic OD.

	Diagnostic OD	**Dialogic OD**	**Dynamic OD**
Approach	Planned	Structured	Improvised
Instrument	Tools & Techniques	Conditions & Climate	Curiosity & Courage
Role	Change agents	Host	Collaborator
Focus	Tool	Container	Spaces between
Enabler of change	Insight	Meaning	Acceptance
Temporal space	Future	Conversation	Moment to Moment
Movement through	Steps	Language	Self
Success depends on	Scaffolding	Approach	Relationship
State	Solid	Liquid	Gas

Table 14: Diagnostic, Dialogic and Dynamic OD.

Finding the path across Diagnostic, Dialogic, and Dynamic OD requires thought and exploration. With the group, I created the new blueprint for OD practice as a tool for reflection, sense-making and action taking. The blueprint helps to establish the most efficacious OD methods, models and interventions in a range of contexts by mapping existing and planned OD activity in order to assess and reflect on the best possible approaches that will achieve successful outcomes. It helps to find direction and to frame the nature of interventions.

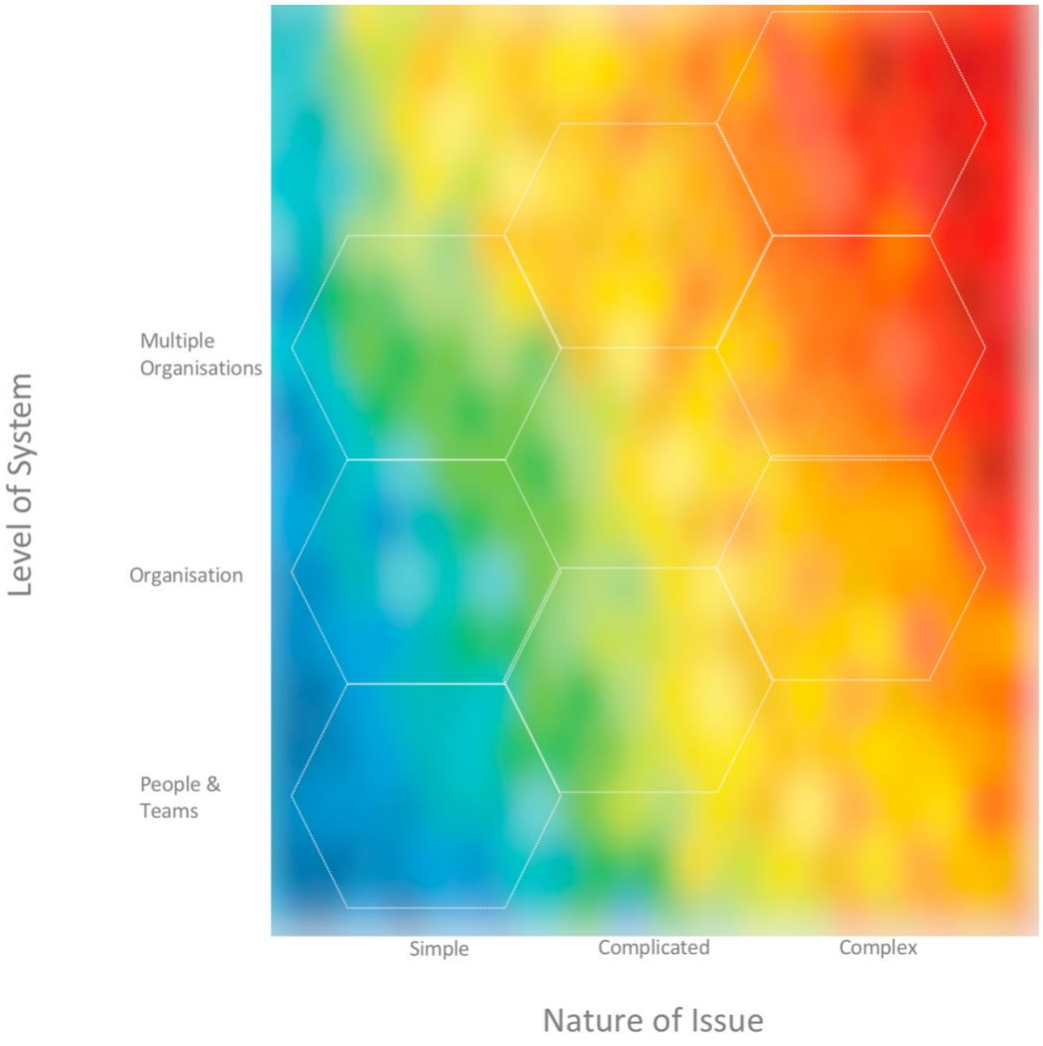

Figure 19: Blueprint heatmap.

Using the blueprint begins with two tasks of identification: focusing on the issue and the level of system. This begins by identifying a strategic outcome that the system is trying to achieve. This could be found in the business strategy or a set of ambitions, promises or pledges. A step-by-step process can be used to identify both the issue and level of system so that the blueprint can be explored.

The steps are:

1. Understand the key objective.
2. Explore the capability needed to deliver the objective.
3. Explain the root factors that contribute to success.
4. Clarify the issue at the heart of the root factors.
5. Classify the system's capability to deliver, root factors and issues.
6. Chart the nature of the issue and level of system.
7. Identify appropriate interventions.

The blueprint works on two dimensions: nature of the issue and level of system.

Taking inspiration from Stacey's (2012) work on complexity which has credibility, familiarity and utility in the NHS, the nature of the issue can be:

- Simple: The issue is common, and one or more solutions are readily available. Solutions are adopted. Implementing the solution is likely to be routine or linear. Results can be predicted.
- Complicated: The issue is less common but has been experienced before, if not here then somewhere else. A solution may be available but will need to be adapted based on context. One size will not fit all.
- Complex: The issue may not have been encountered before. Solutions probably do not exist. Approaches to the issue need to be invented using innovative ideas and experiments.

The level of system can be:

- Developing people and teams: People (managers, staff) who contribute to the development of individuals, teams and others. OD in this space is inclusive and can be delivered with minimal support and training.
- Developing an organisation: Practitioners of OD who contribute to the development of the whole organisation and within the boundaries of their organisation. OD practitioners will need training and may be generalists with some specialist skills.
- Developing organisations: Practitioners of OD who operate in flexible and socially constructed forms of organising beyond and across organisational boundaries. OD is practiced across multiple

interdependent complex adaptive systems. The nature of OD work will require specialist skills and knowledge.

Plotting the nature of the issue against the level of system will locate you in a zone of practice that is Diagnostic, Dialogic or Dynamic as shown in Figure 20 below.

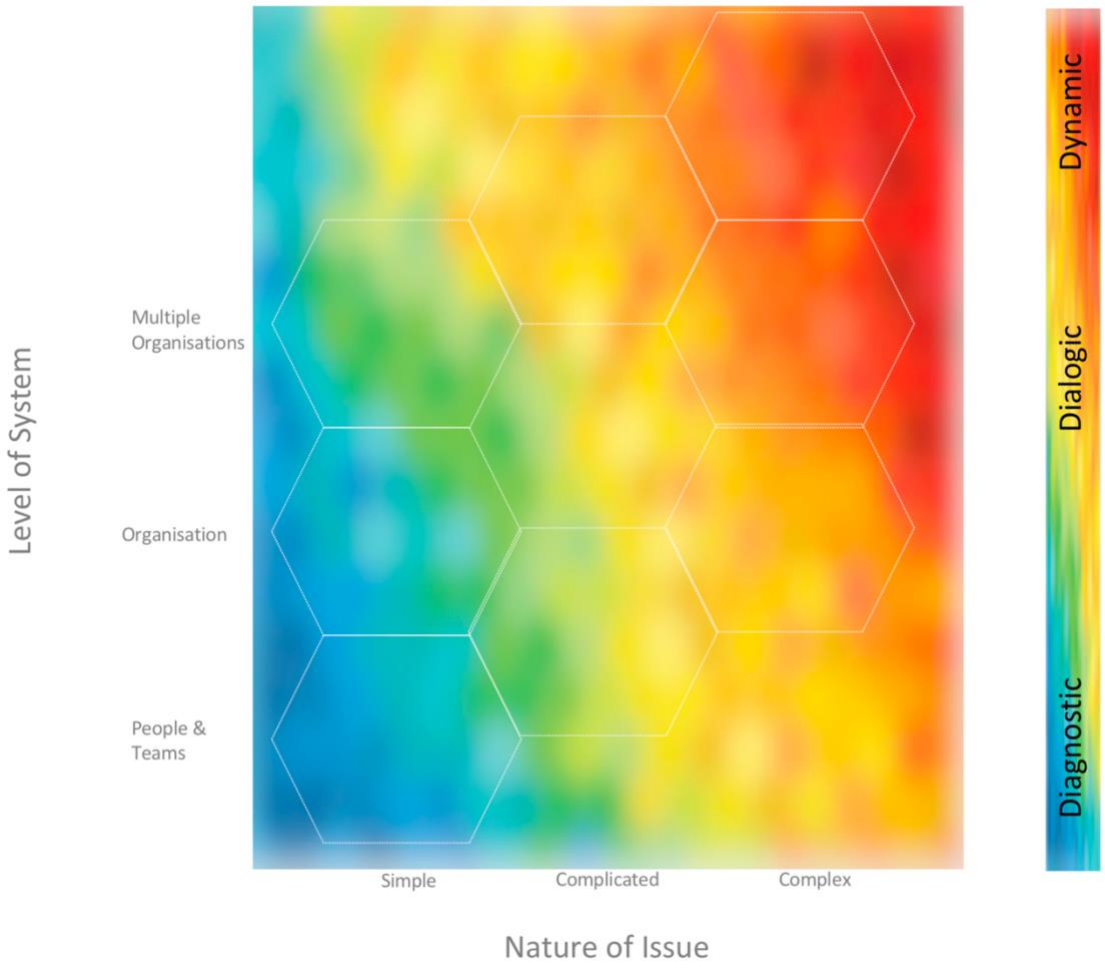

Figure 20: Final blueprint model.

Each zone of practice contains methods, models and mindsets that offer opportunities to create the most conducive set of conditions for successful interventions. In the bottom left hand space of the blueprint, where simple issues are addressed by people and teams developing each other, these may benefit from a more traditional form of Diagnostic OD. As we move into more complicated issues at the organisational level of system, the methods and models that are likely to succeed sit in the Dialogic zone of OD. This

requires a mindset shift where change happens through creating conditions for conversation and changing the narrative in the organisation.

In the top right-hand corner of the blueprint, where we are working across multiple, interdependent, complex adaptive systems on complex issues, we go beyond the existing boundaries of OD theory and practice into Dynamic OD. In this zone, the practice is improvisational, relational and spontaneous. What works in one context is unlikely to work in another. Power and politics at a macro level are key issues.

By using the blueprint to explore and map an issue, I was able to identify OD interventions in each of the practice zones that may be most effective for that particular issue. This can be used as a tool for planning and prioritising OD activity, as shown in the example in Figure 21 below.

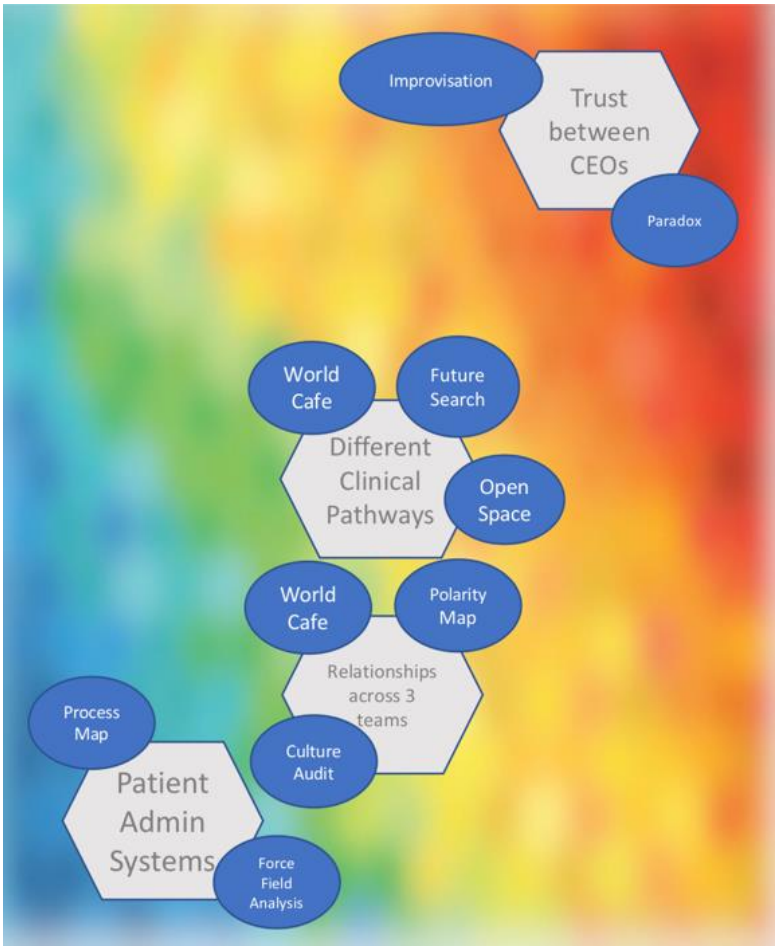

Figure 21: Examples of interventions using the blueprint model.

Part of the blueprint contains the new category of Dynamic OD. What I have hypothesised so far is that Dynamic OD is an emerging philosophy and practice that builds on existing models of Diagnostic and Dialogic OD. The emerging landscape of Dynamic OD, where highly complex issues span multiple interdependent complex adaptive systems is new and uncharted. OD in this space needs to be:

- Extemporaneous.
- Spontaneous.
- Relational.
- Improvised.

In the Dynamic OD space, our trusted diagnostic and dialogic methods may not give the desired results. A comprehensive appreciation of systems and complexity theories are needed beyond the use of tools and techniques. Power and politics at a macro level are key issues to engage with. An advanced, confident approach is needed in order to work with the constant change coming from the forces producing motion between and within organisations. Practitioners in the dynamic space will need to invent new ideas and approach them with energy and experimentation. Working in the flow of the dynamic now requires a commitment to visibility and presence, embodied in complex adaptive consulting approaches.

As a result of our work in the first two cycles of Action Research, the group made these recommendations for others who may be emerging into the fog:

1. Don't wait for the fog to clear. Learn how to navigate in the fog by thinking deeper and slower.
2. Reconnect with the history of OD in order to find our way to as yet undiscovered territory.
3. Work on visibility, prominence and differentiation. Step up and out.
4. Be clearer about when something is OD and when it is not. Understand the difference using the blueprint for OD practice.
5. Explore further the foundations of our professional practice and how this shapes our identity as OD practitioners.
6. Our professional development needs to be deliberate and time needs to be dedicated to our learning.
7. Develop confidence in our expertise as boundary spanners, stretching into new spaces.

Validation from OD thought leader Gervase Bushe.

Having spoken about the group's work online, publishing our initial ideas on Social Media sites like LinkedIn and Twitter, the work attracted the attention of one of the co-creators of Dialogic OD, Gervase Bushe. Professor Bushe was visiting London for a teaching engagement and generously offered to spend time with the research group to discuss the work. The key themes from his feedback during the meeting were:

- Dynamic OD exists, it's just underdeveloped at the moment.
- We don't know how to best operate in that space.
- A slight quibble, is dynamic OD really in the complex space or is in in chaotic? On the edge of complex?
- Is diagnostic-dialogic-dynamic related to levels of ego development?

Having validation that the work was meaningful and the beginning of something interesting was a huge confidence boost for me and other members of the group. We were putting ourselves on the map. This led neatly into Cycle C where we were to explore how we might stretch into the space of Dynamic OD.

4.3 Results from Cycle C: Phenomenal OD practitioners in the dynamic now.

This cycle was intended to identify which elements of our capability were strong enough to deliver the needs of the system and to stretch into unknown territory in order to develop further. One of the first activities in this cycle was the completion of the adapted OD Professional Education Questionnaire, shown in Appendix 12. The questionnaire examined entry into the field, skills, knowledge, approach and learning. I collated the results which were shared with the group and are summarised below.

- Entry into the field was through one of three methods which I described as consciously (career change), semi-consciously (career crossroads) and unconsciously (career blend). The most frequently mentioned components of knowledge and skills were change management, facilitation and communication. The role of the OD practitioner was described as consulting, clarifying, challenging and contracting. The approach was whole system, co-design, technical, inquiry and humanistic. The intention behind OD was seen to be primarily improving care, delivering strategic goals and the achievement of vision, ultimately to improve the client's condition. The role of the consultant in supporting the client was seen to be delivered through asking questions, clarifying,

empathising and focusing on both content and process. The outcome of this way of working was to enable the client to lead, building their capability and helping them to own the change. There were seventeen different responses to how practitioners built trust with clients, with the three most commonly used words being contracting, listening and delivering.

- Codes of conduct and belief systems generated fewer responses. One person said they adhered to a code of practice, but this was through their clinical work. Another stated "OD values" but did not attribute that to any particular framework. There were more responses to the personal belief systems including promoting equality, honouring commitments and the idea that there are no such thing as stupid questions. Being critical of own judgement came through supervision, local networks and self-reflection. Most people did not belong to a professional association. Where one was stated it was either a clinical professional body (i.e. Health Professions Council) or the Chartered Institute of Personnel and Development (CIPD). Only one person mentioned National Training Laboratory (NTL), a specific OD association. Although several responses named Do OD, it has to be noted that while flattering to read that, it is not a professional association.
- Defining the boundaries of expertise revealed a range of responses, from "I don't really" to "own internal yardstick of competence" and "I don't like to think of the boundaries, they are opportunities for learning".
- The process by which work was found or commissioned fell between two main areas, self and others. There were a number of responses where work was self-generated through plans or meetings with managers, whereas others were commissioned by (in order of frequency) colleagues in HR, Line Manager, Programme Management Office, Executive Team and the Chief Executive Officer, although the CEO was only mentioned once and with the qualifier "occasionally" attached.
- The main elements of professional practice could be categorised into four areas. Firstly, a development function such as capability building or leadership development. Second was a broader focus on change – particularly large-scale change – including culture and change management. The third area was a more strategic, goal setting and design element, with the fourth – approaches – including analysis and innovation.
- The underpinning discipline or science on which OD practice rests was described in the main as 'applied behavioural science', with other OD theories listed including systems thinking, Dialogic theory, Appreciative Inquiry and Self as Instrument. The attitudes and skills of OD generated longer lists, including inclusive, credible, politically astute and challenging.

Seeing the results of the questionnaires confirmed to me that the group were a highly knowledgeable and skilled cohort of OD practitioners. For many, they had not considered these questions before, and my statement of the results being akin to a 'manual for OD practice' was a confidence boost to us all.

In the group's London face-to-face meeting, I used Superhero postcards to check-in and tell each other about what we thought our super powers were, and how the landscape of OD lay at the time. Themes emerged from the check-in when we discussed what we noticed in each other's stories. The group described a sense of uncertainty in the system that, despite the importance of team working and collaboration, was reverting back to competitive behaviour. It was described as a limbo land, in transition but not sure where it was transitioning to. The nature of connections was shifting, and for some that meant a further exploration of identity and difference. The ideas of unity, separateness and change were explored. The group discussed a need to embrace who we are and what we might become, taking comfort from the idea that we can make up our own narratives. Being true to ourselves felt particularly important.

From the discussion about our OD superpowers, I concluded that the OD Bootstrappers Superhero Credo was:

- Ordinariness is special.
- We are super when we are most ourselves.
- OD heroes don't work alone. Collectively we are stronger.
- OD heroes build, unbuild and rebuild themselves.
- Facing our inner swamp thing is part of the process.
- OD heroes have abilities, an identity and a mission. These are discovered by asking "who does the world need me to be?"

From discussions about superheroes we continued our Appreciative Inquiry journey using the OD Fortune Teller I created, previously shown in Figure 12.

Responses to the Fortune Teller were revealing:

> "I spent 10 minutes making the fortune teller earlier… my 8-year-old self would be disgusted with my lack of ability to remember how to make one of these with the amount of them I could churn out at primary school!! And then someone came in my office whilst I was playing, and I felt the need to explain the scissors and cut up pieces of paper on my desk – and the children's game on my fingertips, as I looked up at them somewhat discombobulated …. Anyway, after dismissing the

first three I opened, as I jumped into thinking, nope, that one will take too long and I'm already very late - I took a different approach. I've just picked it up again and the first one my eyes rested on, I said I would do that… so here we go –"

"It did make me realise I'm having a bit of a career crisis at the moment and I'm not any of these things in work currently. Definitely food for thought!"

"I'm slowly emerging from being buried in work and home / life drudgery and have sat down (after many…. many false starts) to catch up. I did my usual thing of starting from the top with the Fortune Teller exercise, which I have found as a great reflector tool and I'm actually wondering how we would build something like this in to a tool to help people prepare for their appraisal…. anyways back to the exercise in hand. I found it quite a challenge to do, especially as I don't feel like I've been able to operate in this space very much in recent month, both due to the nature of the work I'm involved in at present and also the capacity to meet the demand being placed on my role at present, i.e. I don't feel I have the presence of mine to operate at my best."

"Loved the exercise with the OD fortune teller – lots of fun but so much harder than it looks at first glance!"

Two people wrote poetry in response to the Fortune Teller exercise:

"What is it about being an OD practitioner that I like best?

I think it's because those of us involved aren't really like the rest

We're different; our frequency just isn't the same

We are 'people people' – it's a totally different game

But what a gift we have in the palm of our hand

To do what we do, often without a clear plan

To go with the flow and see what comes out at the end

To make a difference for people, be a 'critical friend'

It's all about the people - that's what's most important to us in OD

The behaviours, the relationships, connections, it's what we feel, hear and see

We have a gift and together the Bootstrappers will thrive

Making sure that we truly keep OD practice alive

Does it matter that most people don't know what OD can bring?

I don't think so, so long as we can continue to 'do our thing'

So for now we shall carry on even if we do it by stealth

Because we know in our hearts that's why we're working in health"

and

"There's an OD practitioner called [redacted]

Who loves helping a system get gelling

Working with patients and staff

With some thought and a laugh

All about a chat and not telling"

LF described this as "I wanted to put my name up front and centre in the poem (my newly found visibility) and also make it succinct and a bit of fun in the spirit of the fortune teller.

NY wrote a story in the style of the children's book "That's not my monkey" (Watt & Wells, 2008), retitled as "That's not my OD practitioner", illustrated in figure 22 below.

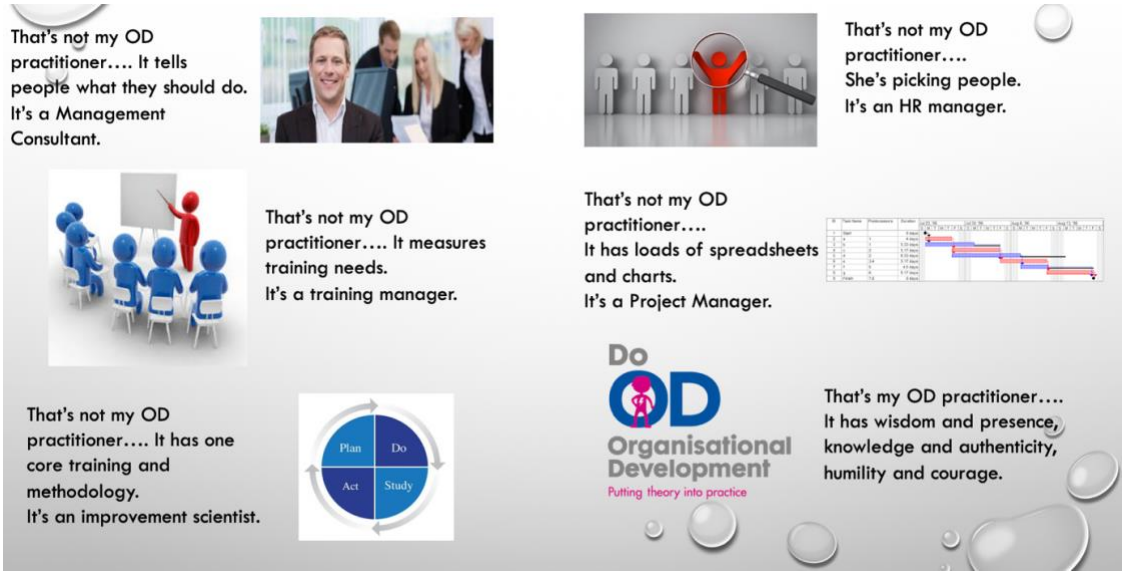

Figure 22: That's not my OD practitioner.

In response to the question “What would my OD super powers be?” further ideas were generated including:

- The perfect Questions and Challenges - Always having the perfect question to challenge at an appropriate level and depth, to draw out and encourage the conversation, but to challenge and not be complacent.
- Perspective - Being able to offer a different view, line of enquiry, fresh eyes, a new approach and way of looking at things.
- Space - Being able to provide space for people to have new ideas, develop, be themselves, be anything they want to be! Offering a safe place for discussion and challenge.
- Helicopter - Being able to draw all the different energies, views, opportunities together to show the “big picture” in a way that resonates with all the parties.

One member used a metaphor of a swan, describing,

“The old metaphor of the swan, what people see and what I feel being quite different. The bit of me under the surface looks quite distorted, mmm, not sure what that’s about. Big eyes and ears, taking in everything almost to the point of being hyper-vigilant with a very loud and complex internal dialogue. Made me wonder what it would be like if I was present and mindful that might actually be me at my most dynamic ...pondering on that now.”

The Fortune Teller appeared to re-ignite some creativity in the group, and in me, although when I reflect on the activities mentioned so far in this chapter I notice that I did not participate in them, and I feel quite sad about that. Did I miss out? What role was I taking in the group? The Fortune Teller also opened up discussion about time and priorities. DT said,

“I’m on annual leave sitting in my bed catching up on the things I want to do, including OD fortune tellers. My theory is we are living in a world of: quick, quick, quick and want minimum steps in any process. I’m comparing it to the process for starting an e-learning module. Our user feedback is there are too many clicks before they really getting going with the learning.”

MT added,

“This is making me reflect on the fortune teller exercise and the comments from a couple of us (myself included) re: our opportunities to be out most dynamic / operate at our best. Thinking about the people that volunteered it was mostly on the back of the summer Do OD conference where people had space

and protected time to think and reflect upon their role. I had a PT session on Monday and my trainer (who is currently doing a coaching course) and I were talking about a model referred to as Motivation and Ability which I use when coaching someone, to identify how motivated and how able people, i.e. are they a Big 'M' or a little 'm' are they a big 'A' or a little 'a'. Whilst many of our OD colleagues have the desire (motivation) to participate in the exploration of a new NHS model I suspect their capacity or rather lack of it means they don't have the time (ability) to participate. Still pondering how we can create space…."

Following the Fortune Teller, when we ventured into the realm of Afrofuturism, it sparked conversation about identity in the group. HD said,

"I read the article of Afrofuturism, the phrase "fake it till you make it" crept into my head. Idealise a future and the story of what that would be and then see where that leads…. In terms of Star Trek – did it predict or help fire up innovation for a number of items that are everyday now – communicator = mobile phone, wireless earpiece = Bluetooth technology etc.!"

LF added,

"Maybe we think about our own version "Amazo-futurism", about strong amazing women and Paul (Amazon amazing see what I did there). Current news stories have tapped me into my anger about now too. Would be good to have a view of the "post-sleaze" (rather than post-apocalyptic) where the chameleons and shape shifters reveal their glory and take over, using all the wisdom of years in hiding. In terms of the term "imposter", the extreme opposite could be expert, but not in a good way, maybe it is like the goldilocks principle ...not too hard and not soft but just right, holding onto our nativities and uncertainties as gifts and strengths whilst celebrating and using our skills and wisdom in a gentle and gracious way??"

MT responded,

"I also wonder if imposter syndrome is linked to roles that are required to be self-aware in order to support others and its through that self-awareness, we have clarity as to the gaps in our knowledge and skill. Do other job roles require the same level of self-awareness or expose them to behaviour traits / types? The role of OD Practitioner involves a significant amount of influencing (convincing people it's not 'pink and fluffy') and that also requires us to be aware of the politics' and power dynamics. I wonder, does this makes OD practitioners hyper-aware and if so, does this hyper-awareness contribute to 'imposter syndrome'?"

BR commented,

"I like the idea of us all being members of some kind of OD star trek cast, landing on a new planet and discovering this entity called the NHS. What would we do? What questions would we ask? What might we observe and discover? How honest would we be? What strategies might we discuss before we go in, or when we re-group? Would we feel the need to 'fake it till we make it?' What might we perceive as the expectation of us – would there be one, or would we create it? I think I find it easier to imagine the future OD practitioner in a future scenario, connected to some kind of story, rather than imagining a person just kind of floating out there.... does that make sense?"

The conversations on Afrofuturism lined the group up for the next task, to consider OD Utopia.

Creating a Utopian Space.

This task took place at the face-to-face meeting in the London office of NHS Employers, in a small conference room in December 2017. The purpose of the meeting was to review the Appreciative Inquiry findings so far and diving deeper under the surface. I began the meeting, as normal, with a check-in where each person could use the space to share what had been going on for them since our last meeting. I had allocated half an hour for this, but it took two hours to get around everyone.

Reflecting on the check in gave the group the opportunity to do some sensemaking and extract threads that felt common. These included:

- Leaders sometimes struggle to understand what OD is, and that this can often be due to a lack of 'marketing' savvy from us as practitioners. It's our responsibility to work with leaders to develop a shared understanding of OD.
- There is a disconnect between the rhetoric and reality about the importance of OD. National documents and discourse speak of the critical role OD practitioners have to play in system change but this is against a backdrop of small and reducing investment in OD due to shrinking resources.
- OD practitioners are a small workforce with a big workload. We are working on a large number of projects and programmes and don't often make time to reflect or talk about our practice at a deeper level with our peers.

I sent a summary of my notes from this discussion to the group, as illustrated in figure 23 below.

Figure 23: Two hour check in.

The group undertook the Gallery Walk in service of the AI process. This involved hanging our work on the walls around the room, examining what it meant to each of us individually and sharing our findings. Collectively we used the data generated to create a list of words that described the positive core of OD practice. The list of words was:

- Connection.
- Cohesion.
- Creativity.
- Skills.
- Expertise.
- Care.
- Mindful.
- Depth.
- Difference.
- Diversity.
- Love.
- Authenticity.
- Support.
- Strength.

- Breadth.
- Broad thinking.
- Purposeful.
- Brave.
- Struggle.

I wrote the words on post-it notes and arranged them on the wall, attempting to see a pattern in the words. LF asked the question “what is at the core of our positive core” and as she did that, a shaft of light shone through the window, creating a straight line that cut through the word strength. This became known as the ‘divine intervention’ moment, and highlighted that strength was at the core of the positive core. The poetry involved in the AI process gave me permission to lean into this more esoteric aspect of our work. The moment was captured and is shown below in Figure 24.

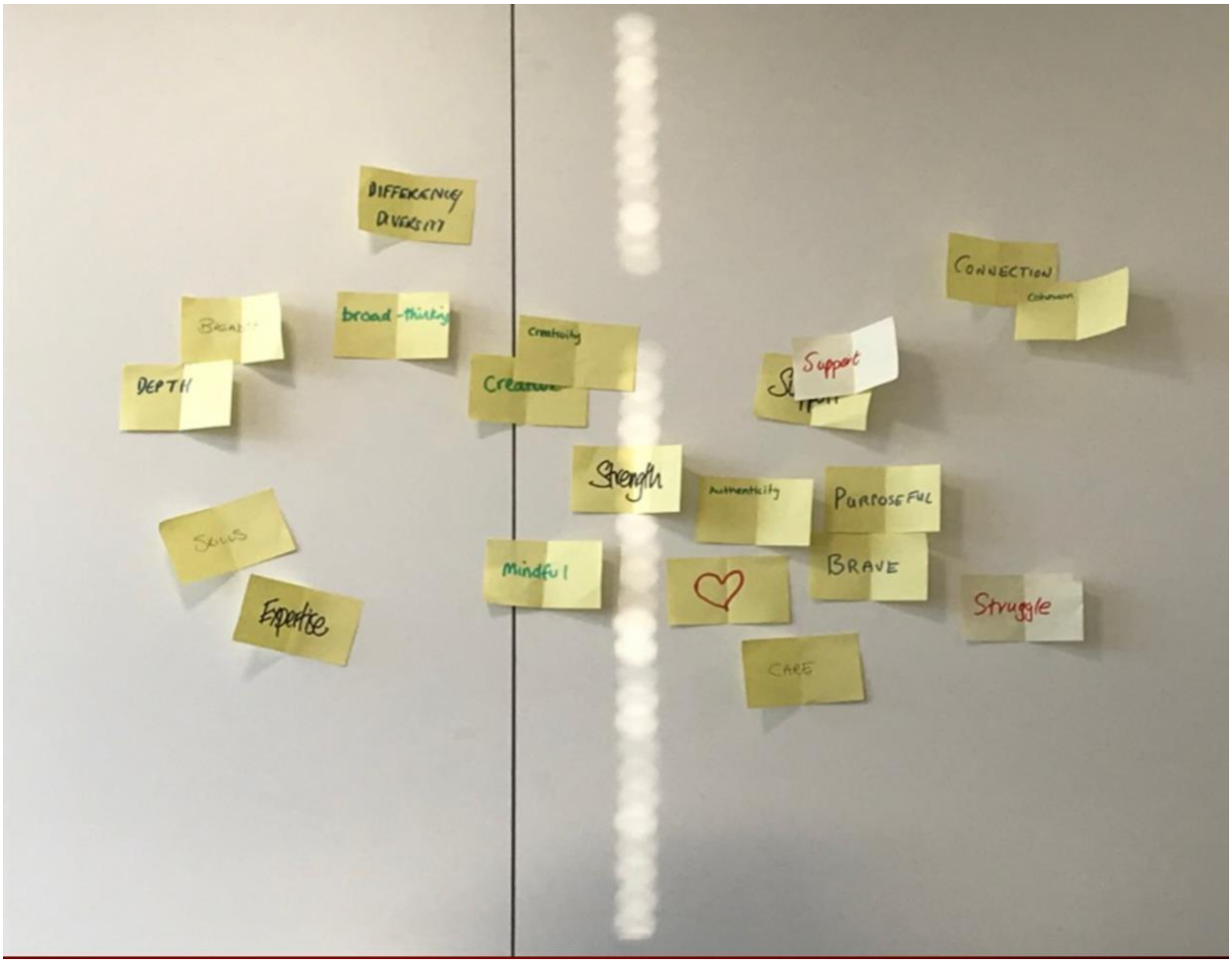

Figure 24: The Divine Intervention.

I used the words from the post-it notes to create a narrative around the positive core of our OD practice. It reads:

"Strength can be built when we work from a foundation of creativity and authenticity, making connections to others. This enables us to be brave in our work, bringing our love of OD to the surface and transforming our imposter syndrome into confidence. That may involve varying degrees of struggle for some. On this foundation, we build greater strength by basing our OD approach and role firmly on the needs and intentions of our clients. When we add this to the sum of our skills and experience, multiplied by the depth and breadth of our thinking we have a formula for success. This formula is given extra power by difference and thought diversity."

As a counter-measure to the poetry of the Divine Intervention, I constructed an equation to measure the strength of our OD practice using those elements just described. This was to provide a different, seemingly more scientific way of exploring the positive core. I offered it to the as a tongue-in-cheek way of testing our strength and identifying which aspects of your OD work and internal identity may need to be developed further. Members of the group enjoyed the equation and it became part of our resources. The equation is shown below in Figure 25.

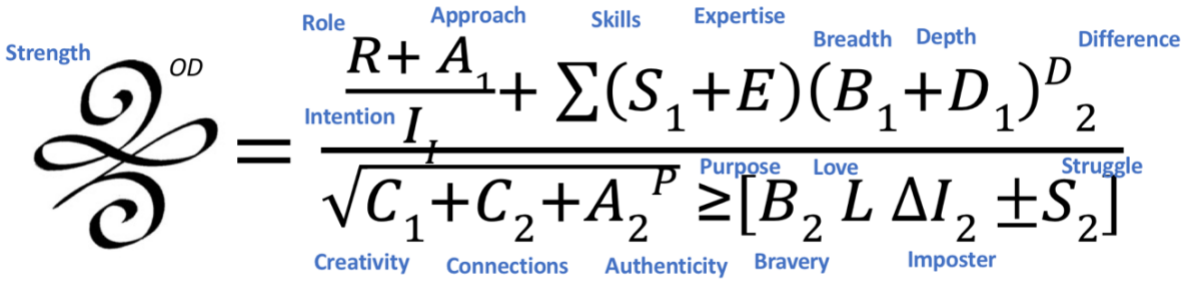

Figure 25: OD Equation.

I sensed a shift in the group, a boldening and appreciation of our strength as OD practitioners. This felt so different to previous conversations about imposter syndrome, invisibility and doubt. In advance of the meeting I had invited each person to bring something that represented Utopia to them. We continued the

session by sharing our individual Utopian items, exploring what it meant to create a Utopian space. The items shared are shown below in Figure 26.

Figure 26: Utopian Items.

The group examined the collective space with the Utopian items and discussed what it looked like. The discussion identified a number of components that represented a Utopian space including:

- Getting rid of things.
- A place to think.
- Reflective space.
- Gifts, celebrations and sharing.
- Connection and time for self.
- Clarity.
- Difference and familiarity.
- Rituals.
- Wellness and calmness.

The group reflected on the Appreciative Inquiry process and asked the question “What would it take to be phenomenal practitioners in the dynamic now”. The answers were:

1. Paying attention to our senses.
2. Being in a state of grounded calmness.
3. Reflective space.
4. Knowing yourself.
5. Being in a space to give and receive.
6. A place of tribal sanctuary.
7. Able to be as I am.
8. OD practice not OD practitioners.
9. Looking the dead fish in the eye.
10. Unsafe spaces for learning.

At the end of Cycle C, the group had explored the question 'how to be a phenomenal OD practitioner in the dynamic now' and identified four key tips, twelve activities and a number of resources to support the ongoing exploration. These are illustrated in Table 15 below.

Know yourself	Know your history Examine your professional identity Understand your context	Routes into OD Professional Identity Questionnaire Organisational Biography
Step into your power	Explore power Unleash your superhero Dealing with your inner imposter	Why power is an issue in OD OD heroism The opposite of imposter syndrome
Strengthen your core	Measure your strength Check your competence Do action research	Equation ODN GPF Co-operative inquiry
Build the future	Imagine utopia Find sanctuary Build yourself	Afrofuturism Community building Embodied metaphor

Table 15: How to be a phenomenal OD practitioner in the dynamic now.

I turned the tips and activities into an image based on the idea of a compass, building on our adventure and journey metaphor. This is shown in Figure 27 below. A compass is old technology originally invented for the purposes of divination and fortune telling, and later for navigation. The compass become a symbol for the group. The compass took on a metaphorical quality. It does not tell you where you are or where to go. It shows different directions that you might take. Where a map or a Satnav is about planning along known routes, the compass is about following your own direction. Each point of the compass includes an intervention or approach taken by the group as part of our journey. The Compass was used as a basis for

the ODN Europe workshop session and offered as an invitation for others to look deeper into their OD work and self.

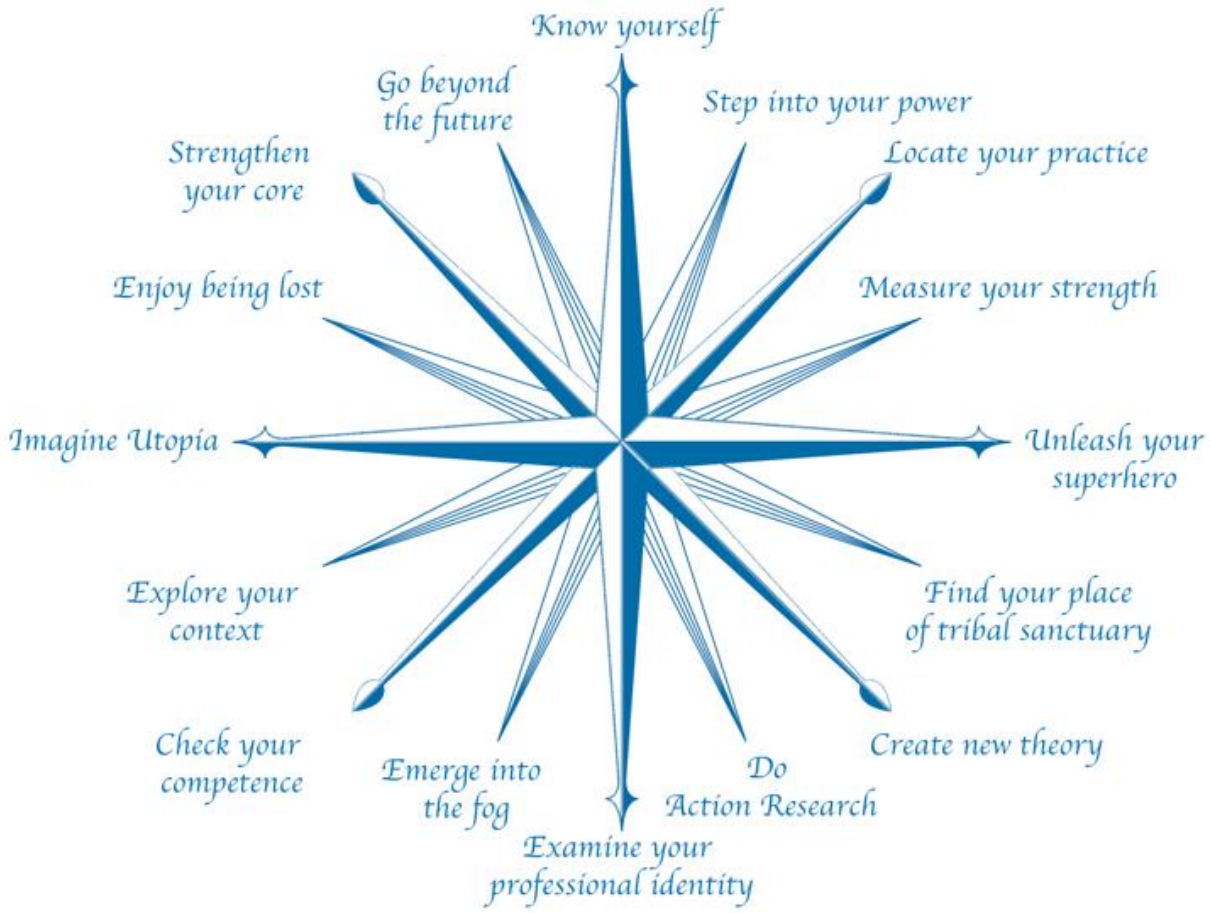

Figure 27: The Compass.

The workshop session, hosted by NY, LF and me was very successful. Afterwards I emailed the group,

> "Last week was the ODN Europe Conference, in windy Bolton. LF, NY and I offered an Open Space session to share some of the Bootstrappers' work and it was really good fun. We had 25 people, and not that I'm competitive but some sessions had as few as 3 show up. Thanks to NY we had an A1 size version of the compass picture I sent round last week, including a homemade super spinner courtesy of LF. Photographic proof attached ☺ We used it to select random topics for discussion. Some of the comments that came out in conversation:

- The themes could be used as a model for OD supervision.
- The interfaces between organisations are rich spaces with no rules.
- Being present and experimenting is key.
- Compassion helps when there's fear of making it up.
- We never lose what we bring to the conversation.
- Learn all you can then forget it.
- Beyond the future of OD: chaos, difference, boundaryless, relationship magic, empathy, paradox, respect, impossible."

The ODN Europe Workshop was the first time the group had taken our work beyond the boundaries of the NHS OD community. The positive feedback received and the nods of resonance as we described the work gave me and the group confidence that our findings and ideas had validity beyond the NHS OD community. This helped me to feel emboldened and excited as the group entered the final phase of the research.

4.4 Results of Cycle D: Building the OD professional of the future

The goals of this cycle were to explore how we would build the OD professional of the future, based on our identification of OD practice and professional development This cycle would also be used to build a picture of the learning journeys each participant had been through during the research project. Going into Cycle D, the group noted feeling in a completely different place to when the research had started. Members were thinking about their roles differently. OD practice had changed as a result of being part of the group. They, and I, had deepened our OD practice by being a part of the story. The question turned to how the group could help others understand their own practice as we had ours.

I reflected on the first cycle of research where the group had surfaced so many images about identity – some helpful and others less so – like imposters, chameleons, ninjas, samurai. I wondered if we could create a new archetype for OD practitioners that mirrors our take on OD practice. In a face-to-face meeting that took place in Leeds, I made space for the group to dive deeper into a conversation about power. Key points included:

- Is power a perception?
- Stepping into my power is an antidote to imposter syndrome.

- You are always in your power, you just don't know it (or like it).
- Personal power in OD comes from presence.
- Do people fear our power and our ability to change things? Do they try to diminish it by calling us pink and fluffy, with the inherent misogyny implied in that statement? If they change the narrative about us is that a means of control?
- We assume the most powerful people are at the top of the organisation.
- Power is a polarity to be held.
- Can we shift from a medical to a social model of power?
- Collaboration doesn't give the same buzz as winning in a competition.
- Complexity is a threat to traditional power.
- Moving from knowledge is power to learning is power.
- Social movements are the future of power.

The theme of power was a big topic and we were not able to give it more attention during the research, but the realisations made were significant and left us wanting more.

Coming into the final phase of the group's life, I reflected on the experiences so far and how the group could use the learning to help others. OD was still seen as a 'dark art' and it had been helpful to be part of a group sharing ideas, talking and giving each other support. It was useful to share the various routes into OD and celebrate difference. I wondered if we needed to get to a final outcome, or if the process itself was enough. The work of the group could help demystify OD and provide signposts for others on their own journeys. We were finding our own paths to our own future. I noted that the notion of a single future was unhelpful, and it was more useful to think about futures. Whatever your start point, you need to develop yourself and find the way to your futures. The group's work could enable people to think about what those futures might be and how they might reach them. I also noted that we had moved between the intellectual and the visceral, but most of the work had been cognitive. I made a decision to work in the space of embodied metaphor for the final task. Based on a group member's suggestion, we would use a process of cognitive sculpting to illustrate physically the OD professional of the future. This would give us the language to describe how OD practitioners and organisations may respond most wisely in order to release the potential created.

At a face-to-face meeting in London, the penultimate meeting of the group, we used the LEGO Serious Play method described in Chapter 3 to build the OD professional of the future. This immediately followed

an exercise where each member of the group had built a LEGO model symbolising what was going on for them at the moment.

To build the OD professional of the future, each person took one piece of LEGO from one of our individual models and added it to a large blank LEGO base. Each person described why they were adding it to the group build. Group members were able to ask questions, make suggestions and speak to how each piece made them react. For example, NY's contribution of a solid bridge sparked a reaction in DT who wanted to see more flexibility, and in turn added pieces that represented movement and motion. This collaborative building process deepened our understanding of the elements that made up the final model.

The group's model for building the OD professionals of the future is shown below. It consists of 29 individual elements that came together to form a whole. Each of the elements is listed in Appendix 13. I reflected on the model and grouped the elements into themes that describe our model for building the OD professionals of the future; what they are; know; can do; have; and give.

Figure 28: Building the OD professional of the future.

The OD Bootstrappers Guide to the OD Professionals of the Future

OD Professionals of the future **are** mobile and agile. We respond to and seek out opportunities to develop the system. We are connected to an increasingly diverse community and are visible from a distance. We live with messiness around us, recognising that staying curious and appreciative helps us to navigate through the complexity of our work.

OD professionals of the future **know** the roots and history of OD. We are familiar with classic and contemporary OD theory and understand that there are standards of practice to aspire to. We know which tools to use when, and when to leave the tools behind. We know our value and the value we add. We are future focused and embrace technologies that we know will enable new connections to be made.

OD professionals of the future **can** draw others into OD practice while recognising and maintaining the boundaries that differentiate more experienced practitioners from those outside the field. We can frame and re-frame our clients' issues by acting as bridges, antennae and mirrors. We step in and out of shadow when we need to. We are able to do endings as well as we do beginnings.

OD professionals of the future **have** a balance of confidence and humility. We know when we need to pull on a sturdy pair of pants when things get tough. We make and grow connections to each other and the wider system. We create spaces of sanctuary with our peers where we can celebrate our work and learn from each other's different perspectives.

OD professionals of the future **give** their authentic selves. We recognise that our work can have a personal cost, and so we actively look after ourselves and each other. We look for opportunities to explore our vulnerabilities more deeply, recognising it as a strength that helps us and others to grow. We give our clients space to slow down, talk, think and develop which adds capacity into the system.

The model is both subjective and collective, and as such is not intended to be a universal truth. Some of it may be useful to other OD practitioners but as context is so critical, I acknowledge that one size does not and shouldn't fit all. In the spirit of curiosity, the group offered the model to the wider OD community as a prompt to think about what it means to them. They were invited to think about:

- What is your own story?
- How can you use your experience to build the OD professional of the future?
- How will you go about strengthening connections to the wider OD community?
- Where are your spaces of sanctuary?

4.5 Results of review

The group met for the final time in London at the end of June 2018. Each group member had taken part in a 1:1 call with me, sharing their reflections of the Action Research process. A recording of the call was sent to each participant, along with a copy of the recording made of the first 1:1 call that took place in 2016. Each person brought to the meeting a representation of the journey, and in small groups we shared our findings and identified what the truths of the experience were for us.

The group discussed themes that emerged from the process, with one member remarking "Who was that person on the first call?". A sense of freedom, playfulness and authenticity was more audible in the second calls. Group members described hearing themselves as energetic, enthusiastic and joyful. Reflecting on some of the learning from the experience one member said, "it allowed me to do OD and contribute to the field". Another member said they had come to terms with the idea that "chaos is fine. Uncertainty is fine." Several members noted what they described as "arrogance" in the earlier call, with one describing how she said she wanted to "save the world" whereas in her second call she was "calmer and quieter". Members described a sense of seeing through different lenses, of "being more me" and "finding myself". Several members cried when they described the impact of the experience. One member commented that she had developed "grit in the oyster, and just enough grit to make the pearl." More than one member remarked that she "didn't want to listen back to myself" in the earlier call as she was "speaking to fill the void." Another member described how initially she had said her role was to "hold the mirror up to everyone" but that meant everyone "…apart from me. The mirror acted as a shield so I didn't have to look at myself." One member commented that she didn't think anyone had asked her those kinds of questions before, and that the process of answering them revealed "hidden strengths". Another member said that she had discovered "the best of ourselves" in the group and was worried that it would fade away after the group ended. The exercises using creativity and playfulness during the research had helped one member to "strive to be less perfect" and another to "stop and slow down". One member described the Action Research group as "restorative". The group commented on changes they had noticed in me between the first and last calls, that I was "wearing it more lightly" and was "softer" in the second and "easier and more relaxed". The calls had gone from "an interview to conversation" and that I had shifted from "formal to informal Paul". One member noted how in the "early stages there would be panic if it went wrong" and that I was more relaxed at the end. One member said, "I now know what good OD looks like" and "I have the appetite to change stuff in my system that I don't like". One member reflected on a

bereavement that had happened during the process and how she had resisted listening to the first call because she knew that person was mentioned, but that the gap between the calls had illustrated how her "values were out of sync back then" and are "more in line now". One member asked, "have we been working in the Dynamic now?" which was echoed by another saying we had "embodied that move". There was a sense from one member about how "it's liberating not to have to know the answers any more" and that she felt "more relaxed in this room than any other work room". This was echoed by other members who remarked that "this group has brought more of myself out" and "I don't normally talk about personal stuff". There was a comment that our authenticity and personal identities had helped us to "converge, different people changed in different ways, but we've all ended up in the same place". One member commented on the way the group had enabled "a depth of conversation that you need to have to make change" helped by a spirit of "giving and receiving openly" which was different to the workplace where one member "puts up barriers to stop people seeing the real me, which doesn't allow real change". Being open to change at a personal level in the group meant that it was easier to effect real change in the workplace.

The group identified words that expressed the truths about the work together:

- Real.
- Accepting.
- Acceptance.
- Reflective.
- Authenticity.
- Diverse.
- Boundaried.
- Open.
- Free.
- Freedom.
- Lightness.
- Emergent.
- Heart and Soul.

As the meeting drew to a close, each person said what they needed to say to exit the group.

MT said, “until next time”. LF described how she had “wanted the clever and the stimulation and wasn’t sure about the support. I got it anyway and then realised I needed it too”. PJ reflected on how she had “missed out a lot, happy to carry on, feeling I haven’t contributed enough. Group has been generous and kind letting me back in”. RM said that “at start, new job, feeling excited. Wanted to expand knowledge and thoughts. Not quite panned out how I wanted. Felt like an interloper today. Been lovely and warm and welcoming”. BR was “looking for people in a similar position. Loved it. Found that and more. Group of people who I now think of as friends.” KR said “it’s a beginning not an end. Generous and giving. All fabulous. Helped me to find myself”. DT said “Thank you all. I wanted to experience the research process. I met fabulous people and missed it when not here. Laughter and freedom. What you all bring is special”. GC was “intrigued and curious. Wanted to meet new OD people. Feel part of the community. Loved being part of it. Joy. Appreciate everyone. Thank you it has been a pleasure”. AP described the “inclusiveness, acceptance, energy, passion, friendship” she got from the group. NY “didn’t know why I came and wasn’t expecting this. To get all of this feels important. Learned huge amounts and looking forward to the next phase”. HD also “didn’t know what to expect. Felt like a puppy dog. Thought I was joining a task and finish group. Unexpected pleasure. A gift. Community of friends. Still in denial. Close one chapter and start another”. I said I was “not sure what to say. Never expected all of this. Exceeded every expectation I could have had. You have moved me from my head to my heart”.

The movement I described was captured in my map of learning which I kept as a visual diary during the research project, as shown below in Figure 29.

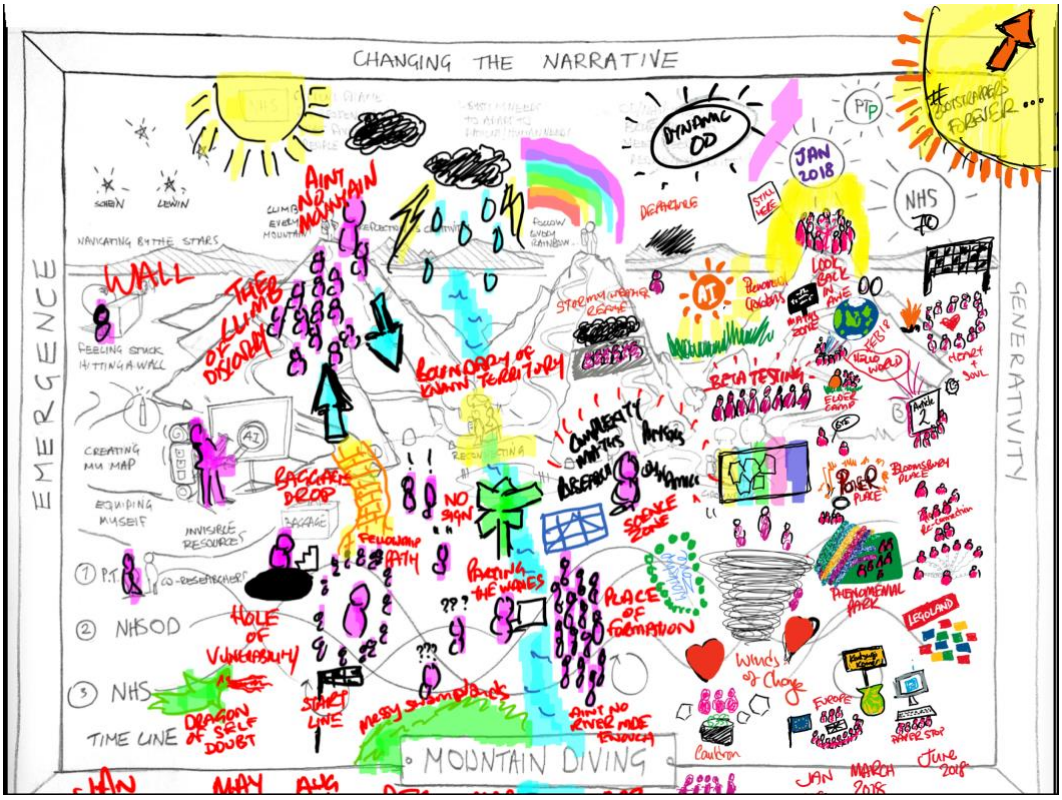

Figure 29: The journey ends.

I reflected on my journey and how it began with 'the dragon of self-doubt' and the 'hole of vulnerability'. Shortly after my project proposal was approved, I began to worry that I would not have the ability to deliver what I had promised. I was concerned that I may not get enough participants or that I would somehow fail because of my own capability or (lack of) intelligence. I had to pull myself out of the hole by confronting my own fear of failure and re-framing it into an opportunity to experiment and grow. I was able to drop some baggage before the group began. When it became apparent that I would have more participants than I expected, it helped me to feel part of something bigger than I originally planned. As the group formed and bonded, finding out more about each other, I sensed a feeling of fellowship forming. This gave us the courage to set off on the path into the foothills of the research project. We were still very firmly rooted in practice at this point, bringing our own experiences and stories to the group as the glue

to begin binding us together. We began our initial cycle of research and climbed our first mountain together 'the climb of discovery'. Group members opened up to each other, showing strength and vulnerabilities. We reached the peak of the first mountain having made new discoveries about the climate in which we were practising OD. The sun was shining. As we moved into the second cycle of research, and walked back down the first mountain, we realised that the demands of the future system may require us to explore previously unknown territories of our work and selves. For some, including me, this was a challenging time. There were no signposts to guide us through this next part of the journey and it felt confusing and complicated. We entered the messy swamplands of the research process. This area of the map is bordered by a river which we had to cross. We built a bridge into the new territory of Dynamic OD, recognising there 'aint no river wide enough' to keep us from moving on. Having a new sense of location brought us back into a place of formation, re-connecting with each other with purpose. We had crossed the boundary of known territory and ventured into an exciting place. Looking up, we saw that the river came from storm clouds in the environment around us. Moving forward into a space of theory building where we explored complexity and improvisation was a difficult time. We were finding a new footing on the unknown terrain. We took shelter in a cave and reflected on the excellent work we had done so far, despite it feeling difficult. The sense of togetherness and support gave us energy to keep going. We followed the rainbow that emerged and stood in the sunshine, visible and proud. We created a workshop space where others could join us for a while and share their own stories to add to ours.

Putting our work out into the world created new winds of change which at times felt like a gentle push forward, and at others was like being in the eye of a hurricane. Out of this energetic space we drew new conclusions and released our ideas into the wind. A patch of green grass, watered by the rain, signified a place of Appreciative Inquiry. Here we basked in the light created by a new sun – Dynamic OD – and considered how we might use its light to make us feel phenomenal. Those of us still on the journey, having said goodbye to a couple of our colleagues, huddled tight on top of our third mountain covered in a warm glow of collective strength. We put our work online and said hello to the world. Emboldened by the support of elders along the way, we explored the power zone and while it was confusing, we re-emerged feeling phenomenal. Taking our work to a European conference was like a pot of gold at the end of the rainbow. We played for a while in LEGOLAND, building models that helped us find a new way forward into the future. With our initial work published in a global OD journal, we were coming to the end of our journey. We gathered around the campfire and reflected on our time together. We noted that our vulnerabilities are our strengths and how the group had helped us develop presence. In the light of the

NHS's 70th birthday we had contributed new knowledge to the theory and practice of OD. We looked into the bright sky ahead and wondered where we might go next, now that the journey had come to an end.

In relation to the big question, how can OD practitioners step up to the plate and build themselves for the future, the group had demonstrated that the process of co-operative inquiry and moving between the spaces of theory and practice had enabled them to feel more confident, capable and creative in their work. With the group, I had created a new paradigm of OD and a blueprint for how to achieve the stretch required to get there. The group showed that it is possible to be what the system needs for the future. Through leading this research, I helped the group to create a vision and a belief in themselves that they could achieve it. This now needs to be replicated across the system, and I have it within my gift to create the conditions for that to happen.

Chapter 5: Discussion

5.1 Strengths and limitations to the research.

While the research project met the intended objectives and also opened unexpected spaces for learning, it must be acknowledged that there were limitations that shaped the process and outcomes of the work. The criteria for inclusion in the project was for participants to identify as an OD practitioner. In the spirit of co-operative inquiry, I allowed people to self-identify and did not place any further restrictions on role. This, on one hand, enabled us to listen to a range of voices with diverse experiences but it also may have limited my ability to go further or deeper into the topic. I am curious to explore what would happen if the process was repeated with a different group where the criteria for inclusion was set more rigorously.

The scope of the research project was deliberately set to focus on the experiences of the participants and work from the inside-out. The combination of Action Research and co-operative inquiry grounded the research in real-world practice and kept us anchored when the theory felt too nebulous or disconnected from practice. Group members spoke openly about their relationships with colleagues in their organisations, often discussing relationships with the Executive tier and board members. Our research did not involve physically bringing different voices into the group. Had we invited CEOs and other senior colleagues into the room with us at various points, we could have tested our ideas with our clients as well as the testing we did with other OD colleagues. However, it became apparent that part of the richness and value of the group came from having a 'safe space' to discuss our experiences. It would not have been appropriate to invite others into the group space, but this may have been to our disadvantage. We may have limited our thinking by not involving others in the conversation with us, but it always felt like their voices were in the room. Through the process of evaluating and developing theory, the group created a deeper understanding of the relationship between theory, practice and experience. This helped to reinforce the anchoring effect.

When the group launched on 1 August 2016, we spent an important period of time forming and building relationships with each other. This involved sharing not only our work experiences but also our personal stories and life outside of work. We bonded quickly and this, as one member described, 'drew a circle around us'. Following the launch of the group I received a number of enquiries from NHS OD colleagues who asked if they could be involved and join the group. I took it to the group, and we decided that the boundaries had been drawn and that no new members should join. This may have limited our ability to think differently or led to a lack of challenge in the group. New members could have brought fresh perspectives and healthy critique to our work. We mitigated against this in some way by sharing our work

at two conferences and through social media channels. However, I wonder if by trying to be inclusive to ourselves and our own experiences we excluded others at our own cost. I concluded that the boundaries had to be drawn in order to both begin and finish the project.

Similarly, the scope of the project was initially open only to those working in Vanguard sites developing the new models of care. As it transpired, not all of the participants were actively involved in the work of the Vanguard even though they were part of it. This on one hand enabled new connections to be made and for members to feel confident to go back and influence their systems in different ways. However, the political wind was changing, and Vanguards began to fall out of favour which meant our focus began shifting into the new constructs of Integrated Care Systems. Perhaps if the restrictions on being in a Vanguard had been lifted, the work would have been more expansive and covered a wider range of organisations and experiences.

Finally, I must add myself to the list of project limitations. Coming to this as someone who had not carried out a formal co-operative inquiry process before meant I was learning as I walked the path with the group. At the beginning of the process I wore the badge of researcher on the surface, behaving in ways I thought a researcher would behave. I created tables and gave participants code numbers. I noted in my reflective journal that I thought we weren't moving fast enough and felt frustrated with myself and the group for not making progress quick enough. Having come out the other end of the experience, I realise this was motivated by the fear of an inexperienced researcher and over time I was able to relax into the role and try to wear it more lightly. The shift I saw in myself coincided with a fruitful and creative phase of the group's work and I wonder if I could have got us there more quickly had I been more confident in trusting the process. My unfolding skills as a practitioner-researcher and the ability to see myself as a learner as well as a teacher were good for my own confidence and abilities, but should I undertake a similar project in the future I know I would approach it very differently and this makes me wonder what impact my lack of experience had on the OD Bootstrappers. I hope I was not too much of a hindrance to the group.

5.2 Becoming a researcher: Thesis and *anti*-Thesis

After completing the group part of the research project, I found that I was unable to process and begin writing my thesis without also doing something physically creative. I began sculpting clay to represent my learning and the research process. In the process of writing this Thesis, I wanted to bring my whole self to it. But in fact, I brought more than the whole. I created a new self in the building of this work which I called the Anti-Thesis. It started with the cycles of research. I wanted to represent the foundations of the work. These needed to be pure, so I used natural coloured clay. I started with four equal size lumps, representing

the four cycles of Action Research. I held the first one in my hand, working it so that the heat made it more moveable. The image of an egg came to mind - possibly as an easy shape - and so I created four eggs of equal size. That didn't truly speak to the work, so I worked each one into an image of me and the group at each stage of the research. Cycle A is almost a perfect tower block shape. It is solid and square and smooth. Cycle B is less geometrically correct. The top has split open and the structure is less rigid. Cycle C is lower, more random, with overlapping edges and uneven folds. It looks like a dodgy egg cup. Cycle D is open, but still has a base. It is broad and looks like some kind of container. The edges are still ragged, deliberately ruffled. Cycle A feels solid. Cycle D feels light and fragile.

I placed the four pieces of clay on a cake stand which served two purposes. First, it gives the 'cycles' a base, and it adds depth to the model. It becomes three dimensional, with layers signifying varying levels of work. The cycles sit at bottom, the foundations of the work. The cake stand sits on a black upside-down plate. The shadow system. This represents the hole I fell into at the beginning of the process, where I faced the negative, destructive thoughts that began to derail the process. You are not good enough. Failure. These are hidden, under the surface. Always there. They are in green pen because they are spoken with a mocking voice. They are Voldemort.

Around the four cycles are the members of the group. Each one represented in a different colour, my visual of how they showed up. Smart, bright, caring, open, vivid. Three members who did not make it to the end are in grey. Not fully present but part of the story. I get to be part of this group because I am an OD practitioner. I am one of them. But I'm different, in that I am the instigating researcher and I have a role outside of the system, so there is a different boundary around me.

The structure is held up by pillars representing OD knowledge and theory. The roots / trunks that connect me to the history of the profession. Among the roots are three wise helpers, my Yodas, offering wisdom, challenge and acting as role models to which I aspire. It is these pillars that put distance between the shadow space and the work of the group. They lift me. The Yodas are surrounded by thousands of coloured beads, representing the 2,037 emails that were sent by the Bootstrappers over the course of the project. Each of these is a gem in its own right.

On the top level, the place visible to the rest of the world, is the stuff we have shown off. This is our legacy garden. The compass, the dice, the article, the workshop, the website, the Lego model, the equation. These are the seeds we planted in garden we may never get to see. Taking a step back to examine the process, adding lenses to the model, destabilised it and made it wobbly. I had to remove a lid. It's now in a state of imbalance and moving one part might knock another over. Too many lenses and it would topple.

At the top is a beacon of light. A shining symbol to the world of our visibility and presence. The sun is rising. Above the model are the words ‘fortis in unum’, strong together.

Figure 30: Anti-Thesis

I have learned several significant lessons during the research process. I have discovered the joy and fear of sitting still in the dynamic now. I felt exhilarated by the phenomenon of phenomenal OD practice. I experienced the generosity built into Appreciative Inquiry: the generosity of building each other. I discovered that if I feel lost in the fog, I should check my compass and ask for help. I realised I had a problem with my perception of power and that when I am my most myself, I am super. I stand in the shadow of utopia. It is not as far away as I had imagined. I have the ultimate superpower of an OD practitioner: strength.

5.3 Dialogic OD or not Dialogic OD? That is the question.

It is also worth mentioning the inherent, and even unchecked, bias that showed up in the research question and my initial hypothesis – both of which will be discussed further in Chapter 6. I approached the research with what might be called an intuitive hunch. This came from my professional expertise and lived experience, having seen in others and myself, a plethora of Diagnostic OD approaches despite the literature of the field shifting and expending to include the more contemporary Dialogic OD style. I wrote in my research proposal that through my work I had gathered data to suggest that a significant amount of OD work was transactional and should be more transformational. This revealed an assumption I had made that Diagnostic OD is transactional and Dialogic OD is transformational. As described in Chapter 2, Dialogic OD was reported to be effective in complex contexts and as such I decided to use it to frame my research. However, there is little – and I may even go so far as saying no – empirical evidence that Dialogic OD works, or that it is more effective than Diagnostic OD. Thorensen & Smets (2017) noted the inconclusive results when performing a systematic literature review on the evidence for Dialogic OD, stating that the only results came from unpublished works. Thorsensen & Smets' article itself is published online and not in an academic or practitioner journal, so we must approach their findings with healthy scepticism, but their conclusion that there is little evidence of Dialogic OD's impact is also reflected in my own findings described in Chapter 2. This reveals a significant gap in the OD literature and perhaps reveals a wider problem about the field of practice. Do we grab the shiny new fashionable garment even though it may be the Emperor's new clothes? In my haste to use Dialogic OD as a frame for my research did I myself fall into the same trap? It should be noted both as a limitation to the work and an encouragement for more research to be done both on the efficacy of Dialogic OD and into the reasons for a lack of inquiry in this area to date.

Chapter 6: Conclusion

This chapter summarises the conclusions of the Action Research project and sets out what was learned. This includes the idea of co-operative inquiry as collaborative practice, leading to the group as instrument of change. My reflections on the start and finish point of the research reveal that I possibly began with the wrong question, but it took me to more interesting places. In this chapter I will continue to reflect on my own performance as a researcher and practitioner. I will explore the implications of the research for the wider OD community and end by sharing our unanswered questions. I describe my ideas for future research and close with a summary of how this work meets the requirements of the Professional Doctorate programme.

6.1 Contribution to the field

In this chapter I will discuss the implications of the research results, returning to the original literature review on the future of OD and describing the contribution my research has made to filling gaps and creating new knowledge. I will compare the initial aims and objectives of the project to the findings and discuss how the emergent process of co-operative inquiry shaped the questions that were ultimately answered. I will describe loose threads and dead ends that were not fully explored in the research and how the framing of the inquiry created a container that was both generative and limiting at the same time. I begin with the final entry from my Reflective Journal on 30 June 2018.

"We did it. We rocked it. The Bootstrappers have left the building. Yesterday's final meeting was powerful, profound and beautiful. All of the remaining Bootstrappers were there, the 12 who made it to the end. There was a lot of laughter, quite a few tears and a general feeling of celebration. I was surprised at how deep the experience had been for some of the group. [redacted] said she found herself. [redacted] said she felt like a different person. The warmth and support for each other was palpable."

I talked about how the group had moved me from my head to my heart and that it was an experience that will stay with me forever. It was the first time I have ever truly understood what 'more than the sum of our parts' means. I feel so proud of the group. I can't quite believe it. It has been a magical experience. They said they are going to hire a minibus and come to the graduation, the aunties cheering from the side. It was very moving. I have done something incredible with that group."

I began this research based on my own lived experience as both an OD practitioner and from my unique perspective of OD across the wider NHS context. My role is to support the development of capacity and

capability in OD practice in the NHS. The changing population demographics that necessitate significant shifts in forms of organising require support and leadership from OD professionals. However, the NHS OD community had revealed of itself a limitation to its ability to operate at the strategic level demanded of the multiple interdependent complex adaptive systems emerging from the Vanguard programme. It was time to acknowledge that our old maps were not as useful as they once were.

The literature on the state of OD now and in the future highlighted several themes that shaped the nature and landscape of this inquiry. These included:

- The competence, credibility and confidence of practitioners is vital to the success of the work.
- There is a risk of OD practitioners operating purely in the servant of power space.
- Models of change may be outdated.
- There is a widening gap between theory and practice.
- The boundaries of our field are too vague.
- OD is accused of being too faddy or tool driven.
- Taking a broad systems perspective could position us better for the future.
- Develop self-learning systems.
- Be better at defining and responding to client needs.
- Work on self as instrument.

I deliberately adopted an interpretivist perspective for this project, rooted in social constructivist beliefs of organisations as meaning making systems where change happens through dialogic practices. Positioning the research in an Action Research model and using co-operative inquiry as the philosophical underpinning was an attempt to re-connect to the roots of OD theory and for the research group to work as a collaborative system. The unexpected vulnerability and honesty of the group revealed significant challenges professionally, systemically and personally that made the research both challenging and exciting. Re-framing inquiry as adventure gave us the opportunity to explore our history, examine the present and envisage a new future for ourselves.

Forming the group through a co-operative inquiry lens meant spending a significant amount of time working on our shared beliefs, aims and aspirations. Collectively shaping the areas of inquiry to be explored and bringing our whole selves to the process gave us a spirit of adventure. The diversity of participant backgrounds and experiences added a richness to the research as we made sense of the data together. Through the process of mapping self, organisation, models and practice we were able to describe the climate in which we were operating. Diving deeper into the theories of Diagnostic and

Dialogic OD opened new possibilities for us to think about the needs of the system and the theory of Dynamic OD emerged. This enabled us to create the Blueprint for OD practice and begin thinking about how we navigate the landscape. This was our map. Using Appreciative Inquiry and future predicting processes we were able to identify strength as the positive core of OD practice required to be phenomenal practitioners in the dynamic now. Explorations of power helped us find fortitude. Embodied metaphor work and the act of cognitive sculpting helped us to build the OD professional of the future, our direction. The cycles of action research became our compass. The process had created change in the participants, curiosity in the wider NHS OD community and a potential transformation in the OD profession.

One important point of reflection for the group is that we did not put our group process at the forefront. On occasion we would pause and reflect on what was going on in the room, but this was the exception not the rule. There was very little overt conflict in the group. Participation levels varied, some for known reasons and others unknown. It is possible that the lack of conflict was helped by an absence of status or the conflicting loyalties that can often be apparent when working in hierarchical organisations like the NHS. The inquiry process itself became the goal of the group.

The research contributed a number of significant and meaningful new knowledge and tools in service of the OD community in the NHS:

1. A statement of the climate in which OD is practiced in the NHS (Cycle A).
2. The Blueprint for OD Practice: a tool for reflection, sensemaking and planning (Cycle B).
3. Dynamic OD, a new paradigm of OD theory and practice (Cycle B).
4. A New Architecture of OD model and manual (Cycle B).
5. A New Architecture of OD in the English National Health Service paper published in the peer reviewed OD Practitioner Journal, summer 2018 (Cycle A & B).
6. A workshop at the 2017 OD in the NHS Conference introducing the blueprint model to the NHS OD community. (Cycle B).
7. A workshop at the 2018 ODN Europe Conference introducing the Compass (Cycle C).
8. A presentation at the 2018 CIPD Applied Research Conference sharing the learning from our co-operative inquiry process (Cycle C & D).
9. The OD Bootstrappers Website showcasing our findings through blogs and resources (Cycles A, B, C & D).
10. An equation for measuring OD strength (Cycle C).

11. A model of the OD professional of the future and our ambition for the direction of OD practice in the NHS (Cycle D).

Returning to the aims of the research project, I note that not all were achieved, and that unintended or unexpected results were able to emerge from the spaces created by aims that were not explored as they had been initially planned.

The aim of the research project was to identify how the practice of OD could be improved in order to support the development of new models of care in NHS Vanguards. On reflection, I am curious that I used the word improve which has an implicit bias and subtext that improvement was needed. My work with the OD community had identified aspirations and ambitions to change, but I used the word improve with a casual disregard for the excellent work already taking place across the system. This led to the title of the research project 'Building the OD professional of the future', revealing ideas based in the realm of construction and improvement. My aim was to identify how, not identify if or even why. I approached this project with a subconscious desire to effect change without yet meeting the participants.

6.2 Review of research objectives

I intended to work with five OD practitioners in Vanguards which on one hand was unsuccessful as there were no applications from one of the five types of Vanguard. However, this broke the frame of the project and led to the creation of an Action Research Group with 14 members and me as the instigating researcher. This undoubtedly made the job of researching more complex and difficult but also more interesting and ultimately rewarding. The inclusive approach taken to recruiting members created the conditions for people to participate at varying levels throughout the project when work or home life demanded more attention. However, it also created a looseness to the container which meant three of the participants did not complete the journey and we were left wondering what happened to them. I will now examine each of the objectives in turn, showing if and how we met them.

Objective 1. Critically assess current models of OD practice in five NHS Vanguards

In the first cycle of our work together, we had explored the ways in which OD was being practiced across the NHS and identified themes that described our experiences as a group. The literature about the past, present and future of OD was conflicting and contradictory in its recommendations. Scholars said OD was dead, and not dead. Our past was characterised by too much or too little emphasis on values. OD was too faddy and too driven by available tools. The range of paths into OD meant our profession was only as valuable as the least credible practitioners. The asymmetrical balance between theory and practice

impacted on our rigour, results and relevance. For OD to survive it must serve the client better, while avoiding being a servant of power. Outdated models of change must be replaced with contemporary ideas, while not losing the roots of OD. Confusing to say the least. Shaw's (1997) conclusion that little "new OD" has been created in recent years resonated deeply for me.

Working in Vanguards was a different experience for members of the group who had all previously focused their OD practice in single organisations. Moving from single to multi-organisational change involved a shift in mindset as well as practice. Jacobs (2016), focusing on collaborative change efforts in the charity sector of the US, noted that the process is continually emerging and outcomes uncertain. When creating my research proposal, I had hypothesised that the shift from doing OD in single organisations to multi-organisation practice would require a shift from using Diagnostic OD methods to more contemporary Dialogic OD. A decade ago, it was noted by Bushe & Marshak (2009) that in most publication there was only one monolithic OD being described as foundational practice. This "classical" form of OD focused on changing behavior. Contemporary theorists were sensing a shift in the paradigms of OD practice, seeing the task of OD as helping organisations to contribute to society and creating opportunities for individual growth (Zand, 2001). The move from classical to contemporary models of OD can be described as a shift from Diagnostic to Dialogic OD.

In Cycle A we had identified the various routes each of us had taken to come into the field of OD. The notion of imposter syndrome had writ large over those conversations. I was reflecting on the way I had named the research project using the term OD professional, and was also using OD practitioner and even OD person interchangeably. There were different reactions to the use of labels in the group, particularly around the professional word. Fidler (1996) described the process of becoming a professional through learning and development beyond the mastery of the field's knowledge and technology. Using this definition, would the OD Bootstrappers see ourselves as OD professionals? Would others? The open and fluid boundaries of entry to the field of OD have meant that it has been difficult to agree what makes up the practice of OD, which in turn means it is difficult to decide exactly what makes someone an OD practitioner (Bradford & Warner Burke, 2004). Church's (2001) paper on OD stated that we are at a major turning point with two choices, either developing into a true profession or becoming an obscure relic of the past. We explored, lightly, the notion of OD professionalism and professionalisation during the group life, and while this was not a specific objective for the research it may be important to follow this up in future work.

Objective 2. Design a blueprint for new OD approaches in the Vanguards using principles of Dialogic OD

My initial objective for this cycle of Action Research was to design a blueprint for OD practitioners that would help them shift from Diagnostic to Dialogic OD. Diagnostic OD, a bounded and discrete process that embraces a positivist epistemology (Oswick, 2013) views change as an episodic event involving a linear series of activities with a distinct beginning and end (Cummings & Cummings, 2014). I had theorised that Diagnostic OD practice was based on a solution-finding approach, with OD practitioners acting as fixers to the organisation. However, using traditional diagnostic OD activities may unintentionally reinforce the dynamics we are trying to change (Barrett & Cooperrider, 1990) by treating adaptive challenges like technical problems (CHO, 2015). Therefore, I hypothesised that the current models of 'traditional' OD (collectively referred to as 'diagnostic OD') prevalent in the NHS may not be fit for the future and as such may need to be adapted and updated to include more Dialogic approaches.

The unexpected outcome of this objective was that I was partially correct, but there was more to come. The creation of Dynamic OD feels like it would encourage space for improvisation and could help to create a story, shape shared purpose and help people find meaning. It could give us a clear direction and balance to how we frame OD that is useful for partnerships and collaboration. However, the development of the model – like the research itself – involved different people at different times. A significant development of our thinking happened in a group of three of us which potentially took ownership away from the whole group. On our next conference call, we kicked off the conversation by wondering if the small group had taken the work a step too far when we got together to do more on the model. There was agreement that it's harder to have ownership when you've missed a bit of it.

Feedback from Alpha Testers highlighted significant potential for the model. One member said "my main insight was the models and language people use is still about organisations. A lot of my work was starting where people are currently and nudging them to an undefined better place" and another noted "I use my expertise more directly than I thought". The dynamic space was illustrated by the member who said "some of the most **** moments are me holding the room using a process while they and I have no idea where the content will lead us. The real edge for me is where the process is not fit for the evolving purpose and I have to shift and improvise in the moment". Another member noted "I use a lot less tools and models than I thought. I have either internalised them or am improvising more than I realised."

Developing the blueprint model and then introducing it to our NHS OD community at the Do OD conference in 2017 where participants tested the model in real time was followed by 'beta testing' with

a small group of practitioners who used the blueprint in real world situations. Feedback from this process included:

- "Deepening thinking and examining our own challenges".
- "Spending time focusing…has helped me devise better interventions".
- "Getting into root factors took me in interesting directions."
- "Complicated, but reflected real nature of the issue".
- "The impact could be profound if it gives us insights and a map".
- "It was quite testing…really forced you to think about things".

The testing process helped people to reflect on their practice and undertake a deeper level of thinking about their OD work. It revealed data, issues and insights that hadn't previously been considered. It generated energy and was seen as useful. It was also noted however that an investment of time is needed to fully explore the tool, and this was off putting to some. We appreciate that this is the case and would encourage users to give themselves the gift of time and invest time in order to harvest good results that may save time in the future. Through understanding our current and past practices, we were able to identify strengths and gaps which in turn led to the creation of a new model of OD that may be more suited to working across systems.

We acknowledged that in the Dynamic OD space, our trusted diagnostic and dialogic methods may not give the desired results. A comprehensive understanding of systems and complexity theories are needed beyond the use of tools and techniques. Power and politics at a macro level are key issues to engage with. An advanced, confident approach is needed in order to work with the constant change coming from the forces producing motion between and within organisations. Practitioners in the dynamic space will need to invent new ideas and approach them with energy and experimentation. Working in the flow of the dynamic now requires a commitment to visibility and presence, embodied in complex adaptive consulting approaches. This aspect of our inquiry needed to be tested with the wider OD community. Following the end of the group's life, we may wish to explore in more depth what working in the dynamic now means in relation to practitioner development and preparation. OD practice has been accused of being fadistic (Bunker, Alban & Lewicki, 2005) and our intention was to explore Dynamic OD more deeply. Our model of Dynamic OD was intended to help practitioners reflect on their practice in that space. Based on our own experiences, the process involved was not telling us whether our current model is true or false but

rather whether it appears to work or not and thus be useful in asking the questions required of it (Allen, 2001). We noted that we were and will be for some time, in a phase of catachresis - the introduction of theoretical terminology where none existed earlier (Cherriparamb, 2006).

Objective 3. Propose a framework of development for OD professionals using Appreciative Inquiry

This objective was met but not in the way I had intended. For which I am thankful. I had initially thought that the group might construct a framework that could be used by everyone in the field of OD. Perhaps an over-ambitious goal. What transpired, through our Appreciative Inquiry process was a deeply subjective, and for us profound, exploration into how we (the Bootstrappers) might go about developing ourselves. The process of reflecting on our professional education, identifying the key component of strength in our practice and building our own vision of Utopia does not belong to anyone else. It shows the ways in which we are surviving – and thriving – in the conditions facing the NHS in 2018. Perhaps in five years time, compassion will be at the heart of our practice. Maybe it will be softness. Possibly we will need to be harder. I am grateful that the way in which the group dived into the AI stream led us to such a nourishing and emboldening set of findings. I am happy to keep these for ourselves, although we have shared them wider. The framework for the development of OD professionals is not our answer, but the questions we asked to get us there. I am glad that we are able to offer that to the wider community.

Conversations in the group touched on the notion of professional versus practitioner. I reflected on the idea that Instead of thinking of *an* OD professional, maybe it would be more useful to consider OD professional*s* or even the concept of professionalism and how it applies to OD. Professionalism is a diverse, multi-faceted concept (Bossers, Kernaghan, Hodgins, Merla, O'Connor & Van Kessel, 1999) in which the members of the occupation control work (Friedson, 2001). The reputation built alongside professionalism is what acts as a passport to work and reward (Tempest & Starkey, 2004).

Schull et al (2013) argue that the professionalisation of OD means having a shared body of knowledge, practice and research which in itself would contribute to the notion that describing someone as an OD practitioner tells you little about their training, expertise or skills (Bunker, Alban & Lewicki, 2005). In its current – and probably future – form, the field of OD will not reach the definition of professional where long and intensive academic study is required to practice (Church, 2001). Taking this idea further, Wolfram Cox and Minahan (2006) called for a reconsideration of OD away from a profession to a craft or trade which could be accessed from school instead of the existing advanced programmes at selected universities. I sit currently with a conflicting view of the professionalisation of the OD workforce. As detailed in the results section, members of the research group had come from a variety of backgrounds

which is common for OD practitioners, including myself. I noted that the entry barrier to the field of OD is low and sometimes non-existent. The results showed a need to shift in mindset to a more professional stance, which may have implications for the recruitment and development of OD practitioners. I am not conflicted on the need for this to happen. The conflict arises because I myself found my way into OD partly by lucky accident. Had the boundaries of the field been higher, I may have been excluded. Should future employers place an emphasis on specific OD training, I may not be selected. I am fortunate in my role to have influence and a voice on behalf of the OD community. I think of it as advocacy but also there are elements of leadership. I believe that the role of a leader is not to pull the ladder up behind them, but to create platforms for people to stand on so that they can make their own journey into positions of influence. If I am to recommend that the field of OD should be professionalised – which I am – I must do so carefully and collaboratively, ensuring that this is a collective effort. I will need to take this conversation up with the wider community, as well as partner institutions and senior leaders across the system.

Our development questions enable an ongoing conversation about who and how we need to develop ourselves into, right now in this moment for this context. I believe this will have a longer shelf life than a short-term solution in the form of a universal truth that proves not to be so.

Objective 4. Evaluate the effectiveness of generative imagery as a tool for re-conceptualising the practice of OD in the future NHS.

This objective was also met in unexpected ways, as per the previous response. I had intended to use the Dialogic OD notion of generative imagery as the vehicle to re-frame how we look at the practice of OD in the future NHS. However, once we moved beyond Dialogic into the Dynamic space, this felt like it would be using an old tool to solve a new problem. Instead we worked collectively to build our own model of the OD professional of the future using embodied metaphor and cognitive sculpting (a form of three-dimensional model making). Again, the outcome was subjective. We do not offer it as the answer, but instead suggest that the process we used, detailed in the previous chapter, to find our answer has applicability beyond the research group. Through our research we recognised that we are all at different points of our individual journeys, and that having a goal in mind is useful as an opportunity to stretch and grow. Our model gave us a direction for the future instead of a destination. With constant change, there can never be an ultimate destination, just ways of navigating the journeys through realising the potential of responsive and agile organisations. Using this along with the map and compass we had developed gave us a much richer set of gifts than a simple answer. It invoked the spirit of inquiry as adventure. As a result, group members described feeling engaged and reconnected, creative space and inspired. We achieved

something very positive and did our own CPD. The process was an intellectual "tyre change" moving us into a different phase of being. Members described being filled with mental energy having "added joy to my life." As one member put it "we often measure how many apples a tree produces when we should be looking at the strength of the trunk and the depth of the roots. This has felt like us putting our roots down. Strong roots."

Objective 5. Create a map of my learning during the Doctorate process.

This objective was met, as illustrated in the Figure 29 End of the Journey illustration which I will describe further in the conclusions chapter. I hesitated to include it in the thesis as it contains strong feelings and a deep sense of vulnerability in my telling of the story. However, I have come to appreciate that strong feelings are legitimate analytic clues to deepen our understanding (Whiteman, 2010) and as such I welcome the openness that I feel able to show. In his Reith Lecture series (2013) Grayson Perry spoke of the process of developing and creating a new generation of artists. He described it "being able to teach you how to make my last pot, but I can't teach you how to make my next one. Art has to be that person in that time expressing themselves." My map of learning is a piece of myself expressing myself. If I carried out the same piece of research again in another time with another group, the map would be different. I do not offer the map for anyone else to follow, although they may find my experiences useful to learn from. It is my own meaning, made from the experience of Action Research.

In summary, our achievements during the research process – and since it has completed – include:

- Our workshop session at the 2017 Do OD Conference was the most popular and well attended out of all the options on offer and was positively evaluated by participants.
- Our work has been cited in the new Irish Health Service Change Guide.
- A major UK charity has used the Blueprint for OD Practice to shape its OD strategy.
- The creator of Dialogic OD, Gervase Bushe, wrote "I am ecstatic that you are writing about this" and is keen to do a joint piece of work with the OD Bootstrappers, exploring Diagnostic, Dialogic and Dynamic OD.
- Helen Bevan, a well-known change and thought leader, tweeted about the OD Bootstrappers work and our "new paradigm of Dynamic OD".
- The OD Bootstrappers continues beyond the boundaries of the research and since I exited the group they have taken on a new lease of life.

6.3 Co-operative Inquiry as collaborative practice.

Working as a co-operative inquiry group was new for most of the members. Some of us had undertaken research for various qualifications but not all of us had used a structured action research frame. Working together was a powerful process. One of the paradoxes of OD work is that we frequently find ourselves as the lone practitioner in an organisation. Co-facilitation is sometimes a luxury, especially in cash strapped public-sector organisations.

The collective experience of being in a research group gave members the opportunity to dip in and out when life happened. Three of our initial members formally left the group as a result of personal circumstances and work changes. The remaining eleven members sustained the duration of the group with some able to contribute more than others at various times. The feeling of belonging to the group and our collective identity meant that there was not an expectation of equal participation, but the thread of connection remained even if a member became occupied with work or life. During challenging times, support was often offered and received from member to member.

Working collectively, moving from me to we, the group not only focused on delivering the 'task' of carrying out research, we developed a trust and respect for each other that helped us to inquire more deeply into ourselves. This manifested itself in our model for building the OD professional of the future, where community and connections are at the heart of the process. We build ourselves when we build each other. While the conclusions that we draw were rooted in our own experiences, we are confident that shifting from individual to collective working is core to OD practice in the future. This mirrors the movement of our NHS system as it shifts from individual organisations working in isolation to collaborative forms of organising based on partnership and shared purpose. The practice of OD is rooted in the concept of Self as Instrument (Cheung Judge, 2001) and we build on that by suggesting that the development of OD practice is enhanced when we also use group as instrument of learning. The Action Research group continues to inquire into our practice, helping us to reflect, shape and grow in our confidence and capability. The process helped us build honest relationships and to share information which is personal as well as work related. The process of action research was an effective way of developing ourselves as OD practitioners without attending a formal OD programme of study. It has greatly enhanced our understanding of what OD is, and equipped us with confidence and a better understanding of theory. This

has demonstrated the benefits of such an approach and how, beyond OD, any participant in Action Research could deepen their knowledge and confidence of their own field.

There were however, a number of roads that were only partially or not explored at all. These were termed as Loose Threads by the group. They remain dangling, perhaps to be picked up at a later date or to remaining hanging, inviting others to pick them up:

- We focused on the visible aspects of the group and could have made more time to explore the invisible, hidden, unspoken dynamics.
- At the beginning the group was more task focused and structured. Would we have reached different, better results if we had stuck to a more formal approach? Did the Dionysian style lead us into more interesting spaces?
- We would have liked to explore the nature of our cohesion as a group and how this enabled us to be more creative. The power of we remains an interesting seam to mine.
- Could this process go beyond OD? Would the methods and activities suit other professional groups?
- How could the group have integrated more with the formal structures of the system, and if it had, what impact would that have had on the work? Did our freedoms constrain us?

6.4 Group as instrument of change.

Members of the research group drew their own conclusions about the impact that the experience has had on them, including:

- My thinking and behaviour have changed significantly as a result of interaction with Paul and the group as well as the academic reading which is bringing about more insight about OD theory.
- We have a clearer understanding of how others practice OD.
- Being part of the group may itself have changed how OD is done in Vanguards.
- Doing OD in single organisations seems more real and clear. Doing OD in systems is different.
- We have focused on ourselves in the group, starting with the self and moving outwards. Now we are able to look at what the wider world is like.
- Being part of the group has allowed space to take time out and explore new frameworks.
- Power has to be used differently in a system. You're more visible in system OD than organisational which is often built as reputation over time through people who know you.
- OD by stealth doesn't work in systems.

- Issues of gender seem more apparent in system working. Working at system level is more 'blokey'. Men act in terms of certainty "let's do this". Women holding back more. Seeing stereotypical gender driven behaviour in the Vanguard.

6.5 Reflections on Self.

This section contains the most content of this chapter, highlighting the importance of self-reflection in the Professional Doctorate. One of my key objectives in completing the Professional Doctorate was to increase knowledge of myself as well as my profession. Before embarking on this process, I thought I knew myself well. In fact, I was pretty comfortable that I had good insight and awareness. I think I had forgotten that there is no clear finishing line in human development (Lanyado, 1999). I also had not appreciated how difficult the process of critical and self-reflection could be. Coghlan (2013) describes pursuing knowing in the swampy lowlands of self. The polysemous nature (McDonald, 2013) of reflexivity – its multiple meanings and divergent characteristics - enabled me to wade into these swampy lowlands and take my knowledge to previously unexplored depths. This wasn't always easy. Transformational organisational change includes changing yourself (Taylor, 2004) and while I had described wanting this experience to be transformational, I did not really mean it. It happened anyway, and I'm glad it did.

In March 2018 I wrote in my Reflective Journal,

"I feel like so much has changed since the beginning of the work for me. I'm so much more confident about what I know and also what I don't know. Not knowing feels like a strength not a gap. I approach things differently, feeling more deliberate and informed when asked to do something or present on something."

I have identified key pieces of the puzzle that I have discovered through reflecting on the research work. These are my truths, helped by and sometimes illustrated in the OD Bootstrappers group, but I claim these as my own and do not intend for them to be universally accepted.

One of the most significant realisations for me since beginning the Professional Doctorate is that I have a world view now. Or rather, I know that I have a world view, and I can articulate it. I probably already had one, I just hadn't considered it in a deliberate way. It represents a shift from Research Robot to Space Explorer which I will describe in more detail during the following sections.

I began this adventure thinking of it as something exciting and unexplored. I wasn't entirely sure how to do it, so I pretended I could. I had heard people say, "fake it until you make it" and without really knowing, I was doing an imitation of a researcher. While I retained aspects of my voice, I was speaking through a

mask. The mask was smiling. Inside was a different kettle of fish. I was feeling uncertain and nervous. I began to question if I could do this. Old voices resurrected themselves from dangerous and shadowy corners of my brain. They sneered at my attempt to do this. The voices asked me who did I think I was. The voices reminded me of my humble beginnings. They spoke of previous attempts at academia that had been challenging or ultimately less than satisfactory. Nevertheless, I persisted. Mask on.

Undertaking the DProf was like stepping through a door that I knew was there, but I had avoided. Maybe I had jiggled the handle but not hard enough to open it. Now it was wide open, and I was staring into an Escher-like landscape of bookshelves, all full to the brim and occupying strange angles. Here were all the things I had never read. The extent of my ignorance stretched as far as the eye could see. Instead of thinking of myself as a 'master practitioner' I felt like I knew nothing after all. I felt like an imposter. I shouldn't be on the course. In fact, I probably shouldn't be doing the job I'm doing. Someone will surely expose me for the fraud that I am.

I finished the research journey in a new and exciting place. My brain was a garden not a desert. I had achieved unexpected and credible results. Throughout the course of the research I had gradually taken my mask off and was showing up as my most authentic self. Along the way I had learned more deeply about the theory and practice of OD. This has seeped through to my work, enervating my professional muscles.

In my DProf application I said "I want this to be a transformational experience" but I don't really think I did. Actually, I thought that I would show up, do some good stuff and walk away with a Doctorate. The transformation began to happen when I let go of the identity I had, the arrogance I was using as a shield to defend myself not against external critique but the internal monologue that told me I was not good enough. Transformation isn't something that happens once and stops. Transformation happens all the time, even if it is in small ways. I can say hand on heart that this experience has been transformational, but more significantly I want the transformation to continue. I have let go of my world view that I would be transformed once and that's the end of it. I welcome the opportunities to change and grow and shrink and develop and unfold that lie beyond the Doctoral experience.

You build yourself initially by standing on the shoulders of giants. Then you stand alongside them. Then you put someone on your shoulders. You find your voice when you tune out the other voices and sing your own song. Over time, being in the Bootstrappers gave me a safe space to be vulnerable and express my imperfections and to laugh and learn and listen and be seen. I felt like I was in a place where I could

really be me. There were still moments when I asked myself who am I to do this? But this time the voice was quieter and being able to work in the group reduced the voice to a mosquito instead of a wasp.

Using Shani and Pasmore's (1985) four factors of Action Research - context, quality of relationships, quality of the process itself and outcomes – I believe that I had created the conditions where I individually and we collectively were able to demonstrate positive outcomes in each of the four areas. However, even at the end of the process I still sit with the question was this good research? Was it truly a co-operative inquiry? I have come to the conclusion that my answer to both questions is "yes and no". Coghlan and Brannick (2005) describe good research as purposeful, defined, defensible and systematically analysed. I believe I have evidence each of those qualities. They also note that the objectivity of the researcher should be clearly evident, and on this point, I have failed beautifully and dramatically.

High quality inquiry depends on the presence of all participants in full voice (Zandee & Cooperrider, 2008) and in attempting to create a truly co-operative inquiry I was also a participant and tried, at times, to be in full voice. This meant I was perhaps more open to showing vulnerability and my own opinions than would be acceptable in 'good research' but I inquired with the heart (Bushe, 2001) which enabled me to design methods that amplified the values that I was unconsciously trying to actualise (Bushe, 1995). The Social Constructionist assumptions grounded in Appreciative Inquiry (Zandee & Cooperrider, 2008) led to the uncovering of strength as our positive core of practice, in a group who were perhaps feeling anything but strong. This odd and potentially paradoxical feature of the research came from exploring the metaphors and images we were using (Stacey, 1995) which became a circular process of enhancing the very things we most needed to have at that time: strength, collaboration, support, purpose.

I remain unconvinced that we fully confronted and worked through the dynamics of group bias (Coghlan, 2013) and in particular we sometimes deliberately avoided exploring our own group processes. How much responsibility should I take for this? Containers are co-constructed by the groups inside them (Bushe & Marshak, 2016) and I need to come off the fence and decide if as the instigating researcher I had a deeper or different level of duty to take the group to places that we may not wish to go. Yontef's (2007) view of the Gestalt process states that the therapist's primary task is to contact the patient by starting where the patient is. I do not use this to imply in any way a therapist-patient dynamic between myself and the group, far from it, but that I tried to be where the group was, leading and being led, pushing and being pushed, pulling and being pulled. Minahan & Farquhar (2008) describe the role as ferry boat captains between the shores of theory and practice and I like to think that we were all captains instead of a singular captain and crew.

When I began the inquiry, I definitely felt like the captain, the driver, the conductor. In January 2017 I wrote to the group,

“Over the weekend I did some admin and started pulling together a master spreadsheet of all the different bits of data that you've contributed since we formed as a group”

I had given each group member a 3-digit reference number and created drop down menus in spreadsheet cells to indicate whether they had or had not completed a task I had set. I recognise this as me pretending to be a researcher and doing what I think researchers do. Give things code numbers and make it all fit nicely into boxes. At that time, I wrote in my reflective journal,

“Over the weekend I decided to pause and get everything a bit tidier. Files were crammed full of notes. Articles and papers were stuffed everywhere. I did a good bit of spring cleaning and tried to bring some order to the chaos. It felt good to try and get things slightly more under control.”

I tried to bring some order to the chaos. How laughable, and adorable. It was helpful though. I came to a realisation in February 2017 when I wrote in my reflective journal

“I'm feeling quite disconnected from the group and am worried about losing people. I emailed on Monday asking each of them to check in. A variety of responses are coming through.

I need to do some proper planning this weekend about what I'm doing and give it some proper structure so that people have something to connect with. Did I do the contracting properly? Am I getting lost in my own process? Is this what it feels like to work with multiple interacting complex adaptive systems?”

The final question helped me to realise that more planning and more structure is not what was needed. Two weeks later I wrote to the group,

“I spent some time this weekend reflecting on our group process and I noticed I was feeling very frustrated with myself. I was falling behind with the information you’d been sending me and noticed that there were some gaps I hadn’t followed up. I noticed that less than half of the group had responded to my request to ‘check in’ last week, and some of those who did said they were struggling with the process.

I was feeling like this is actually a very difficult process and it’s hard and I don’t like feeling like that. It was a good moment. I was able to recognise those thoughts, stop, and look at what was going on. I’m used to doing things well and enjoy a challenge. I’m not so good when I think I’m not doing so well or letting people down.

I found it quite liberating to realise that this process isn't supposed to be a straightforward, linear, easy process. It was very energising. It made me stop and think that what we are doing, as a group of 15 busy people, is really complex. It's not all going to work out in a straightforward way. A bit like OD! I hope you don't mind me doing a bit of gut-spilling in this week's email."

This, I believe, was the first time I explicitly expressed some vulnerability to the group around my feelings on doing research.

My journey as a researcher is one of unfurling. I began the process wearing the mask of a researcher. I did what I thought a researcher would do. I wrote like I thought I researcher would write. It wasn't all put on, there were aspects of myself in there, but they were the performative self that I had been relying for the previous year and a half of my role.

When I invited people to participate in the research group, I practiced thinking like a researcher. Each person who responded was added to a table and given a unique 3-digit reference number. Order and structure were the word of the day. I organised and quantified and put everything - and everyone - into neat boxes, because that's what researchers did. I began quite fearful, wondering what I would do if I was not able to recruit five people to participate. The outcome of having fourteen people want to take part but still not fit the plan gave me permission to alter the plan. Breaking the mould of my initial thinking allowed me to adopt a different approach and switch from a lens of Case Study Action Research to one of Cooperative Inquiry. As a philosophy and methodology, it enabled me to see myself first as a practitioner, second as a researcher and always as a member of the group.

I wrote to the group in my final Monday Mailing about the Japanese notion of Kintsugi, where broken pottery is repaired with golden glue with the intention of showing the beauty of imperfection.

"There should be no attempt to disguise the damage, the point is to render the fault-lines beautiful and strong. The precious veins of gold are there to emphasise that breaks have a rich merit all of their own.

It reminds me to appreciate my own 'veins of gold' when I notice myself suffering from perfectionitis. I have no doubt that the confidence I felt this weekend writing a new article came from this shifted sense of the beauty in imperfection. I am so much less afraid of failure now. And not just that, the last couple of years working with the Bootstrappers has given me opportunities to practice showing more and more of myself. I want to say thank you for that. It means more than I can say."

The position we arrived at when our work as a group ended was characterised by an emphasis on togetherness expressed in our idea of The Power of We, extolled the virtues of working in a co-operative

inquiry group. I still wrestle with the tension that exists between I and We. I demonstrated throughout the process a determination and drive to be an equal participant, yet often I was in the driving seat, particularly in the first year of our work. Did that impede the process of cooperative inquiry? If I had worked in a way that was as cooperative as possible, would we have achieved the outcomes we did? Over the course of the research group's life, I had to juggle a number of competing demands. I would like to say I balanced them, but juggling is more accurate:

- The needs of individual group members.
- The needs of the group.
- The needs of my organisation.
- The needs of the university.
- My needs as a practitioner.
- My needs as a researcher.

This multi-dimensional framework and the way I continually navigated it delivered the outcomes that were achieved. Had I, or others, shifted the balance differently at any point, the outcome may have been different. It could have been better. Action Research and, particularly, Cooperative Inquiry are not processes to follow. They are deeply personal, intellectual, visceral, contextual, emotional, unique moments in time that exist only once and can never be repeated. The Power of We cannot happen without the Power of Now. Everything happens in the moment and that moment can never be repeated.

During our work on Cycle B, the Appreciative Inquiry, and in particular the meeting where we identified our core strength, a moment that several of the group members remembered as significant was when a shaft of light fell on the wall, illuminating one of our post-it notes. We talked of this as our moment of 'divine intervention' but actually if we were to be rational about it, we could put it down to the time of day on a day of the year where the sun is in a particular place relative to the building we were in. But where is the fun in that? That moment was unique to us and took the group from an intellectual conversation to one of wonderment and disbelief. We projected our own thoughts and feelings onto that beam of light, and in turn it acted as a guide for us to trust our work.

Even now I still stumble over my words. I hear myself talking about "my action research group" or "the work I did with my research group" instead of "my research" even though part of that research has been published. I am in another transitory space, moving my identity from practitioner to practitioner-researcher to published researcher to Doctor of Professional Practice. The stages and phases are quite

different. The stages are determined by external validation, but the phases of change are my own work to do.

As I reach the end of this process, I realise I lost the mask I was wearing along the way. I am glad that I can't find it. It's hard to breathe in a mask. Releasing the pressure I put on myself to act like a researcher, taking off the mask, meant I became a researcher. Except now the face is my own. In my skin, I feel and behave like a researcher. As Shaw (1997) said, a non-linear system needs a process of drawing the map while travelling to create the paths and I believe that I was able to create the map by exploring the territory.

Physical metaphors can be touched, moved, and serve as engaging occasions for sensemaking (Jacobs & Heracleous, 2006). My Anti-Thesis, entitled Totem of Transformation, stands tall and proud. It is a manifestation of change and hard work and discovery. What we bring to the artefact is almost as important as what we take from it (Hancock, 2005) and I have given and received much from this process. Sculpting the Totem of Transformation helped me understand what I had done. It helped me to move to the point of writing.

I have contemplated how the process of Action Research has impacted on my professional practice and the answer is to say, "in many, profound ways". I had not intended to create a potentially new paradigm of OD practice in the form of Dynamic OD. Church (2001) stated that using an emergent OD technique on the field may itself create a new OD mindset. Straining at the edges of Dialogic OD, which I knew was important but not everything, perhaps pushed us up against the membrane separating Dialogic and Dynamic OD.

I had previously used OD theory in my practice although often falling into the trap described by Gillan (2011) of applying practice under the banner of OD without seeking to source rigorously tested academic theory to inform the work. Coming through the tunnel of Action Research has given me a new-found respect for the rigour and relevance (Burnes, 2012) needed when creating and applying OD theory into practice. Burnes (1995) wrote of complexity theory that an act of faith is needed that such theories are valid. I believe we took a leap of faith in creating Dynamic OD and I am curious to explore where the idea might go next. I still find myself, as Pettigrew, Woodman and Cameron (2001) described, sitting in discomfort pretending my patterns of change are those of everyone else. Perhaps Dynamic OD is not a thing. If we agree it is a thing, it will be a thing. And so far, people seem to agree it is a thing.

When I began my current role, I described myself as a cheerleader, a node, a connector and a curator. I would now describe myself as all of those and more. I am also a creator, a practitioner researcher, an

inventor and a published author. In March 2017, at the point where Dynamic OD was forming as an idea, I wrote,

"I was in a meeting yesterday talking about staff retention and I thought to myself "how could the model help", and it was useful to think through some of the pre-steps that might be needed before approaching the model, like "do you know what the issue is". Also, it made me think about numbering the different boxes and having descriptors or a way of assessing where the issue sits. It's definitely getting my brain working!"

There is something powerful and transformative about both drawing on the research of the past, while at the same time creating new ideas for the future.

6.6 Reflections on group.

It is impossible and improbable to reflect on this process without considering the impact on the group and group members. I could look at it through the lens of group as client, in which case Bate & Robert's (2007) mantra 'without the client you're the sound of one hand clapping' would definitely apply. Coghlan & Brannick (2005) describe the ultimate aim of Action Research as the flourishing of the individual and their communities. The group acted as one of our communities through this process. One lens to consider the research group is as container, or as Bushe & Marshak (2016) describe, a container to cook our souls.

Working as a co-operative inquiry group was new for most of the members. Some of us had undertaken research for various qualifications but not all of us had used a structured action research frame. Working together was a powerful process. At the beginning of the process group members expressed a range of thoughts and feelings about being part of the research, expressing nervousness, excitement, fear and trepidation about committing to an unknown experience.

Table 16 below illustrates quotes from group members during the research process.

"The process has helped us build very honest relationships and I find that I'll share things with the group the I probably wouldn't ordinarily share…"	"I have found the process of action research very rewarding. It has been an effective way of developing myself as an OD practitioner without attending an OD programme of study"
"Networks have formed where we now share information which is personal as well as work related and of course information which is pertinent to the research"	"This has greatly enhanced my understanding of what OD is, and equipped me with confidence that what I do in my role is OD. I have a better understanding of theory and this has increased my confidence"
"I have found the process of going through my history of how I got here and then using the ODN framework incredibly helpful and this has helped me make more sense of my role and also what OD means in the Vanguard"	"I have valued the breadth and understanding around what OD people know and do, it has helped put my work in context and also given me confidence to challenge people"
"There has been a lot of reflection, time to think, to go away and think (a luxury!) and time to reflect on the reflections (more of a luxury!!)	"I think this is the best experience I have had around group learning at pace and depth"
"Being part of a group and living this gives a very different to a textbook and some notes. Couldn't be more valuable!"	"I have found it hard to keep on top of things and to contribute as much as I would have liked… I effectively have two jobs"
"For me at times uncomfortable as I've not always known where the session will go and what the next session will be about"	"This process has been a big contributor in giving me the energy to look after OD colleagues in our local systems in what has been quite an unsettling time for many"

Really enjoying what being part of the group is bringing. Feel nudged along, particularly by 1:1 conversations. Elbowing my way into different places.	For first six months really good to be connecting with like-minded people. Imposter syndrome, working in stealth, professional identity. It's not just me. Given me a group of people that I can email and from that point of view extremely helpful.
One of the things this group is making me do is the academic side of things. Technical language. Forcing myself into academic / research world. Held back from dipping toe into the water. Would find it helpful – journal club approach. Knee deep in imposter syndrome.	When we're together, an in email, feel as though you can sense check what you're doing. Working in Vanguard level politics need managing. Really helpful to understand that others are experiencing the same. Sharing with colleagues and like-minded people.
Connection and building confidence are really important. How we get across how important it is that there is a network that gives people the chance to have dialogue, make links, give people the energy to keep going. Group adding value.	Change in my attitude and ability to deal with people. Interesting reflection. Talked about where it might have come from, some of it has been use of this group and OD networks to understand how and why people are behaving. Was defensive and now handled it well. Changing as a person and an OD practitioner.

Table 16: Reflections on the journey.

Researching invites the researcher(s) to engage with complex, messy and emergent natures of organisational life (Zandee & Cooperrider, 2008) and as such there were a range of responses to being a group member. The collective experience of being in a research group gave members the opportunity to dip in and out when life happened. The feeling of belonging to the group and our collective identity meant that there was not an expectation of equal participation, but the thread of connection remained even if a member became occupied with work or life.

When the group reflected on the differences they noticed between the start and end of our work together, one person remarked that they did not recognise who that person was at the beginning. There were remarks that the freedom and playfulness of the group, along with people's authenticity and energy

had created an enthusiasm and joy to do this work together. One member said they felt like a different person to the one who began. Similar comments included being more me, finding myself, being more myself and allowing me to do OD. One member said there was just enough grit in the oyster to create a pearl. When thinking about the way the group worked together, one member said that she didn't think anyone had asked her those questions before.

Table 17 below illustrates the descriptions used by group members at the beginning of the process and again at the end. The first column represents what they said they would bring to the group and the second column what they actually brought. These were discussed by using postcards with images that represented the individual group member's experiences.

	2016	2018
BR	Big picture. Different view of things.	Focus, shapes, clarity and blurry edges. At times wanting to clarify what the group has done and also not having neatly defined answers.
DT	Colour and humour, worn wood. Flawed and notched. Journey.	Laughter. The unexpected. The Mabey Moment. The elephant in the room. Trying to get a lot into that space
GC	Logic. Ideas person. Generative and energetic.	Fun and colour. Grayson Perry. Holding tight. Closeness at different levels with people. Cool
LF	Superficial, looking for the glitter and disco.	Colour, lightness, humour, stupid comments, structure and focus. Contrast.
AP	Integrate bits of self. Appreciate stuff.	Connecting things. Not the first person to dive in but I see patterns and connectedness
NY	Multiple destinations. It's about the journey.	Lots of stuff, smiley faces and tears. Energy. Positive and negative
HD	Name what's in the room. Just say it. Cram too much into a day.	Difference, Is she asleep? Is she thinking? Contemplating? Often quiet in the group
PJ	Tough 18 months. Spiritual, reflective. Something for me.	some dark moments in the last 3 years. Been in the dark sometimes with the group. Putting princess crown on again and hopefully getting some heels on and coming out of the darkness.

MT	New role. People make assumptions about masks and guises.	Sometimes I flounced into the group and flounced out of the group. Energy. Injected that into the group.
RM	Target. Focused and structured. Start with the end in mind.	Energetic and passionate normally but don't feel like I've been that in the group. In the background, not offering much
PTP	Connecting the system. Different textures and perspectives.	Colours, messiness, direction, journey, consistency, energy. Not sure which way up it goes.
KR	Do it. Try things, resist writing them. JFDI. Anything.	Different perspectives and different background

Table 17: Postcards from start and finish

As our work as a research group continued, we developed an informal 'house style' which also amplified our individual voices. From early on, we attempted to bring our whole selves into the research and share both our happy and sad moments with each other. Around half way through the work, a core of fun permeated the group and individuals were prepared to be vulnerable, share their creativity and personal struggles like illness and resignations from jobs. Stories of big birthdays, exciting holidays and a wedding were mixed with family bereavements, injuries and operations. The commitment to a 'life happens' integration of the personal and professional was hugely important to the working of the group. Within and beyond our work-related conversations, we gave and received support to each other. Our collective willingness to open up and increase our levels of vulnerability helped to solidify the emotional connectedness of the group. As we built more and more trust with each other, we created conditions which could help to keep ourselves in peak condition to navigate challenging times. I was initially looking for five people to work with. When we launched the group with fourteen, I was daunted by the potential complexity of working with that many people. In fact, that complexity has given us such riches to explore. I think five would have been much less interesting in hindsight.

Still, we did not put our group process as the forefront. On occasion we would pause and reflect on what was going on in the room, but this was the exception not the rule. There was very little overt conflict in the group. Participation levels varied, some for known reasons and others unknown. It is possible that the lack of conflict was helped by an absence of status or the conflicting loyalties that can often be apparent when working in hierarchical organisations like the NHS. The inquiry process itself became the goal of the group. Equally, we had limited engagement with others outside of the OD community itself. Gottlieb

(2001) recommended that the clients of OD practitioners should be asked about their view of OD Practitioner's role. The similarities and differences between how clients and OD practitioners view OD practitioner's roles could be determined. This could be a feature of the next stage of work for the group.

Working collectively, moving from me to we, the group not only focused on delivering the 'task' of carrying out research, we developed a trust and respect for each other that helped us to inquire more deeply into ourselves. This manifested itself in our model for building the OD professional of the future, where community and connections are at the heart of the process. We build ourselves when we build each other. While the conclusions that we draw are rooted in our own experiences, we are confident that shifting from individual to collective working is core to OD practice in the future. This mirrors the movement of our NHS system as it shifts from individual organisations working in isolation to collaborative forms of organising based on partnership and shared purpose. This was very much linked to the development of our group identity and collective working. Our work with LEGO to create a framework for the OD professional of the future is a good example of creating enhanced awareness of self and our own presence and then moving collectively to a group co-created model to offer something to the OD community.

Lau (1995) posited that in the future, OD should be more system-oriented and change focused. Our work would support the former but perhaps not the latter parts of the supposition. As we reached the end of the research journey the lessons and outcomes of our work could spark ideas for the next (Bushe, 2013) whether it be the OD Bootstrappers, the group plus new members, or new groups entirely. CEOs from around the world have pointed out that complexity is one of their main concerns (Fredberg, 2014) and this signals a need for us to continue pursuing the path we created, looking at spaces of Diagnostic, Dialogic and Dynamic OD as potential ways to navigate the support needed to transform systems. There may also be a need to examine the capacity of leaders to not-know and to be open to being changed themselves (Suchman, 2002) and ways of dealing with our ignorance (Cilliers, 2002) for if they are not able to envision the future, what do managers actually do when they face the unknowable? (Stacey, 1995). We live in a complicated world which becomes more complicated by the day (Hiett, 2001) and this requires us to spend a little more time thinking and a little less time working (Richardson, 2008). To see organisations as non-linear systems will require a fundamental shift in the role of management (Burnes, 1995).

The emergent feature of every new science is its own lexicon (Fitzgerald & Van Eijnatten, 2002) and as we embark on a potential new paradigm of OD in the Dynamic space, we will need to work out ways of describing it, differentiating it and coupling it to previously held models and ways of working. OD

practitioners will need to sustain a balance between tradition and innovation (Cummings & Cummings, 2014) while concurrently stimulating a change in consciousness (Marshak & Grant, 2008) so that leaders recognise the importance of their role in fostering new thinking rather than fixing problems (Vogt, Brown & Isaacs, 2003).

While most managerial activity is spontaneous, not all managerial activity is improvisational (Best & Gooderham, 2015). Dynamic OD as a concept could give leaders and managers permission and skills to experiment in this space. This will require us to create containers where they are willing to take risks and work with what is meaningful to us in the moment (Daniel, 2013) which may be counter intuitive to the context of long-term planning and performance management.

As well as a next step, giant steps may be required (Golembiewski, 2004) to support the step change required if the NHS is to truly transform. If we stay on the same tracks we always have, there is a risk that OD becomes even more a means for providing the leaders a way to manipulate organisation members (Kirkhart & White, 1974). We need to support organisations to build a culture so that the human spirit will be magnified at work (Cheung Judge, 2014) and as such we will help organisations to be fit for the future by being fit for human beings (Adams, 2012). OD will only remain relevant if it can continue to demonstrate value (Garrow, 2009) and while we as an OD community have started our own transformation (Cheung Judge, 2017) the OD Bootstrappers will have some work to do to get concepts like Dynamic OD into practice so that they do not remain labeled as theoretical (Eraut, 1994). Moving beyond the image of OD as cheerleaders for change (Church, 2011) will require us to recognise and make conscious choices about whether we continue to buy into organisational illusions and the power dynamics associated with them (Bradshaw-Camball, 1989).

6.7 Next steps.

In 2015/16 when I began scoping ideas for Doctoral research, Vanguards were emerging as the hot topic in the NHS. The promise was to create a blueprint for new models of care in the NHS (NHS England, 2014). Now, just a few short years later, the Vanguard programme is over. Vanguards are dead. Long live the Vanguards. As the currency of Vanguards began to drop, new concepts emerged. Sustainability and Transformation Plans were followed by Accountable Care Organisations and Integrated Care Systems. Setting names aside, the direction of travel remains towards collaboration, in some form or another. In 2017, NHS England stated,

"New treatments for a growing and aging population mean that pressures on the service are greater than they have ever been. But treatment outcomes are far better – and public satisfaction higher – than ten or twenty years ago. The NHS needs to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. But it also needs to evolve to meet new challenges: we live longer, with complex health issues, sometimes of our own making. The measures set out in this plan will deliver a more responsive NHS in England, focused on the issues which matter most to the public. And that is on a more sustainable footing, so that it can continue to deliver health and high-quality care – now and for future generations."

When we started our journey two years ago, our context for our inquiry was in NHS systems shaping new models of care. The NHS systems that have been more successful in their system leadership and system working have been able to continue adapting and responding to the ever-changing context in which they work. We hypothesise that one of those success factors has been the intentional use of transformational OD. Our passion and commitment to this journey therefore continues.

As I write this, in December 2018, we have a new Secretary of State and await the publication of a new Ten-Year NHS Plan. This is accompanied by an announcement of £20bn of new funding, a new National Workforce Strategy and the creation of a new national post, the Chief People Officer, who will set the tone and direction for HR and OD functions across the country. Brexit looms large on the horizon.

In the meantime, Do OD will create spaces for inquiry in micro communities of practice that last as long as they need to, exploring their own issues and coming up with solutions to their own problems.

We don't have to know the future to be prepared for it (Wheatley, 1999) and the OD Bootstrappers continuing work will both create and respond to new futures for our work in the NHS and beyond.

6.8 My conclusions.

Looking back over the process of this work, I have drawn several conclusions.

- We no longer navigate the world with old maps. We have satnavs. They are constantly updated, sourced by the crowd. They even choose the route for us. What we gain in accuracy we lose in agency. When we navigate into fog how can we remain calm and dig deeply?
- The need for practitioners to be adaptive in a context of Multiple Interdependent Complex Adaptive Systems will be a core skill of OD in the future.
- The future of work is collaboration, but society, gender, capitalism and other systemic structures are built on competition. Cooperative Inquiry creates collaborative behaviors and through our collaborative approach, our group role modelled how organisations could work together.
- We should encourage more people to cultivate cooperative spaces to think where Action Research principles can guide the work.
- The practice of OD does need to be professionalised, to a reasonable degree. Boundaries of entry should be low enough to be inclusive but not so low that the field becomes diluted.
- The development from OD practitioners to professionals will require a more structured and deliberate pathway of learning. There is an opportunity for me in my Do OD role to influence this for the future.

At the end of any adventure comes an opportunity for the protagonist to reflect on what happened and how it changed them. Since the formal part of the group ended, the work and profile of OD Bootstrappers has continued although I have since stepped away from the day to day working of the group and continue to see myself as a member in absentia as I have been writing my Thesis. It was important to set a date, after which, whatever takes place, however exciting and relevant, would not be included in my story (Coghlan & Brannick, 2005) and I decided that to be the final meeting of the group. However, in the epilogue that follows I wish to pay tribute to the outputs of the work.

Mangione, Forti & Iacuzzi (2007) asked if endings always have to be complete. Lanyado (1999) described the process of ending work with a client as feeling like leaving the theatre when a good play has just started. On the Monday after our last meeting, an email from BR arrived in my inbox

> "Hello Bootstrappers! Happy Monday! I hope everyone managed to get home ok on Friday.... I had a lovely night in a London hotel, a full English, and finally made it home at lunchtime on Saturday feeling ever so slightly the worse for wear! The weekend included some good relaxing with friends in the sunshine though, and I'm feeling much more refreshed now. My 7yo is at

school camp this evening, so I have an ‘empty nest’ and just enough time to fill the ‘Monday mailing’ slot. ☺”

6.9 Epilogue

Having completed my research, I have demonstrated achievement of my key objectives, with some appropriate changes made as the project evolved.

The objectives of this project were:

1. Critically assess current models of OD practice in five NHS Vanguards, as demonstrated in Cycle A, although the number of participants increased from five to fourteen.

2. Design a blueprint for new OD approaches in the Vanguards using principles of Dialogic OD which was completed during Cycle B.

3. Propose a framework of development for OD professionals using Appreciative Inquiry which was achieved in Cycle C.

4. Evaluate the effectiveness of generative imagery as a tool for re-conceptualising the practice of OD in the future NHS, achieved in Cycle D, was expanded to use tools such as metaphor and cognitive sculpting to help re-frame the idea of multiple futures.

5. Create a map of my learning during the Doctorate process which I did throughout and used to inform the self-reflection and learning.

At the end of this journey I have reflected on significant and meaningful moments of learning that have shaped what I now think about OD in the NHS, the role of Action Research and my own growth. Heron (1996) describes one of the aims of co-operative inquiry as a deepening of the human spirit. At the start of the process I did not understand how significant that phrase would come to be for me. The research group and process were the deepest searching I have done into my own human spirit. I have even begun to wonder if co-operative inquiry needs a re-branding. Co-operation means a shared assistance towards a common goal, which feels incredibly task focused. I would propose a new label of synergetic inquiry. My experience of the process is that the group took on a life of its own and became more than the sum of its parts. We owned it and were all in it together. It feels like a part of me. I discovered the power of ‘we’ as we moved from collective to co-operative to synergetic.

In my MBS4200 review of learning I stated that I was a “master OD practitioner”. I’m now wondering if I actually am I a master OD practitioner and whether that is ever really achievable. Maybe the journey is the destination. The group began with a question not a pre-ordained solution and so much of our findings came from an organic process of emergence. We noted that it felt like emerging into the fog which

became shorthand for a sense of being lost, uncertain of how we had come to be where we were. The group helped us to find out way. The journey was not without its obstacles, but those transformed what could have been a walk in the part into a proper adventure. Together we found the fortitude needed to continue and our work will help people find their own paths. I began with the question how to build the OD professional of the future and while this area is still interesting to me, the work of the group revealed that it is not just a process of building but one of becoming the OD professional of the future. In fact, there are many different kinds of OD professionals needed for all our possible futures. We are all in a process of becoming.

Becoming isn't something that happens once and stops. It happens all the time, even if it is in small ways. For me, this experience has been transformational, but more significantly I want the transformation to continue. I welcome the opportunities to change and grow and change and develop and unfold that lie beyond the Doctoral experience.

As I step away from two years working with the research group, I hold our work up to the light and inspect it. The outcomes of the inquiry burn bright in my mind. We discovered that doing Action Research involves so much more than the brain. Several members of the group, including me, noted feeling like a different person at the end to the one who began the journey. Many of the group, including me, reached previously unexplored depths of vulnerability and authenticity, enabling us to see the group as an instrument of change. The power of we. Having shared, and confronted, common feelings of Imposter Syndrome, I feel stronger as a person and a professional. In fact, person and professional are, of course, the same thing. One has strengthened the other and vice versa.

During my work with the group, we mapped our practice and located ourselves in the broad blanket sky of our profession. We added a new star into the constellation which we named Dynamic OD and created a Blueprint for OD Practice to help us and other OD professionals navigate by. Through our inquiry work we identified strength as the positive core of our practice and created an equation to measure it. We built a model of the OD Professionals of the Future and identified the core components which we believe will make a difference to our work going forward. Since the group has formally ended, I continue to receive invitations to talk about the work including from the Civil Service, CIPD networks and NHS OD Networks. The group was accepted to present at the CIPD Applied Research Conference 2018 (See Appendix 18) and the OD Bootstrappers website continues to receive new visits every day.

Along the way there were some roads that we did not take, and others that turned into dead ends. Several members of our group did not make it to the end, and many experienced significant life events

along the way that made the journey more treacherous. In spite of these challenges, and sometimes because of them, we formed bonds and connections that were unexpected and powerful. We became more than a research group. We were a micro community of practice. We were peers giving each other a leg up. We were Bootstrappers.

The profession of OD needs a higher profile, with more people able to understand its impact and potential. Taking OD to the next level means having a core of competence and consistent development that goes beyond what has previously been acceptable for OD practitioners. We need to build capability across the system, beyond the OD practitioner into the realm of management, leadership and clinical work. OD should been seen as central to the change process and it is up to us to make ourselves more visible, more viable and more vibrant in the system. OD should be represented at the highest level of organisation and system, part of the decision making process and not just reacting to change. OD professionals can leverage their agency, credibility and legitimacy to not just implement change but to lead it. Undertaking that ambition will be the next chapter of my story.

I leave this inquiry as I began, with more questions to consider. How can I continue to become a better version of myself? What would a phenomenal tomorrow look and feel like for me? How am I making a difference in this very moment? What would feeling 10% more heroic today be like for me?

I am ready to find out.

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Appendices

Appendix 1: Meeting the requirements of the Professional Doctorate

Learning Outcome	Evidence	Page
A1 (Knowledge): Demonstrate in-depth knowledge of how to apply and justify project aims and objectives; create new knowledge applications or understanding through original research and development of a quality to satisfy peer review	Locating ourselves in practice Blueprint model OD Equation Compass model Objectives review ODP Journal Article CIPD Research Conference	39, 40, 79, 80 137 141 156 Appendix 16 Appendix 17
A2 (Research and development capability): Apply advanced research and development capability appropriate to the project's aims and objectives; evaluate methodologies and epistemologies and develop advanced critiques of them; where appropriate propose new approaches	Methodology Framing inquiry as adventure Becoming a researcher Reflections on self Reflections on the journey	56 59 167 173 181
A3 (Ethical understanding): Show understanding of the project's underpinning values; take account of the ethical implications involved in the project's development processes, methodology and likely outcomes; show an ethical understanding of the complex,	Why this research matters My place in the research project Co-operative inquiry as Action Research Ethical issues arising from the research process	21 24 56 164

unpredictable and/or specialised work contexts in which the project is being undertaken	Postcards from start and finish	184
B1 (Analysis and synthesis): Analyse and synthesise the information and ideas brought to the project from own work, the work of others on the project, and from a search of relevant sources; manage complexity, contradictions and gaps in the knowledge base; make confident selection of appropriate analytic tools and techniques; create new approaches that explain or re-define existing knowledge	Locating ourselves in practice New models of OD Phenomenal practitioners in the dynamic now Building the OD professional of the future Group as instrument of change	69 75 88 96 172
B2 (Self appraisal/reflection on practice): Use a self-reflective approach to the project's research and development; reflect critically on own and team practice and development and give attention to both enhancing strengths and making improvements in areas of weakness; consider demonstrating reflective abilities by including a section reflecting on the project's development	My place in the research project Contributions to the field Limitations of the project Reflections on self Next steps	24 153 162 180 188
B3 (Planning/ management of learning): Be self-directed in own learning when developing the	Doing OD in the NHS Inquiry Roadmap	32 40

project including identifying and meeting own learning needs and showing how learning has been planned and managed	Themes and ideas in the OD literature Reflections on self	50 180
B4 (Evaluation): Critically evaluate empirical data and experiential learning; independently evaluate and argue for alternative approaches; accurately assess/report on the research and development of others where appropriate giving justifications; critically evaluate current advanced professional knowledge in the project's professional and academic area	Tectonic shifts in NHS organisational constructs The challenge and opportunity of doing OD in the NHS Themes and ideas in the OD literature Cycle A results Cycle B results Cycle C results Cycle D results Conclusions	25 35 50 103 118 127 142 189
C1 (Awareness of operational context and application of learning): Demonstrate the potential usefulness of the project to specific audiences; show how the project design may have been adjusted in the light of unforeseen problems or opportunities	Why this research matters OD in the NHS Conference ODN Europe Conference Interventions using the model OD Compass	21 84 98 125 141
C2 (Use of resources): State how resources needed for the project, which are likely to include finance and the use of the professional	My place in the research project Review of objectives Limitations Reflections on self	24 156 162 173

abilities of others, have been managed	Reflections on group	180
C3 (Communication/presentation skills): Select appropriate content, medium and style for a wide range of professional and /or academic communication (e.g. presentations to peers, press interviews, formal receptions, informal networking, and articles in journals/newsletters); engage with critical communities through whom new or modified paradigms may be established to present work orally; demonstrate origins of ideas with precision by referencing sources (using the Harvard style)	OD in the NHS Conference ODN Europe Conference Blueprint for OD practice OD Equation Building the OD professional of the future Exit Poll Website statistics OD Practitioner Journal article CIPD Applied Research Conference	84 98 124 137 144 Appendix 9 Appendix 15 Appendix 16 Appendix 18
C4 (Responsibility and leadership): Take a lead role in the project and take responsibility for overseeing other collaborative aspects of the project work.	My place in the research project Choosing methods for the project Contribution to the field Becoming a researcher Reflections on self Reflections on group Epilogue	24 53 153 167 173 180 191

Appendix 2: Initial invitation email

Invitation to participate in a doctorate level practice-based research project

I am writing to invite you to express interest in being part of my Doctoral research. For three years I have led Do OD, helping the NHS OD community to connect, share, learn and grow. In that time, we have collectively worked to improve the quality of OD practice and demonstrate the difference that good OD makes to patient care. Along the way we have invented new tools and resources as well as created safe spaces to stay sharp. Do OD continues to evolve and grow. We have an exciting programme of work for the year ahead and beyond and I'm delighted to be carrying this work forward with Karen Dumain.

Alongside the 'day job' of Do OD, I am entering the second year of my Professional Doctorate (DProf) programme at Middlesex Business School. The DProf is a practice based doctoral process grounded in real life experience. The goal of my doctorate is to affect positive change in the OD community by combining theory and practice at a high level. I have recently been through the university's approval process which endorsed my project proposal and I am now seeking participants to join me on an adventure over the next 18-24 months.

We all know that the population is changing. Our patients are living longer, with multiple complex long-term conditions. The NHS is rapidly responding to those changes by introducing new models of care which require significant shifts in the nature of what we understand 'organisation' to mean. The Vanguards, charged with developing a blueprint for new models of care, are at the forefront of this exciting change.

I'm curious about the practice of OD in the Vanguards. As OD professionals we have a significant opportunity ahead of us to influence, support and lead the change effort required by the system. I'm interested to find out whether our existing models of OD are fit for the future. I wonder if together we can create a blueprint for new models of OD that support the new models of care. I'm intrigued to find out if new models of OD would require a new kind of OD practice and what that might mean for our professional development in the future. These inviting questions ask to be answered.

To inquire into those areas, I'm looking to work with five OD practitioners over the course of a 18-24-month Action Research inquiry. At the heart of the process is a quest to find out how we can build the OD

professional of the future. Using emerging theory based in Dialogic OD we will investigate together what OD models for the future NHS could look like. We'll take a positive approach to professional development, looking at our own career journeys through the lens of Appreciative Inquiry. Along the way we will build our own learning maps, delving into theory of metaphor and generativity to help us make meaning from our discoveries.

Interested to find out more? If you are an OD practitioner working in a Vanguard, please get in touch for a 'no obligation' chat where I can tell you about the project in more detail and answer any questions you might have. My aim is to start the work in July 2016 and complete the research cycles by July 2018. The project has approval from Middlesex University and has been endorsed by NHS Employers, the NHS Leadership Academy and NHS England.

Join me on an adventure of a lifetime. Well, at least until October 2018. Who knows, it may change all of us in ways we could never imagine.

Appendix 2: Follow up email

Further information about the Action Research Project

The **aim** of this project is to identify how the practice of OD could be improved in order to support the development of new models of care in NHS Vanguards.

The **objectives** of this project are to:

- 1. Critically assess current models of OD practice in five NHS Vanguards
- 2. Design a blueprint for new OD approaches in the Vanguards using principles of Dialogic OD
- 3. Propose a future focused framework of development for OD professionals using Appreciative Inquiry

- 4. Evaluate the effectiveness of generative imagery as a tool for re-conceptualising the practice of OD in the future NHS

- 5. Create a map of the learning journey during the research process

The objectives of the project are based on the following observations:

- - The population is changing. People are living longer and have more complex conditions.
- - The NHS needs to change to meet new demands. The existing models of care will not be sustainable and therefore new forms of organisations are being created that work across previously closed boundaries.
- - OD practitioners are tasked with enabling people to transform systems. New models of OD may be necessary when working across organisational boundaries and stepping into a more transformational space.

It is my hypothesis that the NHS of the future will require new models of organisational development practice that reflect the complexity of our emergent adaptive system. This research project will inquire into the creation of a blueprint for new models of OD practice that support the successful implementation of new models of care in the NHS. It will examine the professional development journeys required for OD practitioners to bridge existing capability gaps in order to thrive, grow and make a sustainable difference in the future.

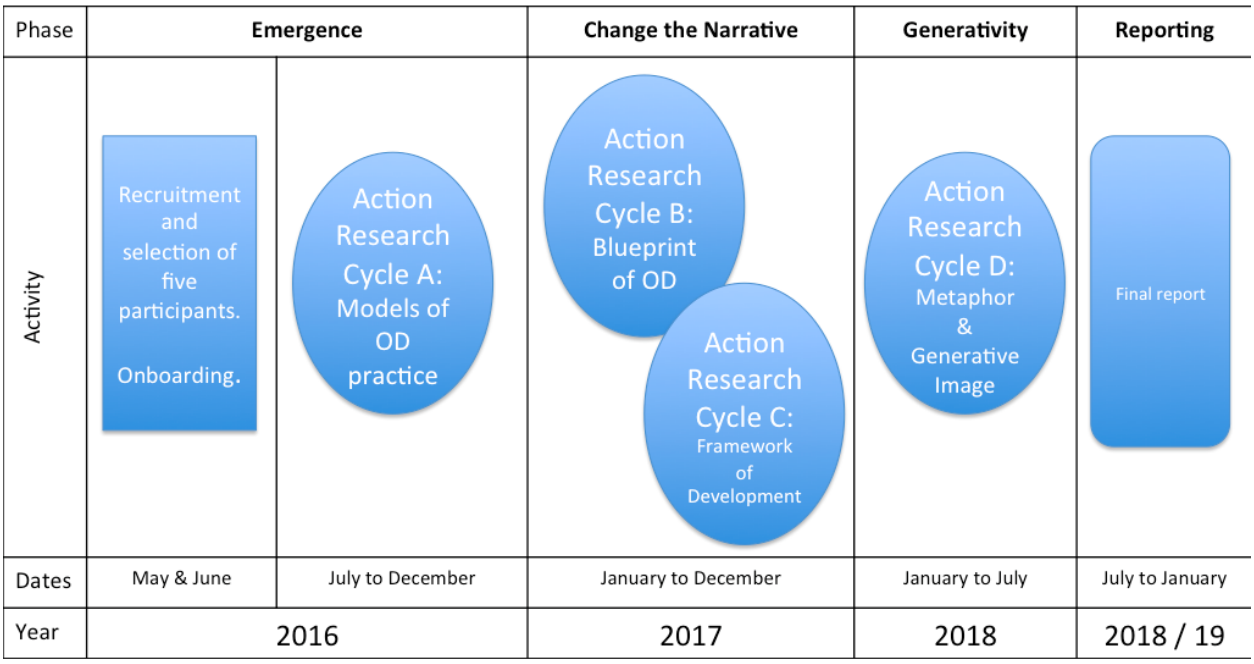
I'm seeking to create a co-operative inquiry group made up of five participants (co-researchers) and myself. We'll work together to shape the project and use Action Research methodology to plan, act, observe and reflect. This is a real-world project based on your day to day work which means you would be participating as yourself, an active member of the inquiry group.

The project overall is shaped by principles of Dialogic OD theory.
Dialogic OD is a set of transformational change practices that are reported to be particularly effective when dealing with adaptive challenges. The kind of things that fall into that category tend to be situations where there are currently no known solutions or answers available to address complex situations. Dialogic OD works across systems to create a new sense of possibility.

The theory behind Dialogic OD says that there are three levers of change: Emergence, Changing the core narrative and Generativity. I'll be using these as markers for the three phases of my research project.

The first phase, Emergence, has already begun. Emergence relies on principles of self-organisation and voluntary action. By asking for participants to take part in the research project I am 'stimulating emergence'.

The project is structured across four cycles of Action Research.



Inclusion in the research project is optional and you can leave the project at any time without any penalty. There's no cost to being part of the research group other than your time, energy and willingness to do some interesting (and hopefully challenging) work. By taking part in the project we'll work together to produce outputs that may be shared across the system, including case studies, reports, articles and recommendations. Your participation will be anonymised and not shared with anyone other than the university. You can of course tell people that you're taking part, and we will negotiate the levels of confidentiality needed for you to take part on a case by case basis.

Once the five participants have been agreed, we'll begin the process of crafting the case studies by looking at your individual stories. Through interviews, observations and conversation I'll work with each of you to identify the models of OD currently used in your organisation and find out more about you and your own personal career journey so far. Once all five case studies have begun to form, we'll come together as a group to share our reflections and think about what we've learned so far. That takes us to the end of phase one, around December 2016.

Phase two is all about, in Dialogic OD terms, changing the core narrative. There's two parts to this phase. The first is looking at how the practice of Dialogic OD can be used to create blueprints for new models of OD in the new Vanguards. This will involve each of the five participants testing out some new approaches in their organizations and coming together to share their findings. In parallel we'll do some learning together and explore our own professional development and growth. That part of the process will use Appreciative Inquiry as our lens, looking at how we can identify and build on our strengths as we work towards the goal of building a positive framework for our learning. Phase two will happen between January and December 2017.

The third and final phase is focused on generativity, using concepts of metaphor and generative image as tools to stimulate change in the system. We'll use our own experiences of the learning journey to frame a short inquiry into how we can re-conceptualise change in our organisations. So, for example, if you hear people using the phrase "change is painful" and you'd like to think about how we can work with new images of change, we'll explore ways of intervening in the system based on the language and pictures that shape our cultures. Phase three takes place between January and July 2018.

Each of the three phases includes one or more cycles of Action Research – no prior knowledge necessary – and we'll work as a community of co-inquirers where we help to build each other's capability and give space to reflect. During the process we will want to share our learning with the wider OD community and we'll talk about ways we could do that.

I'm happy to answer any questions you might have and will arrange a follow up conversation for the next few days to hear your thoughts on the project.

Thanks

Paul

Appendix 3: Third Email

Hello everyone,

A quick update on the Action Research Project! Thanks for your patience with me while I have been finishing the introductory phone calls, and moving house. Happy to report that all boxes are now unpacked.

I mentioned in my last email that 23 people had come forward in response to my request for research participants. It was much more than expected and made me very happy! I have very much enjoyed each of the conversations I've had so far. It looks like there are around 16 people who are still interested at this stage. That's brilliant, thank you.

As you know, my initial request was to find five people (one from each type of Vanguard) to work with during the project. As it turns out, there aren't any volunteers from a Care Home vanguard. That's ok. It actually liberates the process and introduces some different options.

I spoke with my academic advisor this morning and proposed a new way forward in order to make the most of the energy and enthusiasm of the folk who have expressed an interest so far.

I'd like to propose that there might be two groups: a primary group made up of around six people who take on the role of the core participants, and a secondary group who would work alongside the primary group but in a different way. Where the primary group would work to generate the ideas and models, the secondary group would test them and report back their findings. The secondary group would be more of a 'self-help' group that could test out a method of cascading learning into the system, connecting with the wider community.

The benefit of this model is that we can maximise participation as well as connecting different parts of the system to itself. It would open up opportunities to look at how to stimulate pathways of learning and knowledge transfer as well as build in robust feedback mechanisms. I feel excited about this potential way of working, but obviously it still depends on your interest and energy.

In the spirit of collaborative inquiry, I'd like to begin with some feedback from you about the idea, and for you to clarify where you would see yourself in the process. I'd be grateful if you could reply and let me know if you would like to be…

- A) Part of the primary group, generating the models and implementing for themselves
- B) Part of the secondary group, testing the ideas and giving feedback
- C) No preference, happy to be in primary or secondary group
- D) No longer interested in being part of the project

Once I have a snapshot of your interest, I'll let you know what the picture looks like and we can talk about establishing the groups. I'd be grateful if you could let me know your choice by July 15th.

Thanks so much for your continued support. If you are keen to start doing some thinking over the next week, I've attached an article on 'Collaborative Inquiry' to get your mind watering.

If you have any questions or thoughts that you'd like to discuss, please give me a call on [redacted]

Many thanks
Paul

Appendix 4: Fourth email

Hi

Thanks for your patience while I've been ruminating ideas for the Action Research project. I've been struck by the energy and enthusiasm that has been shown and I'm very grateful for that.

I spent the last week-and-a-bit reading John Heron's (1996) "Co-Operative Inquiry" book from cover to cover. I was seeking inspiration particularly around how to decide who should be in the inquiry group. I found Heron's writing humbling. He talks of the traditional–positivist research which is done 'on' people and how unhelpful that can be to actual humans. Co-Operative Inquiry is research done 'with' people, where everyone has an equal voice in the process. The concept of power and empowerment is a central theme.

To be honest I have really struggled with working out how the core research group should be formed. Everyone has something unique and interesting to bring. My initial goal was to recruit 5 participants and there's currently 12 people who have said they'd like to be in the group. Heron's work has made me reflect on my own role as the 'instigating researcher' and my personal values of participation and equality.

In the true spirit of Co-Operative Inquiry, I'd like to suggest that those who have the energy to be part of the group should be part of it. 12 is much more than 5, and I'm sure that will come with its own particular challenges but it also opens many more possibilities. The richness that can emerge from increased difference is very interesting to me. Also, it gives us space for some smaller sub-groups to form, as well as building in sustainability should anyone's circumstances change during the project.

I don't know if this is the 100% right decision, but I know it would be 100% wrong for me to tap individuals on the shoulder and create a group that reflects my own preferences. In actual fact, everyone I've spoken to has been super friendly and I'm sure we will do some really interesting work together.

So, how does that sound? Are you still in? I hope so.

As a first next step, could you please confirm that you're happy to officially be a co-researcher on the project. I'd like to launch our journey on August 1st by circulating pen-portraits of ourselves amongst the group. Here's our first action! Please email me a biography of yourself, in whatever way you'd like to do it. I'll also do one. The purpose of this is to introduce ourselves to the group. If you could kindly send me your biography by Sunday 31st July, I'll put them together and circulate them on launch day. After that, the next step will be to organise a conference call for us all to say hello and start the work.

If you're stuck for a place to start with your biography, I offer the following to get your brain going:

- Who am I?
- What's my role at work? At home?
- How did I come to this work?
- What do I bring to the group?
- What do I want from the group?

Please don't feel you have to follow any particular format. This is your space to reflect and think about how you present your*self* to the group. Feel free to get creative. You could write something, draw something, record your voice…this is your opportunity to tell your story in the way you want to.

At this point if you're thinking "actually, this isn't for me" there's still an opportunity to move into Group B, or to step away entirely. I hope that's not the case, but I would totally understand if you want to change your mind before we set off.

Thank you again for your patience and enthusiasm. I am excited for our journey together.

Paul

Appendix 5

Notes from a conversation with LF & MT, 13 February 2017

Making sense of the data – Start up and Cycle A

What did we intend to do? What actually happened?

The initial questions to be explored were:

- What brought us to OD and how are we practising?
- How has our OD practice changed over time and why?
- What aspects of our OD need to be strengthened in the Vanguard?
- Has the process of critical reflection enabled models of OD in Vanguards to emerge?

We have a clearer understanding of how others practice OD.
We're not so sure about how people are doing OD in Vanguards.

Being part of the group may in itself be changing how OD is being done in Vanguards.

Aspects of the system feel fractured, particularly in the Vanguard. The STP has fractured it further.

It has been beneficial to reflect on what OD in the Vanguards is.

The group so far hasn't deal with specifics of OD in Vanguards. Have focused on 'person centred' inquiry, making sense of what OD means for us. There isn't a definitive answer.

The Vanguard is an abstract construct, not a real thing.

Doing OD in single organisations seems more 'real' and clear. Doing OD in systems is different. Feels more artificial.

The ODN Self-assessments show that we have lower scores in relation to mergers, acquisitions, strategy.

Three things emerging:
Definiteness – Ambiguity
Difference – Consistency
Definitions – Indistinct (…is that the opposite of defined?)

We have focused on ourselves in the group, starting with self. Now able to start looking at what the wider world is like.

There's a breadth of data, looking at what people do and how they develop. What is it telling us?

Psychological therapy '3 legged stool' model:

- Quality of relationship
- Shared understanding of what your goals are

- A clear model

Being part of the group has allowed space to take time out and begin exploring frameworks.

We don't always have clarity over our frameworks. We don't always give ourselves space to explore them.

As the pace in the system has picked up, have we just relied on what we have done before? Are we learning as we go along? As complexity in the system is increasing, are we keeping up?

Is this affected by our confidence as practitioners?

Professional confidence comes from an evidence base. But are we making the space to look at the evidence?

This may be easier for people who come from a clinical background. Does our background affect our approach?

Accessing information is tricky. Hard to know where to go for 'good' stuff. Have to look in so many places. Information isn't always coherent or sensible. Systems work is often just organisational work scaled up. System working is very different.

CPD via Twitter. Often lots of duplication, issues over quality and reliability.

Advice is often 'how to do' instead of 'how to think about'

Pace of information is increasing. Drinking from a fire hydrant. Feast or famine.

As a group of OD practitioners without 'formal' OD training, we have built ourselves over time. Is that where imposter syndrome comes from? We're not always applying a model.

As a clinician always make some attempt to look at the evidence. Document work. Keep accurate case records. "Professional" skills.

Do we apply this rigour in our OD work?

ODN Self-assessment showed high scores for 'Informed consultant'.

What did people mean by consultant? Block's model: expert / pair of hands / process.

Is consultancy our foundation 'skill', overlaid by 'evidence / science' and delivered via our identity and qualities?

We rely on relationships as our expertise in the system.

Systems are more fluid. Power has to be used differently in a system. You're more visible in System OD than organisational which is often built as reputation over time through people who know you. OD by stealth doesn't work in systems.

Moving from trusted expert to additional pair of hands.

If we are working on 30 different areas of OD, what is our expertise?

Balancing between ambiguity and certainty.

Where in a system can we claim certainty?

What do we fall back on in times of ambiguity?

In Vanguards, relationships, values and integrity are key. Being the conscience, the moral compass, the honest broker. Boundary spanners.

So where is the disconnect?

If our key skills are in relationships, and this is what's needed in Vanguards, where does the lack of confidence come from? What is driving imposter syndrome?

Issues of gender more apparent in Vanguard / system working. When working at a system level it's more 'blokey'. Men act in terms of certainty. "Let's do this". Women holding back. Seeing more stereotypical gender driven behaviours in the Vanguard.

Where can we draw on our expertise?

Which of the 3 legs of the stool need attention?

Appendix 6: Dynamic OD

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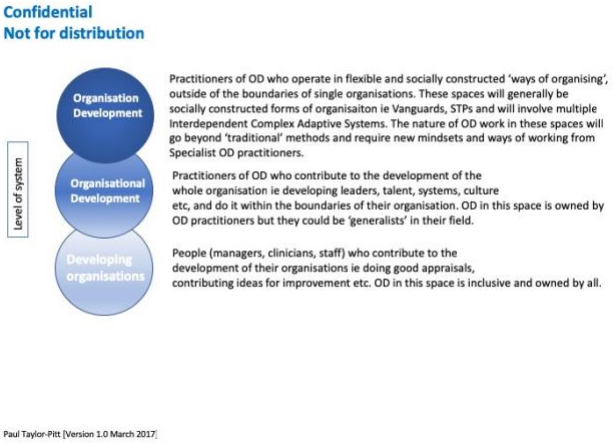

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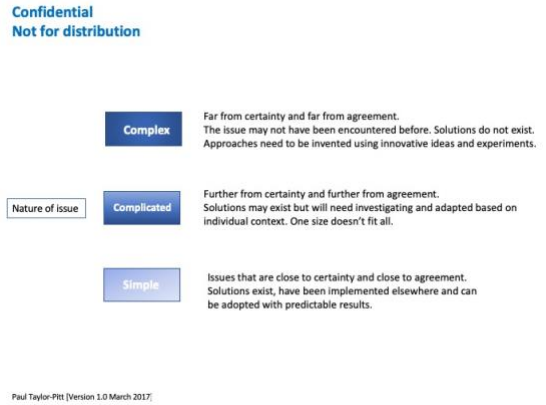

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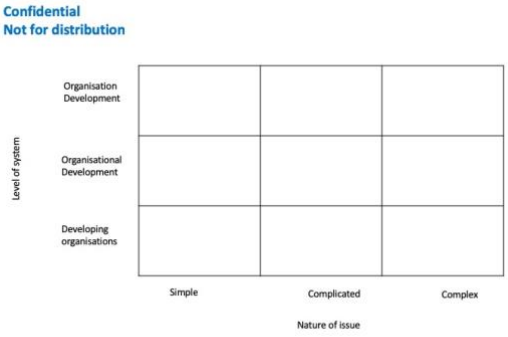

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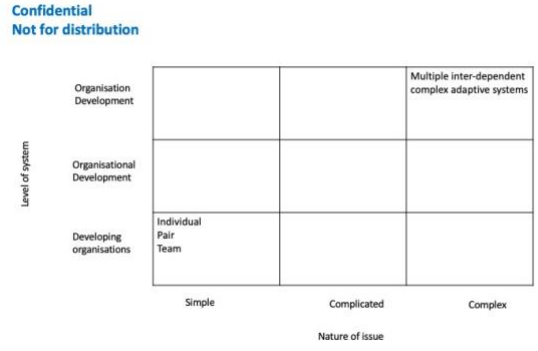

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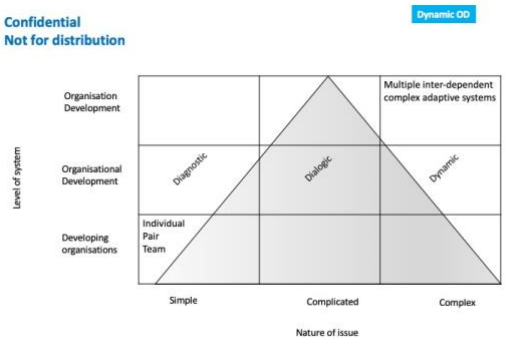
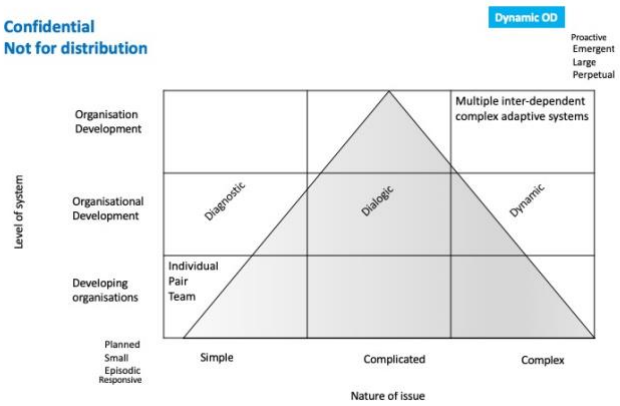
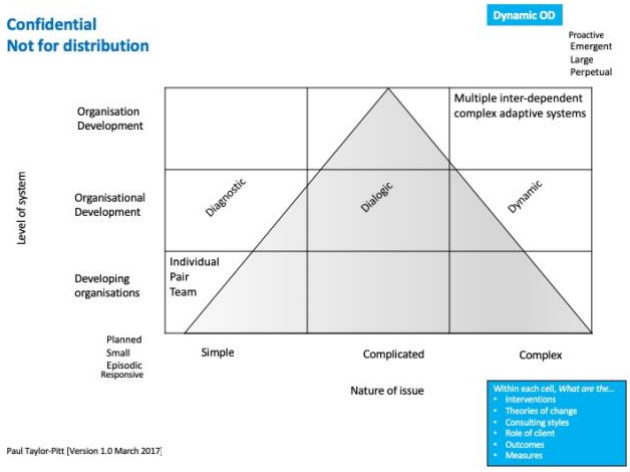


7 Paul Taylor-Pitt [Version 1.0 March 2017]



8 Paul Taylor-Pitt [Version 1.0 March 2017]



9 Paul Taylor-Pitt [Version 1.0 March 2017]

Appendix 7: Case Study

A blueprint for OD practice: Case Study

Sarah Morgan

Director of Organisational Development

Guy's & St Thomas' NHS Foundation Trust

Foundations for change

Guy's and St Thomas' NHS Foundation Trust and Dartford and Gravesham NHS Trust have been working in partnership together over the past two years to determine if you can get the benefits of a merger or acquistion through collaboration rather than the distracting and often destructive process of an organisational structure change.

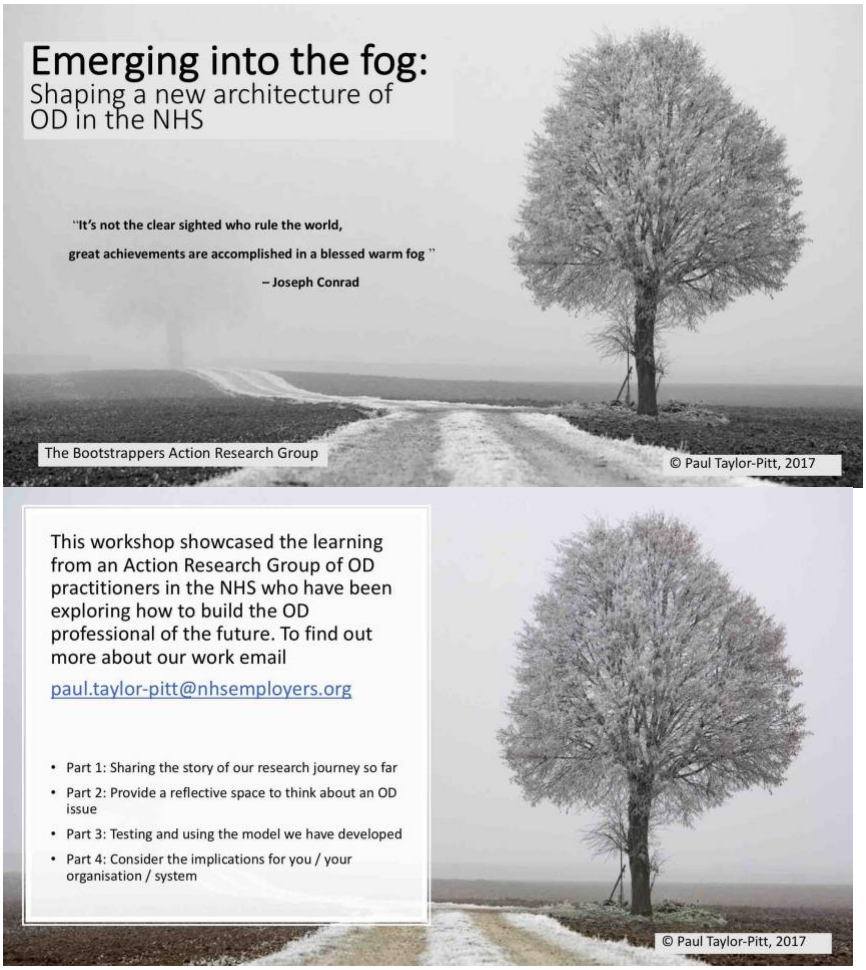
The New Care Models Vanguard Programme has enabled this work to be accelerated and is called the Foundation Healthcare Group. The work has been under the auspice of the Acute Care Collaboration Vanguard Programme for the past 18 months and has been undertaken at two levels. Firstly at the Board level, with the two Executive Team forming a Committee in Common which governs the programme overall but also ensures that there is an equal partnership, despite the asymmetry that exists between the two organisations (GSTT £1.4bn turnover and 15,000 staff; DGT £250m turnover and 3,000 staff). Secondly at the clinical level with three clinical specialities looking at different models of care across the boundaries of not only the two organisations but also two STPs and two counties: South East London and Kent.

This work has take a significant amount of time and effort from individuals and teams from both organisations and there has been a real commitment to seeing how far collaboration can take us within the NHS.

In order to examine the OD interventions that have taken place and the impact that they have, the framework has been used to plot the context and the impact that that had.

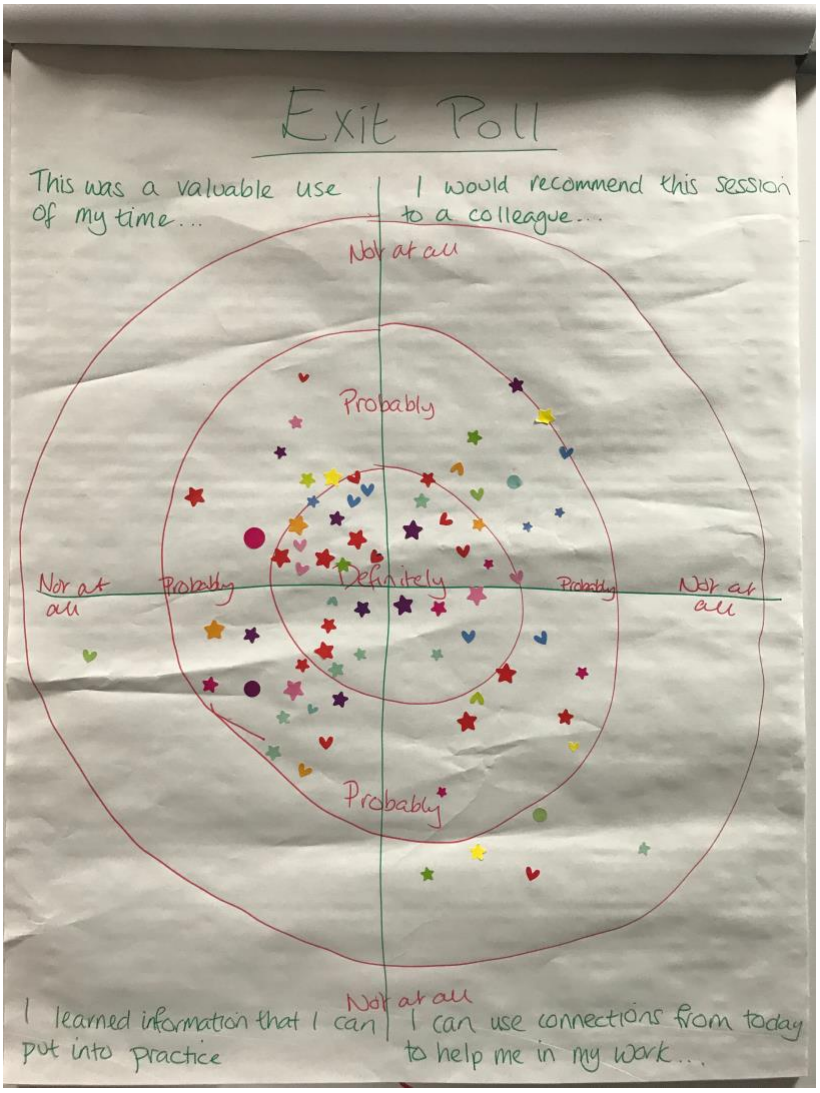
Full text available at www.ODBootstrappers.wordpress.com

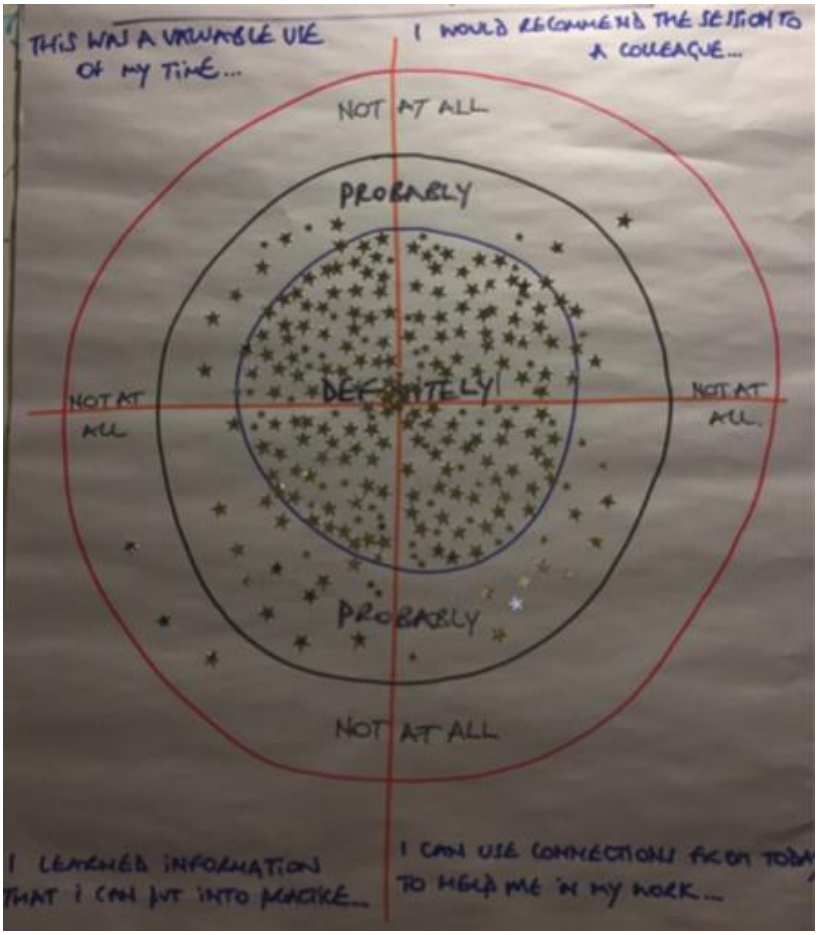
Appendix 8: Presentation slides from the Workshop



Full version of the presentation can be downloaded from https://www.nhsemployers.org/-/media/Employers/Documents/Campaigns/Do-OD/OD-in-the-NHS-V/Emerging-into-the-fog---Slides-for-website.pdf?la=en&hash=4AA817974BF41A5F12A26E88548E66A40744E896&la=en&hash=4AA817974BF41A5F12A26E88548E66A40744E896

Appendix 9: Exit Polls




THIS WAS A VALUABLE USE OF MY TIME...
I WOULD RECOMMEND THE SESSION TO A COLLEAGUE...
NOT AT ALL
PROBABLY
DEFINITELY
NOT AT ALL
NOT AT ALL
PROBABLY
NOT AT ALL
I LEARNED INFORMATION THAT I CAN PUT INTO PRACTICE...
I CAN USE CONNECTIONS FROM TODAY TO HELP ME IN MY WORK...

Appendix 10: Beta Testing Instructions

The invitation to take part read as follows

> "On behalf of the OD Bootstrappers, hello again! You kindly took part in our 'New Architecture of OD' workshop at the Do OD Conference in July and VERY kindly offered to help us test our model. We wanted to do some more work on it following the conference and we think it's looking much better. It's now time to invite you to test it, if you'd still like to. Your mission, should you choose to accept it, is to download the testing manual and give some feedback. Simple.
>
> We're using a platform called Mobilize for the testing process. That way we can keep all of the feedback in one place rather than multiple emails flying around, and also it's a closed "invitation only" Group. As you're among a very select few people who have seen our work so far, we wanted to initially offer it to you for testing as you've already done some thinking about it. So, for now, please could you keep it to yourself and not share it with anyone who isn't part of the testing group. Ideas, particularly in their early stages, can be fragile little things and while we want you to be robust with your feedback, we don't want our work getting out into the public domain just yet until it has been tweaked and made presentable. Thank you for understanding.
>
> So…the big reveal is upon us!
>
> To access the testing process and instructions please click on this link and register with Mobilize https://bootstrappers.mobilize.io/registrations/groups/15174
> Once approved into the group you'll find two discussion threads. The first contains the instructions and the Testing Manual. The second is a list of questions we'd like you to respond to. We'd like all responses posted into the group by **Friday 20th October** please, which gives you just over two weeks. The testing process itself takes under an hour, so hopefully that's plenty of time to get stuck in.

Thanks so much for helping to shape this work. It's very exciting to be sharing it for the first time. If you have any questions, don't hesitate to get in touch. If you've changed your mind and don't want to be involved that's cool, just let me know so I don't keep annoying you with emails.

Enjoy!

Paul & The OD Bootstrappers Action Research Group"

Appendix 11: Beta testing feedback

"So I thought it was excellent, as a quick intro really, and I think what was… how I tested it out, so I had about six people across the system, and these weren't OD people by the way, these were quite senior folk…CCGs, providers, third sector, and we got the health and wellbeing board key objectives and what we did was we took one of the key objectives – I can't remember what it was now – as a starting point.

So, what we did was we basically worked through, in a bit of a slightly clunky way, because I wasn't familiar with the methodology, and we just went through the steps. We didn't use any of the hexagonals or anything, we just worked through it on a flip chart, but I can absolutely see the team being able to use those. And we had some really interesting conversations, so, we went through all the different steps.

It was quite testing. It really forced you to think about things and try to unpick various different aspects of things, probably in a way that we haven't really done before so it was challenging in a good way I think in order to be able to get people to kind of think and test out their own assumptions about stuff and gain clarity on various different aspects and issues and challenges.

And what was fascinating actually was when we came out to do the, you know the heat map thing at the end, basically what I did was I just drew it…obviously I didn't use the heat map…I just drew it on a graph and then we plotted the stuff on it and what it came out of..as…was – I'm just trying to remind myself – the bit that, so the dynamic and complex, the three things that actually we've identified that we need to be working on as an OD community was the things that were complex and dynamic. So, what it did was it validated our own thinking about what it was we needed to focus on.

So, at the end of it we just went 'well that's it then' fantastic, so that was fascinating really. So, I don't know what that says really, whether we're amazingly brilliant and don't need this tool to work that out, or what it means really, it was just the validity I think, and that was just one aspect of it. I think the thing about it is it's quite time consuming. But I think it's…where you want to pitch your time, I suppose isn't it. I think it probably has to be pitched to people that kind of are already beginning to understand this stuff and are quite open as well to some of this stuff. So, I think the audience where you're using it should be pitched fairly carefully or do quite a bit of background behind the scenes kind of chat to get people engaged and on board before you get to doing the thing. I don't think it's one of those things where you

can just kind of go 'oh and here's this' let's have a play with it because I think it may well turn quite a few people off really and I think that's probably because of the investment of time it would require to do it properly. So, there's probably a bit of that that we'd probably need to do with people, but there's a couple of people in the room that aren't OD people and they're probably, in a nice way, kind of sceptical about OD stuff anyway, and they thought it was fantastic. Actually, they said my god this is you know amazing isn't it that we've all collectively been doing this work. And we've had some intuition about the kind of stuff we should be working on and this just kind of validated what it is that we've been doing and need to do in the future. So that's that in a short couple of minutes really, I think.

[In this next section I thanked the participant for the feedback and got permission to share it with the group. I asked if we could quote it in the paper]

…You've already been credited because, in the, I know the methodology is confidential but, in the paper that we wrote to the Partnership Executive Group we said that we'd used this tool as part of your PhD…just trying to find…oh there it goes, it says here, this bit was just about… in fact what I'll do I'll send you this paper because it's not confidential it's in the public domain, we took to the [redacted] Health and Care Partnership Executive Group a paper about all the OD work we've been doing and there's just a phrase that says…

"*We have validated our assumptions using a new model that's currently being developed by an Action Research group of OD practitioners from across the NHS as part of Paul Taylor-Pitt's Doctoral Research Project*"

Appendix 12: Adapted Professional Education Questionnaire

OD Professional Education Questionnaire

Adapted from Schein, E. "Professional Education: Some New Directions", 1972.

1. Is this your principal source of income and full-time occupation?

2. What was the basis for your decision to work in OD? Where and when did this begin?

3. Describe the components that make up the specialised body of knowledge and skills you have acquired during learning / training in OD.

4. What are the general principles, theories or propositions that underpin the decisions you make when working with a client?

5. How would a client know that you are putting their needs before your own in your work?

6. Describe how you build and maintain trust with your client(s).

7. Do you adhere to any specific codes of conduct or personal belief systems that that enable you to be critical of your own judgement as an autonomous professional?

8. Which Professional Associations do you belong to?

9. How do you define the boundaries of your expertise?

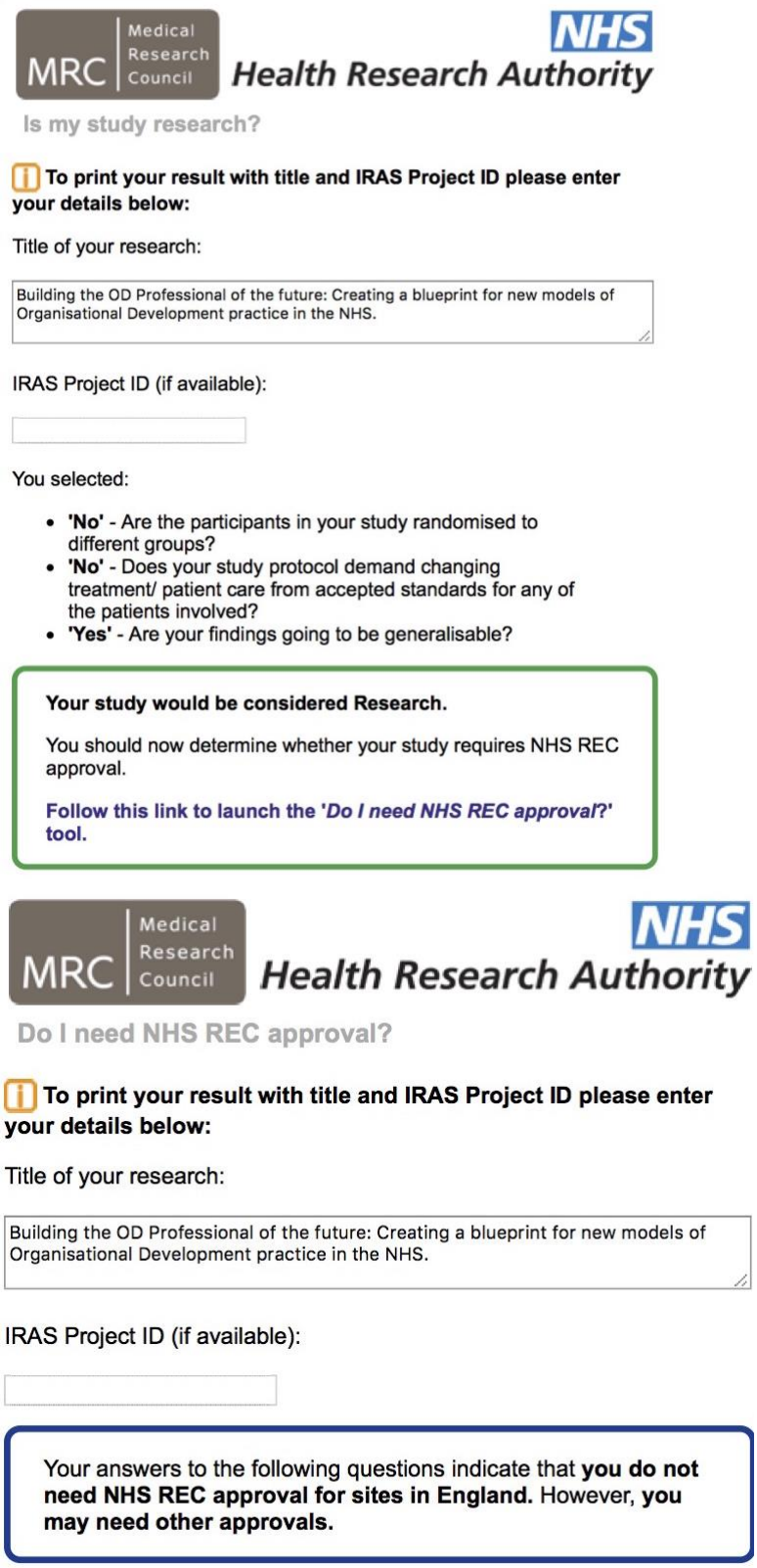
10. Describe the process by which your work is found or commissioned.

11. What is the underlying discipline or basic science upon which your practice rests or was developed?

12. What are the main elements of your professional practice i.e. the application of your knowledge and understanding in day-to-day work

13. What are the attitudes and skills that show up in your work when using your underlying basic and applied knowledge?

Appendix 13: Ethics approval



MRC Medical Research Council

NHS Health Research Authority

Is my study research?

To print your result with title and IRAS Project ID please enter your details below:

Title of your research:

Building the OD Professional of the future: Creating a blueprint for new models of Organisational Development practice in the NHS.

IRAS Project ID (if available):

You selected:

- **'No'** - Are the participants in your study randomised to different groups?
- **'No'** - Does your study protocol demand changing treatment/ patient care from accepted standards for any of the patients involved?
- **'Yes'** - Are your findings going to be generalisable?

Your study would be considered Research.

You should now determine whether your study requires NHS REC approval.

Follow this link to launch the '*Do I need NHS REC approval?*' tool.

MRC Medical Research Council

NHS Health Research Authority

Do I need NHS REC approval?

To print your result with title and IRAS Project ID please enter your details below:

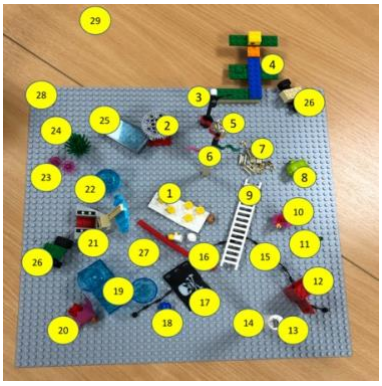
Title of your research:

Building the OD Professional of the future: Creating a blueprint for new models of Organisational Development practice in the NHS.

IRAS Project ID (if available):

Your answers to the following questions indicate that **you do not need NHS REC approval for sites in England.** However, **you may need other approvals.**

Appendix 14: Building the OD Professional of the Future



1. Community, diversity
2. All seeing eyes, perspective, curiosity. Being present. Actively looking.
3. Generating energy and power. Sustainability. Building capacity.
4. Networking, connections. Going out on a limb.
5. Being visible from a distance
6. Standards. Togetherness. Celebrating different histories and routes into OD. Moving in different directions. Space to grow.
7. Understanding our value and adding value. Talking about our value with confidence
8. Something alien.
9. Building bridges. Enabling. Scaling the divide
10. Knowing what we know. A sturdy pair of pants when things get tough.
11. Futuristic. Technology. Connecting virtually
12. Routes into OD. Pushing boundaries. Reaching out.
13. The right tool at the right time.
14. Pillars of OD. Classical and contemporary.
15. Pulling others in. Connection people together
16. Flexible, agile and adaptable.
17. Navigating through danger. Politics. Shadow self, shadow systems. Doing stuff you don't like. Risk.
18. Personal cost. Hard hat moments.
19. Transparency. Bumps and imperfections. Values. Vulnerability and trust. Fluidity
20. Confidence. Super hero cape.
21. Self-reflection, and holding up the mirror to others
22. Beginnings and endings. Closing things off. Pandora's box
23. Appreciating / taking an appreciative stance
24. Space to grow. Growth and nurturing
25. Framing and reframing
26. The whole thing is on wheels. Mobile, agile, outside the box. Not confined
27. Awareness. Tuning in. Intuition and background noise.
28. The sanctuary of an OD space (grey tile)
29. Being amongst messiness (other bricks on the table)

Appendix 15: OD Bootstrappers website statistics

As at 16 December 2018:

4,459 views from 1,689 visitors. Most (n=764) referrals came from Twitter, followed by LinkedIn (n=264). Visitors represent 43 countries, with the United Kingdom representing most views (n=3,660) followed by United States (n=203) and Ireland (n=155).

Appendix 16: A new architecture of OD in the English National Health Service paper in OD Practitioner (Screenshot)

"OD is predominantly practiced in single organizations looking inward at themselves. New models of OD may be necessary when working across organizational boundaries and stepping into a transformational space."

A New Architecture of Organization Development in the English National Health Service

By Paul Taylor-Pitt,
[redacted]
(aka OD Bootstrappers)

This paper describes the findings so far emerging from an Action Research Group—The OD Bootstrappers—based in the English National Health Service (NHS). The group came together to explore if emerging new models of care being constructed in the NHS required new models of OD to support their delivery. These new models of care are driven by changes in the local population, where people are living longer, with more complex health conditions. This in turn means the way we organize and deliver healthcare needs to change to meet new demands. Existing models of care may not be sustainable in the future and so new forms of organizing are being tested that bring together previously separate organizations.

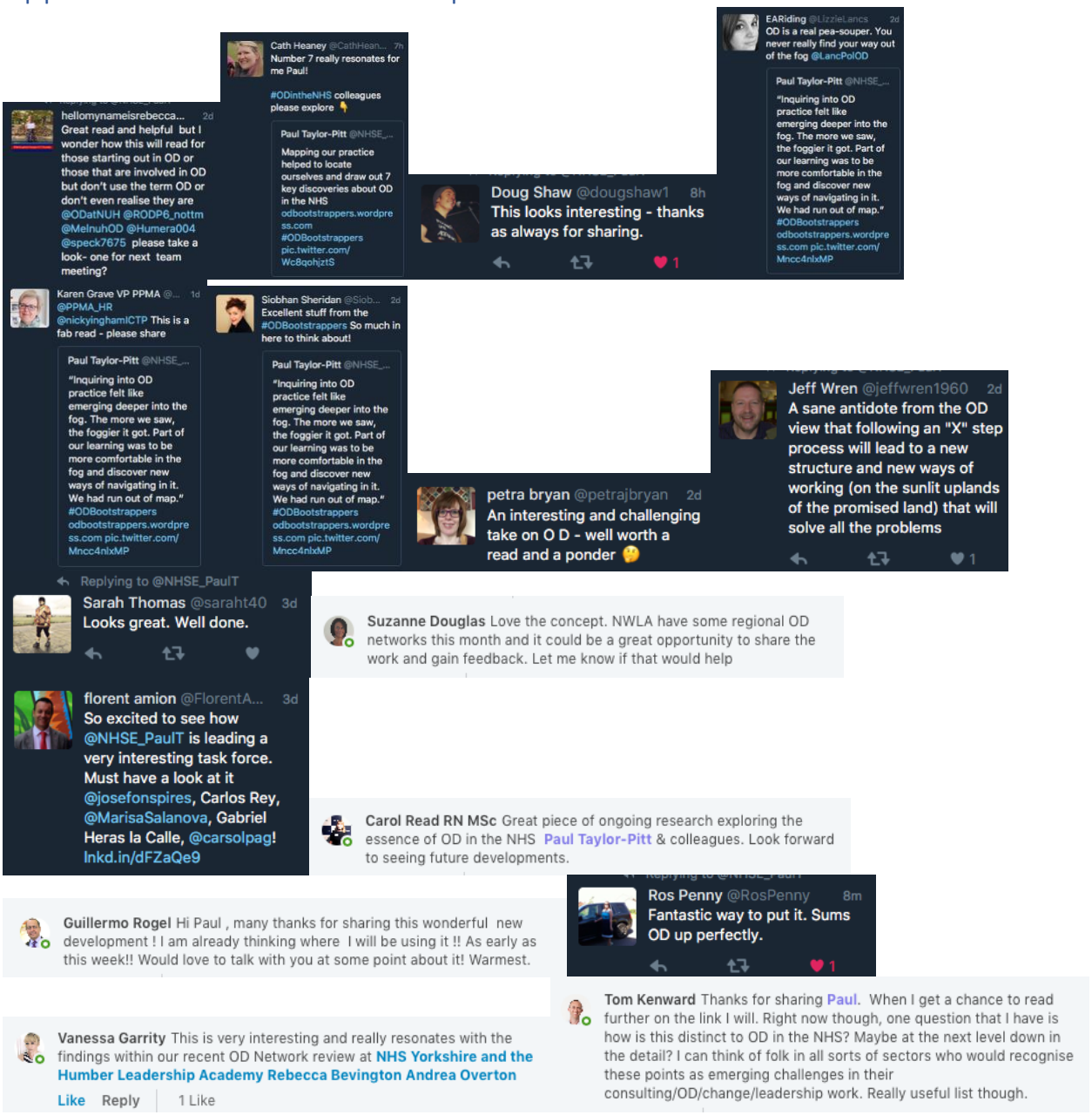
The NHS in England is made up of hundreds of organizations operating under the umbrella of the NHS, each with separate governance and identities. The NHS is a complex system, not a single organization, and a system's resilience is related to its adaptive capacity (Jacobs, 2017). OD practitioners in the NHS enable people to transform systems (Do OD, 2017) but previous research (Do OD, 2015) has shown that a significant proportion of OD practice in the NHS is transactional, whereas practitioners wish to work in more transformational ways. OD is predominantly practiced in single organizations looking inward at themselves. New models of OD may be necessary when working across organizational boundaries and stepping into a transformational space.

This has been the subject of an Action Research project that began in August 2016. The research group—OD Bootstrappers—came together because of our passion for OD in the NHS and a commitment to maximizing the impact that intentionally transformational OD can have on systems. This paper describes the findings from the first phases of our work and describes a potential new architecture of OD that may be more suited to working across organizational boundaries in the future NHS. This builds on the existing foundations of Diagnostic and Dialogic OD, adding a third category which we have called Dynamic OD. Our work has led to the creation of a "blueprint" for OD practice—a tool for reflection, sense-making and planning which we have begun testing with our colleagues. This paper introduces our blueprint and the emerging construct of Dynamic OD while leaving loose threads and space for dialogue in the wider OD community to help us shape our thinking further.

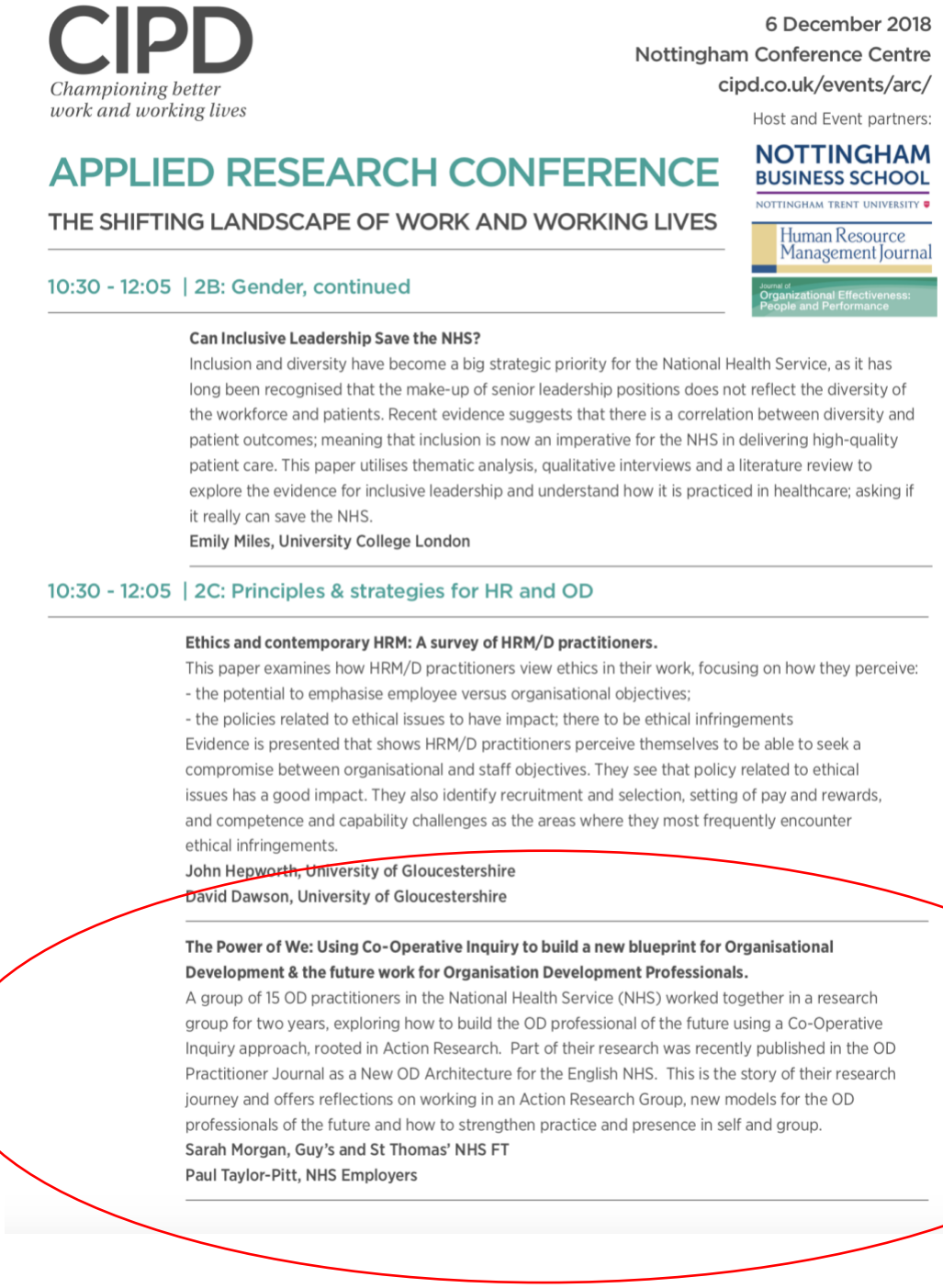
The call to action for the Action Research group came from Paul Taylor-Pitt as part of his Professional Doctorate with Middlesex Business School. Fourteen NHS OD practitioners initially came together to explore "How to build the OD professional of the future." So far, we have inquired into ourselves and our practice which led to the creation of a new framework for OD. We hope that readers will find this paper and our work useful as a tool for reflection, sense-making and action-taking.

Full version available to download from https://www.odnetwork.org/page/ODPractitioner

Appendix 17: Social Media responses



Appendix 18: Agenda of the CIPD Applied Research Conference, 6 December 2018



CIPD
Championing better work and working lives

6 December 2018
Nottingham Conference Centre
cipd.co.uk/events/arc/

Host and Event partners:

NOTTINGHAM BUSINESS SCHOOL
NOTTINGHAM TRENT UNIVERSITY

Human Resource Management Journal

Journal of Organizational Effectiveness: People and Performance

APPLIED RESEARCH CONFERENCE

THE SHIFTING LANDSCAPE OF WORK AND WORKING LIVES

10:30 - 12:05 | 2B: Gender, continued

Can Inclusive Leadership Save the NHS?

Inclusion and diversity have become a big strategic priority for the National Health Service, as it has long been recognised that the make-up of senior leadership positions does not reflect the diversity of the workforce and patients. Recent evidence suggests that there is a correlation between diversity and patient outcomes; meaning that inclusion is now an imperative for the NHS in delivering high-quality patient care. This paper utilises thematic analysis, qualitative interviews and a literature review to explore the evidence for inclusive leadership and understand how it is practiced in healthcare; asking if it really can save the NHS.

Emily Miles, University College London

10:30 - 12:05 | 2C: Principles & strategies for HR and OD

Ethics and contemporary HRM: A survey of HRM/D practitioners.

This paper examines how HRM/D practitioners view ethics in their work, focusing on how they perceive:
- the potential to emphasise employee versus organisational objectives;
- the policies related to ethical issues to have impact; there to be ethical infringements

Evidence is presented that shows HRM/D practitioners perceive themselves to be able to seek a compromise between organisational and staff objectives. They see that policy related to ethical issues has a good impact. They also identify recruitment and selection, setting of pay and rewards, and competence and capability challenges as the areas where they most frequently encounter ethical infringements.

John Hepworth, University of Gloucestershire
David Dawson, University of Gloucestershire

The Power of We: Using Co-Operative Inquiry to build a new blueprint for Organisational Development & the future work for Organisation Development Professionals.

A group of 15 OD practitioners in the National Health Service (NHS) worked together in a research group for two years, exploring how to build the OD professional of the future using a Co-Operative Inquiry approach, rooted in Action Research. Part of their research was recently published in the OD Practitioner Journal as a New OD Architecture for the English NHS. This is the story of their research journey and offers reflections on working in an Action Research Group, new models for the OD professionals of the future and how to strengthen practice and presence in self and group.

Sarah Morgan, Guy's and St Thomas' NHS FT
Paul Taylor-Pitt, NHS Employers

The end.