

FACILITATING ORGANIZATIONAL MEANING-MAKING AS LEARNING
THROUGH STORYTELLING: THE ORIENTATION EXPERIENCES
OF NEW EMPLOYEES AND VOLUNTEERS IN AN ACUTE HEALTHCARE SETTING

A THESIS
SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ADULT EDUCATION

BY
BARBARA O'NEIL

APPROVED BY

ADVISOR: *Jane Dawson*

INTERNAL READER: *Dorothy Lander*

EXTERNAL READER: *Margaret Olson*

INSTITUTION: *St. Francis Xavier University*

SAINT FRANCIS XAVIER UNIVERSITY

APRIL 2008



Library and
Archives Canada

Bibliothèque et
Archives Canada

Published Heritage
Branch

Direction du
Patrimoine de l'édition

395 Wellington Street
Ottawa ON K1A 0N4
Canada

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file *Votre référence*

ISBN: 978-0-494-37683-6

Our file *Notre référence*

ISBN: 978-0-494-37683-6

NOTICE:

The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

AVIS:

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protègent cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.


Canada

ABSTRACT

The focus of this study is the contribution of sharing and dialogue (storytelling) to the fostering of new employees in an acute care setting during the orientation phase of their employment. The aims of the study were to examine the kinds of issues new employees identified as significant during the orientation process, and to understand how the process of storytelling contributes to learning and meaning-making during this time of transition.

An Appreciative Inquiry (AI) approach was used in carrying out the project. A total of 5 participants engaged in the study. Initially, participants attended a formal General Orientation session where the organization's strategic directions, mission and values were introduced and discussed. Subsequently, five AI group interviews were conducted at 11-weeks and 11-months following the General Orientation.

The findings of the study identified three themes and three positive outcomes. The three themes included: (a) the importance of paying attention to what it feels like for new employees in the experience of being "new"; (b) the role of influential individuals as either "heroes" or "villains" in the orientation process; and, (c) the links between personal and organizational values in the effective achievement of congruence between individuals and their place of employment. Positive outcomes of the research process included stories where: (a) learning transfer had successfully taken place; (b) positive organizational impact was reflected; and (c) learning and meaning-making had occurred and was important to new employees and volunteers during the orientation phase.

The results of this study suggest that storytelling is a useful approach to understand the experiences of new employees and volunteers in healthcare organizations. Employee stories are a powerful way of exploring and understanding the complexity of adult learning in the context of occupational engagement. The findings also highlight the positive value of

providing opportunities for new employees to talk about their experiences of formal and informal learning associated with the orientation process.

ACKNOWLEDGMENTS

This thesis is the product of a whole lot of stories. Many people encouraged me through-out this journey: the administration and the librarian of my organization, my staff, my friends, and my extended family. Many people responded to requests and inquiries large and small and sat for conversations long and short to help find the best information, books, and journals, and to listen to my ideas. Thanks everyone. A few people deserve special mention.

The participants in this study shared their stories eagerly, honestly, and generously. In the midst of doing my research, I was badly injured in a terrible car accident. Every one of my participants stayed the course with me. All agreed to continue with the research to its conclusion. I cannot thank them enough.

Thank you to my StFX faculty advisors, Dorothy Lander and Jane Dawson. Dorothy saw me through my own orientation experience to adult education. She acknowledged that I practice Appreciative Inquiry intuitively and validated my idea that stories can indeed make meaning for people. Through the course of this journey we have shared many stories and have become friends. “Thank you” does not begin to cover my gratitude. Jane became my guide for the final months of this journey. She gave me the assurance that together, we would “land the plane.” Thank you, Jane.

My parents, Jack and Marion Heatley, were the first storytellers in my life. My father was a visionary who instilled in me the knowledge that anything is possible. He saw the world through a positive lens, full of opportunities. My mother taught me that not all stories are equal and that any story worth telling must include details—lots of them. Both of them are gone now but I know they would be proud of this effort.

As always, my deepest gratitude is on the home front. The O'Neil kids, Julie, Jennifer and Jacqueline, are an endless source of wonder, pride, and humility. Although they are still in the early stages of their professional lives, I am happy to say that they are all accomplished storytellers, Julie as a social worker/educator, Jennifer as a Registered Nurse/ educator and Jacqueline as a Recreation Therapist/educator.

Then there is their dad, the Irishman and consummate storyteller, Michael Edward Matthew Joseph O'Neil, who contributed more to this thesis than he knows. In my professional portfolio I likened my journey of learning to a sailing voyage. Staying in theme I can say that I have mostly had enough wind to fill my sails. My husband has been my rudder. Without him, my own story would not be complete.

TABLE OF CONTENTS

ABSTRACT.....	1
ACKNOWLEDGEMENTS.....	3
<i>Chapter</i>	<u>Page</u>
1. INTRODUCTION	7
Background.....	7
Focus of Inquiry.....	8
Research Approach.....	9
Scope of the Study.....	10
Assumptions.....	11
Definition of Terms.....	12
Plan of Presentation.....	14
2. LITERATURE REVIEW.....	15
Adult Learning as Meaning-Making.....	16
Humanistic Meaning-Making.....	17
Social Constructionism and Social Constructivism.....	18
Experiential Learning.....	19
Critical Reflection and Transformational Learning.....	21
Organizational Learning and Meaning-Making.....	23
Facilitation of Meaning-Making.....	25
Mentorship.....	27
Dialogue.....	28
Inquiry.....	29
Storytelling.....	30
New Employee Meaning-Making in Organizations.....	32
Defining Organizational Orientation.....	34
Orientation to Organizational Values.....	36
Orientation to Organizational Mission.....	38
Research Methodology as Meaning-Making.....	39
Storytelling Research.....	40
Appreciative Inquiry.....	42
Summary of the Literature.....	47
3. DESCRIPTION OF THE STUDY.....	49
Methodology and Research Design.....	50
Recruitment of Research Participants.....	50
Gaining Consent.....	51
Research Setting.....	51
Participants.....	52
Phase One.....	53
Phase Two.....	55
Phase Three.....	56
Exit Interview.....	57

Data Analysis.....	58
Findings.....	59
Being “New”.....	60
Mentors: Heroes or Villains.....	61
Linking Personal Values to Organizational Values.....	65
Key Outcomes.....	72
Learning Transfer.....	73
Organizational Impact.....	74
Reflection and Meaning-Making.....	76
Summary of My Research.....	80
4. CONCLUSION AND RECOMMENDATIONS.....	82
Experiential Learning.....	82
Critical Reflection.....	83
Transformational Learning.....	85
Mentors in the Orientation Phase.....	86
Organizational Learning: Dialogue Education/Storytelling.....	87
Facilitation as Meaning-Making.....	89
Orientation to Organizations as Meaning-Making.....	91
Orientation to Organizational Mission and Values.....	93
Research Methodology as Meaning-Making.....	95
Appreciative Inquiry (AI).....	96
Storytelling Research.....	98
Meaning-Making Factors and Strategies.....	100
What Can be Learned from This Study.....	102
What I Learned about New Employee/Volunteer Orientation to Healthcare.....	102
What I Learned about Conducting Research in a Healthcare Setting.....	104
What I Learned about Appreciative Interviews/Storytelling.....	105
What I Learned From this Project.....	108
How My Study Changed My Practice.....	110
Ideas Generated From Conducting This Research.....	112
Conclusions.....	114
Recommendations for Future Research.....	117
Epilogue.....	118
REFERENCES.....	119
Appendix A: REB Approval Letter.....	123
Appendix B: Inquiry at Eleven Weeks Post Orientation.....	124
Appendix C: Inquiry at Eleven Months Post Orientation.....	126

CHAPTER 1

INTRODUCTION

Currently in Canada, there is a shortage of healthcare professionals. Recruiting and retaining healthcare employees is a challenge. Orientation is a critical period during which the potential for retaining new employees can be determined. Engagement of personal and institutional values is an important part of the process, since new employees are more likely to want to stay in a place of employment where their own values are matched by those of the institution. Institutions are more likely to want to retain employees that share the institutional values they maintain. The focus of this study is a research project I carried out with a goal of providing opportunities for new employees to talk about their orientation experiences and for exploring the value of such storytelling in enhancing the learning and meaning-making, including the exploration of personal/institutional fit, of new employees in the healthcare institution where I work.

Background

The setting for the research was an acute care hospital in southwestern Ontario. It is an alliance of three partners (one faith-based), two of which are located on a single site. It is a medium-sized institution, consisting of 350 hospital beds, 1325 employees, and 200 volunteers, serving a mixed urban and rural community of about 115,000 people. Like most healthcare organizations in Canada, it has been navigating through a lot of organizational, structural, and staffing changes in recent years as a result of financial pressures and other societal influences. As an impact of these changes, recruiting and retaining committed employees has become increasingly important to its organizational effectiveness and fiscal health.

In my role as Director of Mission and Organizational Development, I am the person responsible for introducing the organizational mission and values to new employees and volunteers and have been facilitating their orientation period. Over the 9 years I have been involved in this work, I have found that sharing stories and dialogue are an important part of the orientation process. Opportunities for shared storytelling can help new employees explore and deepen the connection between their own personal values and those of the organization, and it can strengthen staff retention by helping people to find their “fit.”

I have always had an interest in the sharing of stories as a way that people make meaning in their lives. From my experience working in new employee orientation sessions, I have developed a strong interest in the idea of “storytelling” as a means of helping people explore their values and develop a sense of belonging in their work. Carrying out this study provided me an opportunity to explore this interest in a deeper way.

Focus of Inquiry

Starting any new job can be unnerving as it involves a period of adjustment on many levels, from getting to know new colleagues to learning how to navigate the official and unofficial boundaries of institutional systems. In recognition of this, most organizations have some form of orientation program for new employees. In my experience, however, often the emphasis in this process is on providing information without paying equal attention to the social and emotional aspects of the orientation process. The effect is limited or no opportunity for interaction among attendees. Literature is distributed, placing the onus on employees to read, understand, and apply the contents, and then immediately start working in their departments.

This is an accurate description of how orientation is handled by many organizations, which does not take into account how adults learn effectively. Arthur (1998) proposes that

taking the time to acclimatize the new worker to the organization's mission and values is more likely to form positive impressions and consequently enhance employee learning, commitment and care about the quality of their work. Taking time to allow new employees to engage in conversation/dialogue with their colleagues can help them develop a sense of belonging, and of place. The intuition that provided the impetus for this study is my recognition that storytelling in the orientation phase for new employees can assist them to see the organization as a positive place to work and learn, and as a result, the organization becomes just that.

The purpose of the research was to understand how new employees learn and make meaning during their orientation phase. I also hope to learn how sharing and dialogue (storytelling) can help new employees make meaning in a new occupational environment and how storytelling can help in the orientation process of sorting out the congruence of values.

Research Approach

The research methodology I used is Appreciative Inquiry (AI). AI is an approach to inquiry that is gaining increasing popularity in many organizational settings as a way to engage organization members in exploration of positive aspects of their working life. AI in this project refers to a research approach that is uniquely intended for discovering, understanding, and fostering possibilities for life-affirming orientation processes and phases in organizations. Its purpose here is to elicit an awareness of strengths and meaning-making through positive inquiries and stories.

The data collection techniques I employed to conduct the research involved holding one orientation session and a total of five small group interviews with participants. The interviews lasted 2 hours and were audio-taped. The interviews took place in an office

located at one of the three organization sites. All required research ethics protocols were employed.

The research was carried out in three phases. Phase 1 was the formal General Orientation day. Phase 2 involved two small group interviews after 11 weeks. Using a pre-determined set of appreciative questions, I asked participants to recall quality experiences from their time with this organization. Phase 3 involved another three small group interviews after 11 months. Using a different pre-determined set of appreciative questions, which evolved from the first round of interviews, I asked participants to recall positive, quality experiences from their working life at the 11-month mark.

Following the interviews, responses were transcribed verbatim and data analysis carried out. The initial analysis of the raw data involved reading and re-reading the data transcripts, and coding in order to discover significant insights and recurrent themes and patterns. Coding consisted of two phases: initial and focused. During initial coding, I studied each transcript individually for fragments of data: words, metaphors, lines, segments, and individual stories. Focused coding involved identifying the most significant or frequent initial codes to sort and organize the large amount of data. I was looking for themes and patterns describing experiences and learning events. I watched for the use and frequency of values-language and descriptions of context related to participant observations and experiences.

Scope of the Study

Five participants took part in the study, and all were female. All spoke English fluently and were articulate about their orientation experiences. Participants reflected a diversity of professions and levels of hierarchy within the organization. Their past experience ranged from 3 months to 37 years.

They ranged in age from 20 years to mid-50 years. There was some diversity of race. All participants were university or college graduates and had received their formal education in North America. The participants reflect a representative cross-section of the organization.

I am a practitioner-researcher with a strong interest in maintaining the effectiveness of the organization, so I was not disinterested or detached from the research findings. I am a female, Caucasian, Canadian Registered Nurse. I have worked in healthcare for more than 30 years as a direct-care provider. I have been identified as an adult educator for 9 years in my organization. I bring a strong pre-existing commitment to the value of storytelling as an important factor in how people make sense of themselves and their social world—how we learn. Although my personal values and life experiences have influenced my choice of an appreciative and narrative research methodology and my interpretations of the findings, I believe they are strongly supported by evidence from literature and the participants' stories themselves, thus rendering them both convincing and trustworthy.

There is much written in the literature about potential recruitment strategies. Ways to recruit employees and volunteers are not included in this study.

Assumptions

Based on my own experience using stories as case studies through my work in the past, I assumed that participants would be able to tell their own stories, although they might not have thought of the re-counting of their work experiences as stories. The literature I read as I explored storytelling in healthcare supported this assumption (Bailey & Tilley, 2002; Benner, 1984). I am in agreement with the following set of assertions by Vella and Associates (2004) that shared storytelling, or what they refer to as dialogue education, is of great pedagogical, personal, and social value:

We assume that people come to learning with some appetite and that they can and will make intelligent choices. We assume that folks come prepared to work hard and to work together. We assume that adults come to a learning event with abundant life experiences. We assume that levels of honesty can and will deepen as safety is established and meaning becomes clear. We assume that learners will take the time to critically reflect both during the learning event and during learning transfer. (p. 5)

In conducting the research, I assumed that participants would bring their own unique set of personal values and that they might possibly have difficulty articulating what they were. I assumed that small group interviews in comfortable and safe settings would allow genuine, truthful stories to be told and heard. I also assumed that participants wanted to find their “fit” in the new organization and that they had the desire to learn and find meaning in their new environment. Based on the observation of Trosten-Bloom and Whitney (1999), I assumed that the act of asking questions to the group might influence the group in some way. I made the assumption that asking appropriate appreciative questions would allow both positive and negative experiences to be told as stories that exposed the value of the experience, contributing to a constructive understanding of participants’ experiences as new employees.

Another assumption that underlies this study is that people work better and achieve more when they are clear on the organization’s mission, strategic directions and are aligned around shared values. I will revisit all of these assumptions in chapter 4 where I will discuss how they are confirmed and/or challenged by my research.

Definition of Terms

Acute Healthcare Setting: Acute Healthcare Setting refers to the hospital environment where the study took place. There is a 24-hour Emergency Department, operating rooms and

clinical programs of Emergency, Medicine, Surgery, Mental Health, Women and Children's Health, Rehabilitation and Long-Term Care.

Adult learning: Adult learning in this report refers to the kind of learning that can take place through everyday experiences, participation in structured orientation events, incidental learning through conversation, and sharing stories together with others inside and outside the workplace.

Ah-ha moment: The ah-ha moment is the instant of realization of the existence of some knowledge within us—when we encounter a “light-comes-on” experience and we recognize it for what it is with an intuitive naturalness and speed which often surprises us. It is the point at which awareness hits—also called a meta-knowledge point (Hannabuss, 2000, p. 404). As part of this research, participants are asked to describe an “ah-ha” moment.

Impact: Impact is what happens or changes in an organization or to a person over time as a result of a particular educational event (Vella, Bernardinelli, & Burrow, 1998). In this study, the inquiry about impact takes place at the 11-month point following orientation day.

Mentoring: In this report, mentoring refers to a personal, one-on-one relationship in which an experienced individual (mentor) acts as a guide, role model, and teacher of a new employee or volunteer. The mentor provides knowledge, challenge, counseling, and support in the new person's pursuit of becoming a full member of the organization.

New employee or volunteer: A new employee or volunteer is an individual who has joined the organization within the previous 12 months.

Orientation Phase: Orientation Phase in this document refers to the first 12 months in this organization. It involves—what the research participants describe as a “steep learning phase” and is a time during which participants search for meaning.

Storytelling: Storytelling is a central concept in my project. The term is used to describe ordinary conversation to support meaning construction. The underlying premise of storytelling in this thesis is the belief that adults learn and make sense of their world effectively by telling their stories.

Plan of Presentation

This thesis contains 4 chapters. In the introductory chapter, I outline the focus of inquiry, scope, and research methodology of my study.

Chapter 2 contains a summary of the literature I reviewed in order to complete this research project. The topics I explored with significant intensity included foundational concepts in adult learning, appreciative inquiry as a research methodology, storytelling in organizations, orientation experiences and transitions related to healthcare professionals, and learning and meaning-making for adults in the work-place setting.

In chapter 3, I describe my study including its methodology for data collection, data analysis, and representation of findings. Passages from the actual transcriptions are included to provide readers with sample stories allowing them to decide whether they agree with my coding categories of themes and outcomes.

Chapter 4 contains my analysis and interpretation of the appreciative inquiry methodology and the usefulness of storytelling as a source of learning and meaning-making for new employees and volunteers during the orientation phase. I make the connection of my findings to the literature. At the end of chapter 4, I include conclusions, and recommendations for further research.

CHAPTER 2

LITERATURE REVIEW

I began the literature review with the following question in mind: How do new employees find meaning in organizations? I was particularly interested in examining literature related to the themes of storytelling as an aspect of adult learning and meaning-making in organizations, particularly during the orientation and transition process. I was also interested in the significance of reflection and dialogue in fostering values interpretation as a part of personal learning experiences. Numerous scholars in adult education have attempted to explain meaning-making in adult learning. Their writing and research provide perspectives that have helped to inform this study. This literature review provides an overview of key sources pertaining to meaning-making as a central aspect of adult learning.

The references for this literature review were published between 1975 and 2006. Some have been written by authors whose views are frequently cited in numerous academic offerings in the field of adult education. These individuals appear to be considered by their peers as experts in a particular content area or philosophy of adult education. The remaining books and articles are written by lesser-known individuals and reflect concepts related to meaning-making that are now being explored in more depth. In this chapter I begin broadly with an exploration of foundational concepts in adult learning as a meaning-making process. I then review selected literature on Appreciative Inquiry (AI), a research methodology based on social constructivism and central to my research project. I use AI as a lens for examining literature related to the theme of new-employee meaning-making in healthcare organizations.

Adult Learning as Meaning-Making

Learning, according to many, can be defined as an active search for meaning. Dominicé (2000), for instance, posits that life histories create the “web of life in which people move and are affected by transitions and social contexts” (p. 3). By confronting and reflecting on the learning moments in their lives, people come to an understanding of the extent to which learning is an active search for meaning. Merriam and Brockett (1997) hold that adult educators can assist learners in the search for meaning through stories and interaction, by linking them to theory and practice.

The theme of meaning-making has been central in the adult education literature since its first beginnings several decades ago. In a classic text, written in the 1920s, Lindeman (1982) asserts that adult education leads to the affirmation that education is life, not a preparation for future living. For Lindeman, the purpose of adult education is “to put meaning into the whole of life” (p. 120), through situations and experience, while keeping doing and thinking together.

Meaning must reside in the things for which people strive, the goals which they set for themselves, their wants, needs, desires and wishes. They want to count for something; they want their experiences to be vivid and meaningful; they want their talents to be utilized; they want to know beauty and joy; and they want all of these realizations of their total personalities to be shared communities of fellowship. (p. 122)

The persistence of this theme is reflected in Finger’s (1995) more recent claim that adult educators and learners are faced with new challenges requiring a collective learning process where skills, knowledge, and approaches are redefined against the background of global, biophysical, and socio-cultural challenges. Whereas Lindeman’s (1982) emphasis is on the meaning-making process as a way to fit into the dominant culture, Finger places much greater emphasis on meaning-making as a form of cultural critique where the norms

and beliefs of the dominant culture are held up for question. Thus, although the topic of meaning-making is shared, it is evident that it can be viewed differently according to different philosophical and historical perspectives. A full exploration of meaning-making from various philosophical and historical stances is beyond the scope of this review. I focus below on how meaning-making is viewed from a humanistic perspective since, among several identified philosophical orientations within the adult education literature, humanism is one of the most central (Merriam & Brockett, 1997) and the one with which I identify.

Humanistic Meaning-Making

Humanism is a philosophy that emphasizes the process of personal self-development and self-actualization. Elias & Merriam, (1995) propose that philosophy and humanistic education are intertwined with the cultural values and beliefs of our society. Humanistic adult education accordingly places a central emphasis on the person and learner. Adult educators who practice from a humanistic perspective concentrate on human potential for growth in both cognitive and affective areas of life. Humanistic adult education is focused on helping individuals adapt and cope with changes in their personal, professional, and social lives.

Humanists view learning as personal development resulting from interaction with others and with the world. The view of learning, from a humanistic perspective, has also been described as a process of constructing meaning or interpreting reality and transforming understanding. Attempting to help learners sort out their philosophy of adult education can be supported by discussion about situations, incidents, or issues from everyday practice. Reflecting on them begins the process of making meaning from life experience in a way that allows a person to understand themselves more fully (Merriam & Brockett, 1997).

Social Constructionism and Social Constructivism

Humanistic theories of learning fit nicely into the social constructionist paradigm (Cranton, 1994). Social construction is central to the meaning-making process. Our culture brings certain things into view for us and endows them with meaning, and leads us to ignore other things. Basic generation of meaning is always social, for we confer meanings as they arise in and out of interactive human community.

Crotty (1998) draws attention to the important distinctions between constructionism: where the social dimension of meaning is central and the focus includes the collective generation and transmission of meaning; and, constructivism: where the social dimension of meaning is not central and focuses exclusively on meaning-making activities of the individual mind. Further, Crotty explains that constructionism and constructivism bring objectivity and subjectivity together indissolubly. It is through the interplay between subject and object that meaning is born.

Constructionism tends to foster critical spirit by emphasizing the hold our culture has on us. It shapes the way we see and feel about things and gives us a definite view of the world. In the context of organizational studies, Cooperrider and Srivastva (1987) signal disenchantment with theories of science that assign priority to the external world in the generation of human knowledge. Instead, there is growing preeminence to the cognitive processes of mind and the symbolic processes of social construction. According to Boyce (1996), the reality we collectively experience is constructed by our social interactions and begins with the universal need for meaning and order. We are constantly attempting to develop conceptions that will allow us to make sense of and give meaning to experience through the use of language, ideas, signs, theories, and names (Cooperrider & Srivastva, 1987).

Another body of literature where meaning-making is a central theme is the literature addressing the theory of social constructivism, which involves a blend of social reality and symbolic interaction. For Crotty, meaning in the constructivist view is discovered by individuals as they engage in the world they are interpreting, pointing out the unique experience of each of us. From a social constructivist perspective, meaning-making can be viewed as a recurring cycle comprised of a sequence of events occurring over time, through which individual interpretations are developed. The constructivist perspective suggests that each individual's way of making sense of the world is valid and worthy of respect, thereby tending to eliminate any hint of moral judgment.

Brookfield (2000) describes a tradition of constructivism:

... which emphasizes the role people play in constructing and deconstructing their own experiences and meanings. Constructivism rejects universals and generalizable truths and focuses instead on the variability of how people make interpretations of their experiences. This strand of thought maintains that events happen to us but that experiences—that is how we understand events—are constructed by us. (p. 37)

Embedded in the theory of social constructivism is the idea that we create our world by the conversations we have with one another (Watkins & Mohr, 2001).

Experiential Learning

The idea of meaning-making through social constructivism is linked to another important body of adult education literature in which individual meaning-making takes central place. This is the literature about experiential learning. In all situations our perceptions of events are conditioned by unique past experiences that have shaped our response to the world around us. Once again, the connection between experience and meaning was addressed by Lindeman (1982) early in the 20th century. Experience, Lindeman states, is the adult learner's living textbook. The role of experience is as crucial to

meaning-making as the approach taken by the meaning-maker (Merriam & Caffarella, 1999). Boud, Keogh, and Walker (1985) describe experience as the total response of a person to an event: what is thought, felt, done, and concluded at the time and immediately after. The response of the learner to new experience is determined significantly by past experiences that have contributed to the way the learner perceives the world. Experience is the resource of highest value in adult learning.

Brookfield (2002) acknowledges that knowledge is viewed as malleable and that experiential learning is open to multiple interpretations, arguing, “Experience is interpreted in various ways and different people experience the same events in wildly divergent, yet internally coherent ways” (p. 39). Furthermore, Vella (2002) stresses the importance of context where every thought is touched by experiential learning to generate a particular view of the world.

Experiential learning has been linked to meaning-making in descriptions of its process. Kolb and Fry (1975) describe experiential learning as a progression through which people use their experience to learn and increase their effectiveness in subsequent situations. Sawyer (1976) agrees that we learn by experience as all that is learned comes out of the process of taking in, assimilating, and giving out. Meaning-making requires that aspects of one’s personal history be challenged by experience. The process of meaning-making involves shifting focus away from specific experience to the larger context in which one lives. Personal meaning-making has come to be recognized as a dynamic process involving reflection and experiential learning.

In the context of nursing, Benner (1984) describes experiential learning as movement through stages, explaining how:

Expertise develops when we test and refine propositions, hypotheses and principle-based expectations in actual practice situations. Experience results when preconceived notions and expectations are challenged, refined, or disconfirmed by the actual situation. Experience is therefore a requisite for expertise. The expert perceives the situation as a whole, uses past concrete situations as paradigms, and moves to the accurate region of the problem without wasteful consideration of a large number of irrelevant options. (p. 3)

Transactions account as experiential learning only when the person actively refines preconceived notions and expectations. Learning through experience consists of thinking, feeling and concluding. After the event, there occurs a processing phase, called reflection.

Critical Reflection and Transformational Learning

Merriam and Heuer (1996) suggest that for learning and eventually development to occur, learners must engage with an experience and think about it critically. This step is called reflection. Reflection is an important activity in which people recapture their experience, think about it, mull it over and evaluate it. It is this working with experience that is important in learning. Many theorists claim that it is only when ideas are brought to our consciousness that evaluation occurs and choices are made. One engages the experience in order to make sense of it. According to Boud, Keogh, and Walker (1985), reflection in the context of learning is a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings. The authors believe that one of the most important ways to enhance learning is to strengthen the link between the learning experience and the reflective activity that decides whether the new learning is meaningful and useful.

Merriam and Heuer also connect reflection on experience to significant adult learning: only through the synthesis of experience and cognition do adults develop and grow. Making sense of, that is, interpreting, or making meaning of our experiences, is what learning in

adulthood is about. Boud et al. (1985) agree that critical reflection is a form of learner response to experience and consideration based upon that experience.

Depending on the congruence between the meaning-making system and the learning experience, the process of personal meaning-making can be transformative. Significant adult learning entails fundamental changes in learners and leads them to redefine and reinterpret life experiences in their personal and occupational worlds. Adult learning often seeks to help learners transform their way of thinking about themselves and their world. This is what Mezirow (1978) calls perspective transformation.

Merriam and Heuer (1996) acknowledge that the process of perspective transformation has far-reaching implications for adult learning because in this space, the meaning system undergoes change in such a way that allows for the learner to make sense of the experience. Growth occurs if the change in the meaning system is toward a more complex, inclusive, and integrated cognitive structure. Learners are then better equipped to make sense out of the next experience encountered. A goal is to identify and facilitate the transformation of the meaning perspective of learners. An educator who engages in reflective and potentially transformative learning will likely promote the same among learners (Cranton, 1996).

Mezirow (1978) explains that transformation in meaning perspectives is precipitated by dilemmas that cannot be resolved by simply acquiring more information, enhancing problem solving skills, or adding to one's competencies. Resolution of these dilemmas and transformation of meaning perspectives require awareness that adults are caught in their own stories and are reliving them, and at the same time, questioning the assumptions that structure the way adults see themselves and others. According to Mezirow, when a meaning perspective can no longer comfortably deal with anomalies in a new situation, a transformation can occur.

Cranton (1994) extends Mezirow's (1978) early theorizing and defines transformative learning as the development of revised assumptions, premises, and ways of interpreting experience or perspectives as a means of critical self-reflection. Fostering transformative learning is a means of facilitating the development of reflective judgment in the learner. Cranton (1996) further explains that transformative learning occurs when an individual has reflected on assumptions or expectations about what will occur, has found these assumptions to be faulty, and has revised them. This relates to Brookfield's (2000) understanding of significant personal learning as learning in which adults come to reflect on their self-images, change their self-concepts, question their previously internalized norms, and reinterpret their current and past behaviours from a new perspective. Brookfield agrees with Cranton in that significant learning in adulthood begins with the need to make sense out of experience. He proposes that when we are unable to make sense of the experience, or are dissatisfied or unsettled with the meaning made, that development can or may occur. Encountering an experience that we cannot make sense out of is the first step in the transformation process.

The literature I have reviewed to this point has addressed broadly a variety of adult education learning contexts. However, there is also literature in the field that discusses the theme of meaning-making in the specific context of organizations and it is to this subject that I now turn.

Organizational Learning and Meaning-Making

Organizational learning emerged conjointly in the fields of organizational studies and adult education, reflecting the reality that much adult education occurs in the workplace where individuals have the potential to change and adapt to their environment. Change is a continuous process, ongoing in dialogue, inquiry, and interaction taken to know or understand something about the organization. Knowles, Holton, and Swanson (1998) define

adult learning in organizations as the process of adults gaining knowledge and expertise related to their work.

Pink (2005) believes that meaning-making has become a central aspect of adult work and life. It makes sense that desire for meaning would take root where many adults spend most of their waking hours. Pink further asserts that conversations between individuals and groups in the workplace help to keep people feeling included and connected to the organization. Through dialogue, Pink claims, people come to know one another well enough that what they think of each other matters. Generally, people want to live up to what is expected of them. The author suggests that organizations must grasp the idea that there is likely to be a growing demand from individuals for workplaces that satisfy the desire for meaning-making as well as money.

Bridges (2003) posits that regardless of what is changing in a person's life, work is affected. One important transition that is likely to take place in a person's work life is the transition from being motivated by the chance to demonstrate competence, to being motivated by the chance to find meaning. It is the shift from the question of *how* to the question of *why*.

According to Goldsmith, Morgan, and Ogg (2004), knowledge is the source of life for any company. Knowledge resides in people and must be accessible and shared for it to have value. People need the means and motivation to share generously. Dialogue, they state, reveals texture and detail, which is where knowledge is most often located. Without the investment in organizational learning, other investments will not matter. The goal of learning will be fulfilled only when learning as a value has permeated the lives of the people and the organization. Once learning becomes practical and personal, it becomes memorable. Although not speaking specifically about the workplace, Gladwell (2000) adds that even in

this age of mass communication, word of mouth is still an important form of human communication.

Vella, Bernardinelli, and Burrow (1998) explain that ultimately, learning transfer is the effective use of skills, knowledge, and attitudes applied to the learner's work. The organizational learning goal is impact, where improvement in performance of the learner's organization is the result of the learner's work. Caffarella (2002) confirms that learning transfer is workers' effective application of what they have learned. Organizations and their employees are asking for outcomes that are applicable, practical, meaningful, and make a difference.

Facilitation of Meaning-Making

Facilitation of meaning-making requires prompting learners to consider alternative perspectives on their work and lives. Adult educators' unique approach to facilitating learning can contribute significantly (Finger, 1995) by challenging learners to examine previously held values, beliefs and behaviours. Adult educators who facilitate learning in organizations often experience tension between the assumptions underlying andragogical practice and the organization's performance requirements. When the individual learner's needs are consistent with those of the organization, there is no tension. When the individual's needs are not congruent with the organization's performance requirements, a tension exists (Knowles et al., 1998). Andragogical practice is the term used by the authors, interchangeably with the humanist strand of adult education, embodying self-directed learning and experiential learning.

Boud et al. (1985) observe that to support the meaning-making process, the facilitator extracts information that at first may have gone unnoticed and draws attention to unacknowledged interpretations and speculations. Listening skills are important and the

facilitator needs an acute awareness of the ways in which learners use language to describe or interpret their situation. Bridges (2003) adds that it is important for the facilitator to express whatever concern s/he has for the new employee. Listening is one action that clearly expresses concern. According to Bridges, good communication has less to do with what the facilitator says than with the ability to really hear what others are saying.

Murrell (1998) notes that facilitation encourages and enables learners to reflect on experience—including others' experience—as a method of learning and finding meaning. As well, Strachan (2001) suggests that facilitators encourage critical thinking, which leads to deeper understanding for the learner.

Merriam and Brockett (1997) point out that in many contexts inside and outside the workplace, the adult educator is a facilitator of learning, not an authoritative dispenser of knowledge. It is essential for facilitators to provide a stimulus for learning, to support the learner in the process of meaning-making, and to assist the learner in extracting the maximum benefit from what occurs. Boud et al. (1985) add that facilitators need to be conscious of the priorities of learners, and need to appreciate that what emerges from the learning activity will be determined mostly by the learner.

Goldsmith et al. (2004) posit that facilitators can engage groups in discovering meaning through shared stories. Cranton (1994) similarly endorses the importance of stories within group process and explains that many adult education practitioners describe themselves as facilitators of a process in which learners share experiences and expertise as equal members of a group. Cranton adds that expertise may be downplayed in the facilitator role, but it should be the basis for yielding a balance of authenticity and credibility.

Mentorship

When individuals are hired or enter into an organization, the goal is that they successfully complete a learning phase—often referred to as “orientation”—and that they become productive members of the organization. Mentoring is an interactive progression where the new employee is partnered with a more experienced and knowledgeable person. Fahje, McMyler, and Mateo (2001) suggest that generally, organizations depend on existing staff to serve as mentors. Mentors teach using situations at hand. Michaels (2002) defines mentoring as a mutual process that integrates coaching and guiding over a prolonged period of time. Expertise is a key component of the mentor role. Cranton (1996) agrees that the mentor role tends to occur in longer-term interactions and that an educator may assume the role of mentor in the workplace.

Questions can stimulate thought-provoking conversations between the mentor and the person who is mentored (mentee) and can ultimately enhance the critical thinking skills of the mentee. Schaber Bartz (1999) agrees that mentors are advantageous for new employees. Furthermore, Vella (1995) believes that a sound and safe relationship between mentor and adult learner results in learners finding meaning. Within the specific context of healthcare, Benner (1984) stresses that one can reasonably expect a novice to struggle, given that new and unusual situations occur in the workplace. She encourages that every effort should be made to provide mentorship for new employees in healthcare environments. Benner believes that safe and efficient access to learning through mentorship enables the learner to ask meaning-making questions.

Merriam and Heuer (1996) report that adult educators can both model the kind of development they seek in their learners and mentor in the process. Through dialogical

teaching-learning experiences, educators exposed to the views and perspectives of learners can consider them, challenge them, and make meaning of them.

Dialogue

To the extent that action is predicated on ideas, beliefs, meanings, intentions, or theory, individuals are free to seek transformations in conventional conduct by changing conventional idea systems. The most powerful way individuals can approach transforming their agreements on norms, values, mission and ideologies is through the act of dialogue made possible by language. Cranton (1994) adds that since language is the primary method of communication, the use of language touches on all aspects of education and learning.

Social knowledge resides in interactive, collective dialogue (Cooperrider & Srivastva, 1987). Vella (1995) confirms that dialogue is the heart of the teaching-learning relationship. Dialogue invites all participants to contribute and listen. Knowing is an active process that involves dialogue. It is vital for educators to remember that it is in the dialogue that learning takes place.

Learning tasks are the heart of dialogue education. The purpose is not dialogue. It is learning. Dialogue education invites participants to look deeper and create stories. Benner (1984) observes that it is dialogue that makes refinements possible through experience. An individual understands and interprets meaning from the context in which it is found. Individuals working with common issues in health and illness, birth and death, for instance, develop common meanings. These common meanings evolve over time and are shared. People who share a common culture and language have a background of common meanings even though shared meanings and traditions are seldom shared exactly.

The intentions, expectations, meanings, and outcomes of practice can be described and captured through narratives. Common meanings become apparent when narrative accounts

are given with the intentions, context, and meanings intact. Common meanings arise from taken-for-granted or background knowledge that is not socially negotiated in an explicit way. Common meanings make it possible for individuals to communicate directly and to more readily understand one another with a lower requirement for interpretation or translation. Benner (1984) concludes that cultures such as healthcare develop a dialogue of common meanings that become embedded in work practices, conversations, and expectations.

McDrury and Alterio (2000) point out that dialogue that encourages reflection creates opportunities in which it is possible to construct new meanings and explore skills and knowledge that support best practice. For Vella (2002), the operative word is dialogue. The educator needs to find out what learners think about their work and how they perceive what they still want to learn. Without engagement there is no learning. Cranton (1996) observes that teachers and students learn together through dialogue, although dialogue alone may not necessarily lead to new learning or new meaning-making.

Inquiry

The open question or inquiry is an effective means of inviting dialogue because there is no predetermined response. Vella (1995) places open questions at the heart of participative, accountable adult learning. The open question invites critical reflection, analysis, review, and personal perceptions. The inquiries that individuals make determine the kinds of responses they received. Later, Vella (2002) explains that modeling a true attitude of inquiry and learning is perhaps the most useful thing a teacher of adults can do. Open questions are a simple format for building learner confidence and creating a sound relationship for learning, developing and listening. An open question invites reflection and consideration of personal values.

Storytelling

Storytelling allows for meaning-making through the sharing of knowledge. Stories are easy to remember, because in many ways, stories are *how* we remember. Most of our experiences, our knowledge, and our thinking are organized into stories (Pink, 2005). Jensen (2000) describes storytelling as “the universal translator, bestowing personality, passion, meaning and connection to the work we do” (p. 101). Benner (1984) refers to stories as “exemplars” and explains that an exemplar involves a person-to-person interaction where there is genuine, real communication. There is closeness. One individual is listening to the other during the storytelling. Benner recommends that nurses use storytelling in situations where their interventions made a positive difference in an outcome. Exemplars convey meanings that can easily be applied to other situations whose objective characteristics might be quite different.

According to Boyce (1996), the study of storytelling resides within the field of communication theory where story is viewed as a fundamental way to express values and reasons. The researcher can identify story themes and assess links between values, reason, and action. Understanding the role of storytelling in an organizational culture motivates the researcher to investigate who is telling the story, how and by whom organizational stories are interpreted and what meaning is attributed to the stories. Research and application of storytelling processes can present ethical and philosophical challenges because stories are not value-neutral.

Individuals make sense of their world and their relationships with others; they also manage their identities in a storied way. Storytelling permits an exploration of personal meaning that impacts on occupational engagement. Stories almost always have an emotional impact (Molineux and Rickard, 2003). McDrury and Alterio (2000) suggest that storytelling

can be used for reflective learning purposes. Storytelling is recognized as a useful strategy to advance understanding of professional practice. By sharing stories, it is possible to create meaning, to understand what has happened and to prepare for what may happen in the future. Each telling of a story provides additional opportunities for practitioners to reflect on experience, gain insight into its significance, and assimilate subsequent learning into practice. Listening to a story is a powerful way of joining with the teller, which in turn shapes and reshapes how the story is told and re-told and how meaning is co-created. From an appreciative perspective, listening is a way of joining. Neutral observation is impossible (Voyle & Voyle, 2006).

Snowden's (1999) example of Christianity as a faith tradition is strongly associated with a storyteller and the storytelling process of making meaning, using parables and metaphors to create profound understanding of a set of values. This approach has not always been embraced in the corporate world, which more often assumes a more hierarchical approach using organizational structures, mission statements, corporate policies, strategies and tactics. Specifically:

Storytelling is a uniting and defining component of all communities. The quality of story telling and its conformity or otherwise with desired corporate values is one measure of the overall health of an organization. Stories exist in all organizations: managed and purposeful storytelling provides a powerful mechanism for the disclosure of intellectual or knowledge assets in companies. (Snowden, p. 30)

Meaning-making involves both storytelling and ordinary conversation. Employees express understanding and commitment to the organization in the use of their stories. The degree of familiarity that members have with the dominant stories of the organization may impact the members' level of adaptation to the organization. Organizational stories capture the unique quality of the organization. They give meaning to employees and are useful in

new member orientation. It is also important to note that not all stories empower or inspire. Choosing which stories to tell is important (Boyce, 1996).

New Employee Meaning-Making in Organizations

An exploration of literature reveals that the orientation phase in organizational joining has the potential to stir a variety of emotions for the new employee. New employees describe orientation as a time of adjustment, a time of beginnings. Bridges (2003) believes that beginnings involve new understanding, new values, and new attitudes and posits that people bring their hearts and their minds to work. Beginnings follow the timing of the mind and heart. Yet beginnings are strange things because people want them to happen and fear them at the same time. New ways of doing things represent a risk. There is always the possibility that it will not work out.

Knowles (1980) states that one misconception in our cultural heritage, is the notion that organizations exist purely to get things done. Every organization is also a social system that serves to help people meet their needs and achieve their goals. In fact, achievement of goals is the primary purpose for which people take part in organizations; and when an organization does not serve this purpose for them they tend to withdraw from it. Decisions to stay in or leave organizations, and feelings of commitment or alienation would appear to follow from achievement of goals (Louis, 1980).

As the new employee evaluates the new culture, it is possible for him/her to explore the unknown environment voluntarily through dialogue, inquiry and stories. Storytelling allows for the exposure of facts and opinions, and for examples, metaphors, values, and beliefs to be shared. Kirkpatrick and Kirkpatrick (2005) acknowledge that it is important for organizational educators to recognize that relationship-building and meaning-making must be built into the very fabric of new employee orientation efforts. Appealing to the hearts and

minds of employees is critical to organizational success. Engaging the minds of employees involves training and teaching them to do their jobs. Engaging their hearts is a whole different matter. It has everything to do with showing an interest in their lives and values. Kirkpatrick and Kirkpatrick propose that the difference between achieving commitment over mere compliance is the process of attending to both the hearts and the minds of employees.

Through storytelling, new employees have the opportunity to inter-weave their own exemplars into the organizational story, thus demonstrating their passion, authenticity, aspirations, values, motivations, and strengths in a way that can be creative and dynamic. By creating this opportunity at the beginning of the relationship with the new environment, the storyteller begins to construct the feeling of fit and belonging. Voyle and Voyle (2006) propose that stories engage individuals' hearts and imaginations in a way that mere facts never can. They suggest that leaders need to interact with people in organizations by entering into and valuing their world and then co-creating with them their future from the inside out. How and where they interact is important because what they connect with and value will grow. Focusing on identifying what is valuable and appreciating it is the easiest way to connect, or join, with someone. If there is discrepancy between how individuals value themselves and how they are valued in organizations, they are not able to join in a way that enables them to feel positive. Where there is a discrepancy there will be no joining or connection—just a sense of grinding and resistance.

Knowles (1998) explains that adult education is a means available to organizations for furthering both organizational and individual purposes. The organization's work purpose is furthered to the extent that it uses adult education to develop the competencies of their personnel required to accomplish the goals of the organization. The organization's human purpose is furthered to the extent that it uses adult education to help their personnel develop

the competencies that will enable them to achieve self-actualization. Much of an individual's waking life is spent doing what is expected from his/her many competing demands. In organizations, many of these demands are based in norms, standards, and requirements.

Jensen (2000) observes that since individuals have a personal connection to their work, there is no way to teach employees impersonally. Organizational educators use stories to change the hearts and minds of people. People relate to stories and understand them. Stories give the list of competing demands a personality, a passion, a meaning and a connection to the work. People act when a story makes both business sense and emotional sense.

Orientation processes must speak to where people are now, not where they will need to go. Newcomers need help, not in getting to the ultimate destination, but in taking the next step (Bridges, 2003).

Defining Organizational Orientation

Louis (1980) defines organizational orientation as the process by which an individual comes to appreciate the values, expected behaviours, and knowledge essential for participating as an organizational member. The entry experience is characterized by disorientation and a kind of sensory overload. When beginning work, the individual passes from outsider to newcomer where his/her anticipations are tested against the reality of the work experiences. Louis proposes that entry practices that enhance newcomers' understandings of their experiences will facilitate adaptation.

Schaber Bartz (1999) defines orientation as the welcome given to new employees and suggests that orientation practices need to facilitate meaning-making and adaptation to the new setting. Schaber Bartz and Mathews and Nunley (1992) both refer to orientation as induction and define it as the act of bringing new staff into the existing cultural system and making them feel welcome. Induction activities are designed to create new employees'

identification with the organization's mission, values, and ways of doing work. Bridges (2003) insists that it is unrealistic to expect someone to make a beginning like a sprinter coming out of the starting blocks. Beginnings are times to be gentle with newcomers, a time to provide supports and indulgences that make things easier. Merriam and Caffarella (1999) support this approach, noting that orientation should allow for the voices of learners to be prominent.

Voyle and Voyle (2006) observe that in many organizations leaders want to know what people think, so they create surveys to poll opinion. Such surveys are of limited value since they tend to polarize people into *either/or* categories that do not account for the context of the decisions. Most people live in the middle of an issue, seeing both sides, rather than the polarized perspective that surveys create. Surveys rarely motivate or inspire people to make changes or to live in transformed ways. On the other hand, in touching hearts and minds, stories stir imagination, open individuals to possibilities, and inspire action. Sawyer (1976) concludes, "All the goodness, the lift of the heart that we get out of our stories, we put back into our work. Nothing is lost" (p. 25).

Louis (1980) suggests that there is an appreciation process basic to how newcomers detect, diagnose, interpret, and select responses to features of the new setting, including differences between their pre-entry expectations and experiences. It is the newness of the situation that requires adjustment by the individual. Newcomers often attach meanings to action and events in the new setting by using interpretation schemes developed through their experiences in other settings. Individuals select responses to events at least in part on the basis of the meaning they attach to them. Newcomers' decisions to stay with or leave organizations, and feelings of commitment or alienation follow from the meaning they make of their early organizational experiences.

Orientation to Organizational Values

It is not the case that value judgments are simply expressions of opinion that lack a rational or cognitive basis. Value judgments are often identifiable because they employ value terms such as “worthwhile” or “good”, or because they express judgments about what should or ought to be. Selman, Selman, Cooke, and Dampier (1998) refer to philosophy generally as people’s fundamental beliefs and values. Although many value judgments are not referred to as being either true or false, reasons can be offered for or against accepting them, and some judgments are more justifiable than others. Value judgments underpin Mezirow’s (1978) suggestion that a crucial dimension of adult development involves a structural reorganization in the way a person looks at self and relationships. This perspective dictates criteria for identifying relevant issues, forming attitudes, setting priorities for action, and feeling that the individual can change the situation through personal initiative—in essence, making value judgments.

People work better together and achieve more when they are aligned around a shared mission, values and dialogue to foster shared meaning. Shared meaning leads to cooperative action, mutual understanding and respect (Whitney, Cooperrider, Trosten-Bloom and Kaplin, 2001). The inductive work that individuals do with the mission heightens their awareness of the congruence of the organization’s actions and its values and strategic directions.

Louis (1980) explains that the employee’s choice of the new organization is often based on assumptions about personal values, skills and needs. Ingersoll, Kirsch, Erlich-Merk, and Lightfoot (2000) observe that organizational commitment is characterized by a strong belief in and acceptance of the organization’s values, a willingness to exert considerable effort on behalf of the organization, and a strong desire to maintain membership in the organization. This commitment evolves slowly as individuals compare congruence of

their own values to the employer's expectations and values. The authors note that further investigation is required to know whether an employee's perception of the organizational environment influences his commitment to the organization.

High expectations involve credibility and as a consequence, new employees accept these expectations and try hard to achieve them (Armstrong, 1992). Schaber Bartz (1999) posits the need for new employees to learn about the core values of the organization and how they are lived. Armstrong (1992) agrees that living the core values is important and must be practiced and enforced. If someone clearly violates one of the organization's core values, immediate action must be taken. In contrast, Benner (1984) argues that few of the core values related to the employee's work are made explicit. There is a background of assumptions and values that one cannot get completely clear about or make completely explicit. Therefore, one cannot clearly choose which values will be pursued and which will be rejected. Situational adjustment will cause one to take up practices that embody values one does not recognize or freely choose.

Voyle and Voyle (2006) identify six domains that contribute to performance: purpose, identity, values, expectations, skills and environment. As individuals engage in organizations, they seek to ensure that each activity acknowledged in one domain is consistent and congruent with the other domains. If individuals are affirming themselves in one domain and offending themselves in others, there will be disconnects. Working in violation of personal values will cause increasing frustration and spiritual and psychological distress.

Further, Boud, Keogh and Walker (1985) posit that judgmental reflection allows a beginning awareness of personal value judgments about perceptions, thoughts, actions and habits. Through validation, individuals are comparing what they have begun to integrate

from the new environment into their own values and beliefs. They examine for internal consistency and congruence between new appreciations and existing knowledge and beliefs. The authors do not discuss outcomes where the new environment and cultural values are incongruent with the individual's value system.

Armstrong (1992) recommends encouraging new employees to talk to whomever they want to in order to understand better how business is done and what behaviours are expected. New employees need to know what the organizational values are and that they are expected to live them. Louis (1980) agrees that the newcomer must understand critical organizational values in order to identify essential or pivotal role behaviours.

Orientation to Organizational Mission

Boyce (1996) asserts that the meaning system of an organization emerges over years and includes the stories and common beliefs held there. Stories speak to mission, motivation, and success. Meaning-making through the use of story helps employees align themselves with a purpose larger than themselves. Knowles et al. (1998) suggest that the newcomer needs to locate herself or himself in the larger perspective of the organization's mission. Furthermore, Louis (1980) maintains that essential elements of any role a newcomer assumes will include knowledge base, strategy, and mission.

Merriam and Brockett (1997) believe that the organizational mission statement articulates the *why* behind what is done in order to become aware of the underlying values and assumptions and provide guidelines for making decisions and setting policy. Knowles et al. (1998) confirm that adult learning, when practiced within organizations, should strive to contribute directly to the advancement of the organization's mission as well as of individual goals.

Merriam and Brockett (1997) hold that adults employed in organizations are involved in learning opportunities designed to achieve the organizational mission. The common ground that all education shares is in determining the most effective way to prepare members to accommodate change, and how best to realize the group's stated values and mission. Arthur (1998) points out that orientation programs that reflect the needs of the employees are more likely to create a positive first impression and put new employees in synch with the organization's mission and values.

Kirkpatrick and Kirkpatrick (2005) caution that it is essential that the organizational mission be clear at every stage. Employees cannot be committed to the organization's mission if they do not know what it is, and especially if they do not know how it relates to their jobs. The idea of engagement with the mission accords with Cooperrider and Srivastva's (1987) stance, that organizational effectiveness implies congruence between values that members hold and everyday organizational practices. Knowles et al. (1998) outline how the organization's mission and the goals derived from it specify expected outcomes of that organization. Every purposeful, organized system operates with a mission, either explicitly or implicitly, and the role of the mission is to reflect the system's relationship with its external environment.

Research Methodology as Meaning-Making

Research methodologies allow investigators to conduct systematic investigations into specific areas of curiosity in order to understand, explain and find meaning. Merriam and Simpson (2000) observe that one important aspect of research is discovery. Truths about the worlds we experience may be discovered by individuals in their descriptions of their everyday lives through language and dialogue.

Joseph Jaworski said, “I had always thought that we used language to describe the world. ... [N]ow I see that this is not the case. To the contrary, it is through language that we create the world. Because it’s nothing until we describe it. And when we describe it, we create distinctions that govern our actions. To put it another way, we do not describe the world we see, but we see the world we describe.” (as cited in Watkins & Mohr, 2001, p. 13)

In the following section, I describe storytelling research, of which Appreciative Inquiry is an example. Appreciative Inquiry is a research methodology based on social constructivism, and the notion that what we focus on becomes our reality. Stories become the data for narrative analysis.

Storytelling Research

The ability to make sense of our world can be enhanced by our capacity to fashion a compelling narrative. Storytelling research supports the detection of ways of effective communication for learning and meaning-making. Storytelling can assist us to sort through feelings, facts, and possibilities. As Simms explains:

Storytelling is a subtle transformative event that always takes place in the present and is reciprocal. Storytelling has the capacity to directly engage the heart and imagination in such a way that a deeper level of listening is activated, which opens the eyes of perception. The deepest learning happens in the unspoken story that is generated by the mind mixing of images called forth during the telling. ... The thinking mind is kept entranced by the content, while the images dip down and uncover and awaken the dreaming imagination and intuitive intelligence of the listener. (as cited in Watkins & Mohr, 2001, p. 77)

Through storytelling, individuals have the opportunity to weave their own exemplars, demonstrating their passion, authenticity, hopes, values, motivations, and strengths in a way that can be creative and meaningful. Storytelling research conducted by Bailey and Tilley (2002) concludes that storytellers reconstruct their stories to convey a specific perspective of an event. It is meaning not truth that is conveyed in the form of stories. It is truth in their experience, not an objective, decontextualized truth.

Boyce (1996) explains that organizational story and storytelling research is built on a multidisciplinary foundation. Researchers are challenged to take a closer look at their own meaning perspectives as they undertake story research. Research often highlights meaningfulness as an essential ingredient in job satisfaction. Hannabuss (2000) adds that this meaningfulness consists of what people see as meaningful, possibly what they are prepared to admit or imply as meaningful, and what the researcher might infer they believe as meaningful.

Whitney, Cooperrider, Trosten-Bloom, and Kaplin (2001) assert that much storytelling research within organizations draws on the phenomenon that stories, whether good news, best practice, “war stories,” or myths, spread throughout an organization. As they spread, they teach about the way things are done within the organization and inform action.

Trosten-Bloom and Whitney (1999) posit that “grounded theories” based upon storytelling and conversations have greater potential to positively influence the organization than any other method. For the authors, grounded theories applied to appreciative inquiry entail a selective focus on positive deviations in the data involving times when people, functions, and the organization as a whole are at their best in helping to ignite the theoretical imagination and mind, resulting in more frequent occurrences of such experiences in the future. Appreciative storytelling researchers are determined to help foster conversations about the life-giving, healthy actions that are normally taken for granted in order to generate compelling options and possibilities for continued organizational transformation. Benner (1984) clarifies that one of the additional benefits of small group interviews for storytelling research is that individuals begin to recognize that their judgments have become more astute and refined over time.

Storytelling research is a way of identifying tacit knowledge, critical thinking and creativity. It provides the opportunity to learn about deeper issues surrounding professional practice. Lindesmith and McWeeny (1994) conclude that storytelling has always been part of the nursing and healthcare culture. Sharing stories is a learning activity that can be a powerful addition to orientation. Storytelling relies heavily on relationships and communication. It establishes connections between people and creates a shared history. It promotes critical thinking, strengthens collegiality and collaboration, builds self-esteem and rapport, and extends support to colleagues. It also serves as a springboard to dialogue about deeper issues of practice that may not be easily explored through other methods.

Appreciative Inquiry

Appreciative Inquiry (AI) is an affirmative form of inquiry uniquely suited for the discovery of generative theory. Watkins and Mohr (2001) explain that the term *appreciative* comes from the idea that when something increases in value, it appreciates; therefore, AI focuses on the generative and energizing forces in the system. *Inquiry* is the process of seeking to make meaning or understand through asking questions. Our world is shaped by the many conversations we have with one another, in which meaning is made from our experience and shared images of an anticipated future are created.

As well, AI is a research method that is an increasingly popular form of organizational research in the storytelling mode. Trosten-Bloom and Whitney (1999) describe AI as an organizational development research methodology that is useful to understand and build upon the best of what has been and might yet be through inquiry into the organization's collective wisdom, knowledge and capabilities. The capacity to nurture and restore organizational hope is the beauty of AI. Based on the authors' AI research in healthcare, they note that

organizations change in the direction of people's collective images of the future. Positive images of the future yield positive changes; negative images of the future yield the opposite.

Watkins and Mohr (2001) describe AI as a research methodology that can fundamentally (re)shape organizational learning and development. Trosten-Bloom and Whitney (1999) confirm that learner and organizational change occur through thoughtful inquiry into affirmative change. This accords with Vella et al.'s (2004) assertion that open questions, energy, and generative themes have long been part of the principles and practices of dialogue education. Once an organization's members shift their perspective, they can begin to invent their most desired future. This view of organizational development interventions emphasizes the role of language, storytelling, and ordinary organizational conversations. Trosten-Bloom and Whitney observe that strategically positive inquiry profoundly affects an organization's values, culture, and daily actions. Hammond (1998) suggests that when people are asked appreciative questions, something very important to them is touched, thus leading them to share sincere and genuine answers.

Specifically, Cooperrider and Srivastva (1987) present AI as a mode of action research that meets the criteria of science as defined in generative-theoretical terms. Going beyond questions of epistemology, Appreciative Inquiry posits that social existence can never be fully understood. The conduct of inquiry cannot be separated from the everyday negotiation of reality. More than a method or technique, the appreciative mode of inquiry is a way of living with, and directly participating in varieties of social organizations. Thus, the authors assert that the action researcher is drawn to affirm and illuminate the factors and forces involved in organizing that serve to nourish the human spirit. Vella (1995) describes generative themes as ideas, problems, joys and issues that generate energy within the individual. They are what people talk about, worry about, and celebrate. They are found in

chats at lunch and coffee breaks. Vella et al. (2004) further add that generative themes create energy for learning.

Watkins and Mohr (2001) emphasize that AI is based on the belief that human systems are made and imagined by those who live and work within them. AI leads system creators to move toward images that reside in their values, visions, achievements, and best practices. Furthermore, the authors observe that AI is based on a belief that a human system will show a heliotropic tendency to move toward positive images. AI is focused on the generative and creative images that can be held up, valued, and used as a basis for moving towards the future. Trosten-Bloom and Whitney (1999) concur that AI itself results in quantifiable increases in people's attention to and valuing of desired outcomes and organizational behaviours.

Voyle and Voyle (2006) remind us that AI does not ignore or avoid discussion of anything negative or unpleasant. Rather, it suggests that the goal is to move from the problem mind-set to a solution mind-set. The mindset transformation occurs when the individual focuses on the value of the experience. Cooperrider and Srivastva (1987) caution that the questions asked largely determine what is found and support placing an emphasis on telling stories about the *value* of an experience.

Hammond (1998) suggests that the key principle of AI is its generative process, which looks at where an organization wants to be, based on high moments of where it has been. Dialogue is grounded in real experience so participants know how to repeat their success. In contrast, Watkins and Mohr (2001) explain that AI assumes that life-giving forces are present in every situation, and that our habits of organizing and talking often overlook the positive in favour of analyzing obstacles, resistance and deficits. Vella and Associates (2004) posit that AI calls for the examination of what has worked well in the past, valuing it, and bringing it

into the future in order to create living and sustainable strategies for success. Furthermore, Watkins and Mohr (2001) describe AI as an intervention process based on the power of dialogue generated by inquiry itself.

Hammond (1998) argues that the language we use creates our reality. All words have definitions but some words have emotional meanings as well. These words affect our thinking. For example, if an organization keeps hearing how “ill” it is and how much it has to fix itself, members will behave as if the organization were ill. Watkins and Mohr (2001) explain:

AI seeks fundamentally to build a constructive union between a whole people and the massive entirety of what people talk about as past and present capacities: achievements, assets, unexplored potentials, innovations, strengths, elevated thoughts, opportunities, benchmarks, high point moments, lived values, traditions, strategic competencies, stories, expressions of wisdom, insights into deeper corporate spirit or soul—and visions of valued and possible futures. (p. 14)

Trosten-Bloom and Whitney (1999) hold that in AI theory people and organizations collectively create their images of the future, their realities, and their social order through language, communication and relationships. For this reason, organizational discourse, i.e., conversation, dialogue, story, which is imbalanced in a positive direction, contributes to the development of positive action and high performance. Discourse that is skewed in the direction of the negative has the opposite effect. In fact, the more positive the stories told in and about the organization, the more likely the organization’s success. Whitney, Cooperrider, Trosten-Bloom, and Kaplin (2001) go on to describe appreciative dialogue that is powerful, motivating and compelling. They believe:

Compelling communication occurs when information is shared in ways that enhance relationships among people and their ability to do a good job. It happens when conversation, dialogue, or inquiry is open, honest, authentic, and action-oriented. Compelling communication serves to strengthen relationships, to focus on the work to be done, and to convey a sense of caring and commitment. It

involves sincere listening as well as open expression of ideas and opinions. When people have the information needed to do their job and they feel listened to and heard, they are better able to collaborate and co-create. Compelling communication gives people a sense of connection and belonging. It enables people to work together in ways that are mutually satisfying and inspiring. (p. 11)

Cooperrider and Srivastva (1987) posit that human interaction is enhanced by the capacity for constructing meaningful agreements that allow for the committed engagement in dialogue and organizational life.

The practical approach about what AI researchers actually do when involved in conducting AI research is explained by Cooperrider and Srivastva (1987). Interviews involving inquiries based in positive dialogue are a powerful way groups have for transforming their opinions, values, purposes, and ideologies. Alterations in linguistic practices hold profound implications. Asking positive questions has the ability to change the way groups see issues and envision outcomes. Trosten-Bloom and Whitney (1999) give an example of a purposefully positive interview question. “Please describe a moment in your career at this organization, when you felt most alive, most effective, or most engaged” (p. 12).

Cooperrider and Srivastva (1987) continue by explaining that AI researchers are not impartial bystanders or dispassionate spectators. They argue that:

Instinctively, intuitively, and tacitly we know that important ideas can, in a flash, profoundly alter the way we see ourselves, view reality, and conduct our lives. Experience shows that a simple economic forecast, political poll, or technical discovery can forever change the course of human history. (p.16)

By creating new language, and by extending compelling visions and conversations of possibility, Appreciative Inquiry becomes a powerful means whereby norms, beliefs and natural practices may be altered.

Summary of the Literature

The literature in this review supports the perspective that adult learning is part of the philosophical search to develop principles by which adult educators can better address the relationship between learning through dialogue and meaning-making for new employees in acute healthcare organizations. Foundational concepts of adult learning form a strong base for the examination of new-employee meaning-making.

I discovered general statements that identify potential reactions of new employees when they experience unfulfilled or unmet expectations in their new environment (Benner, 1984; Fahje et al., 2001; Kirkpatrick & Kirkpatrick, 2005; Knowles et al., 1998 and Louis, 1980); however, there appears to be little written to describe specific outcomes that arise when there is an incongruence of personal values and organizational values. Few authors make reference to the tension caused by incongruence of personal and organizational values and beliefs. Potential ethical, spiritual and psychological consequences do exist when core personal values of new employees are not recognized or valued by the organization. With the increased cultural diversity of adults in Canadian workplaces, I had anticipated finding literature which explored the tensions resulting from incongruence related to cultural practices, religious beliefs, and philosophies, especially for individuals employed in faith-based organizations where the faith partner is different from that of the new employee. Voyle and Voyle (2006) explore faith-based connections in organizations to identify core values and mission. They present the appreciative approach as a valid organizational development methodology which can be used to understand human behavior that forms a foundation or way of perceiving and being in the world. Furthermore, there appears to be a scarcity of writing on values-based adult education or strength-based organizational development uniquely related to Canadian healthcare.

Over-all the literature reviewed does support and acknowledge the value of stories told by new employees in the context of organizational interactions. Participant stories provide access to the subjective reality that is their truth, and to the meaning of their experience. These meanings are vitally important for the understanding and provision of appropriate orientation of new employees in acute healthcare organizations. Adult educators, regardless of philosophical viewpoint, aim to assist the learner to find meaning, energy, and engagement in organizational work-life.

In Chapter 3, I describe the themes and outcomes in my study and in Chapter 4, I use this knowledge to add to the related literature and my research results.

CHAPTER 3

DESCRIPTION OF THE STUDY

The focus of this research project was to understand how new employees learn and make meaning during the orientation phase of employment. I also wanted to learn how sharing stories and dialogue can help new employees make meaning in a new occupational environment and how storytelling can help in the orientation process of sorting out the congruence of values.

The research approach I employed to conduct the study was Appreciative Inquiry (AI). As described in the previous chapter, the aim of AI is to assist in understanding and building upon the best of what has been and could be through inquiry into the organization's collective wisdom, knowledge, and capabilities. AI is based in the ideas of valuing, making meaning, and understanding through inquiry. Small group interviews that generated life-affirming narratives are consistent with appreciative inquiry and most suited to my area of curiosity. Participant storytelling was used to identify and examine the potential for increased adult learning and meaning-making for participants as they transitioned into their new work environment.

As the person responsible for the introduction of the organizational mission and values to new employees and volunteers, I serve as facilitator during their orientation experience. As I listened and engaged in the interviews, I was as much a learner as the participants in this process. My role as interviewer was to facilitate discussion, and not to challenge anything that was told or described.

Methodology and Research Design

Consistent with the AI methodological framework, data were collected in small group interviews using a storytelling approach. My research plan required that the methodology of choice be appropriate for various levels of the hierarchy of this organization to tell their stories. My plan and focus of this incorporated an adaptation of the four stages of AI: *discover, dream, design and destiny*.

Discovery was fostered through small group interviews that encouraged participants to tell their stories from a variety of perspectives and roles in the organization. The discovery stage merged with the *dream* phase in which participants were guided to tell about their desires for their work, their relationships, and their organization, that is, imagining what might be. The stories in this phase connected their work to the organization's values. In my study, the inquiries about the core values of the organization merged the *discovery* phase with the *dream* phase of the AI methodology. The focus of this research was on eliciting stories primarily from the *discovery* and *dream* phases — that is, “what is” and “what might be.”

Recruitment of Research Participants

Participants for this study were recruited from the group of 12 new employees and volunteers registered for the autumn 2005 hospital orientation. Offers to participate in the study were made to all 12 orientation registrants. During their pre-employment/ pre-volunteering appointment with the Human Resources or Organizational Development staff, orientation participants were offered an opportunity to learn more about and potentially participate in the study. This was explained to all potential participants in a formal letter requesting permission to approach. The study involved 5 participants. The group was made up of 4 employees and 1 volunteer. It was challenging to choose the right time to hold the

interviews. Holding education sessions in a hospital setting meant that participants may not have been able to be present for the full duration of the interview(s). The intensity of dialogue education, the fact that the learning tasks would be done in the small groups and the fact that bonding could take place between learners, were considerations in my planning of the interviews.

Gaining Consent

Participants attended the general orientation session whether (or not) they had chosen to learn about or participate in the research. The choice was offered confidentially during a meeting with a Human Resources staff member prior to the General Orientation event. Consent for participation was requested only after potential participants had an opportunity to speak to me, ask questions and have any concerns addressed. I fully explained my research project to each participant who agreed to meet. This meeting occurred within 2 weeks after the General Orientation Day. I met with them individually, confidentially and at their convenience. The research study consent form reinforced that participation in the study was voluntary and confidential, and participants could withdraw from participating in the research at any time. Individuals who participated in the study gave permission to be interviewed and for an audio digital recording of the interviews to be made. Anonymity was assured through the use of pseudonyms, the code for which was known only by the researcher. Participants understood that information from the study might be published, but that their names would not be associated with the research.

Research Setting

The location as well as dates and times selected for the interviews were based on convenience for the participants. It was very difficult to establish mutually convenient dates for the interviews because in the healthcare environment staff work 24/7. Patient care and

urgent meetings had to be attended. I wanted to avoid having people come in and out of the session knowing that when one enters or leaves a group, it becomes a new group. We therefore met as two groups for the 11-week interview. The 11-month interviews required three sessions (two formal interviews and one exit interview in the individual's home).

The group interviews took place in a quiet, comfortable, non-intimidating office setting on the largest site and occurred at various times of the day. Participants were seated at a round table. The image of a circle captures dialogue education, where everyone can see each other and all have the same opportunity to participate.

Participants

The following is a brief introduction of each of the research participants. As noted above, pseudonyms are used.

Carena is a soft-spoken African American in her late twenties. She has recently graduated from the local college nursing program. She is a Registered Practical Nurse (RPN) and works on a complex continuing care unit. She works all shifts as required.

Elizabeth is Caucasian, approximately 50 years of age. Her role in this organization is a corporate director and she has a nursing and administration background. She has her Master of Business Administration (MBA) and in her career has had the opportunity to work for more than 5 years in a developing country. She is an experienced professional who is confident and forth-right in her communication style. She works days.

Anne Louise is Caucasian, in her late thirties. She is a pharmacist who has worked for 15 years in a retail pharmacy. She presents as a serious, matter-of-fact woman who does not laugh particularly easily. She works days only.

Ruth is Caucasian, in her early thirties. She is a Registered Nurse (RN). She graduated from the local community college nursing program 2 years before the study began. She has

worked for a year in the United States and will continue to work there casually. She is starting her new role on a medical unit. She works all three shifts. She is friendly, laughs easily, and speaks very quickly.

Mary Alice is Caucasian, in her late forties. She is an in-service volunteer. She volunteers 2 mornings each week in a non-clinical area. She has her secondary school Commercial Diploma with additional college courses to support legal secretarial skills. She has worked in the past as a legal secretary in a law office. She has no work experience in healthcare. She has raised her family and has not worked outside the home for more than 20 years.

There was energy about each one of them. I made it clear from the beginning that all voices were welcome. Since all participants were there of their own volition, they were unrestrained and honest in their participation. The dialogue was lively and there was always the perception of themselves as part of a larger team.

The research plan was carried out in three phases as follows:

Phase One

The project began as I facilitated the monthly General Orientation Day in the autumn of 2005, for all new employees and volunteers. The month selected was based on the timing of my approval from the Research Ethics Committee of the healthcare organization and the Research Ethics Board of St. Francis Xavier University. There has been nothing significantly different previously or subsequently about orientations in the autumn. The composition of the group and the activities the organization was engaged in at that time were similar to those of other orientation sessions.

Typically Orientation Day is the participant's first day with the organization. Attendance at the 1-day corporate orientation event is an employer expectation for students and

volunteers, and is mandatory for employees. In this session there was a mix of 12 employees, students, and volunteers, including management and non-management and professional and non-professional staff. The group did not include board members or physicians.

When I met with the attendees at the Orientation Day event, each of them had already been approached individually by a neutral person who invited them to participate in this study. As part of the methodology, I was not given the information as to who had agreed to participate until the following day. Thus I facilitated a group that included a mix of both research participants and non-participants. For this reason, no direct data are used from the orientation session, and it serves primarily as a background to the subsequent phases of the research.

The Orientation Day event took place in a classroom on the largest site and lasted all day. Presentations on various subjects included, among other topics, the organizational strategic directions, mission, and values. This overview of the organization was provided by representatives of administration and various presenters throughout the day. In the morning, the CEO of the organization and I co-facilitated an interactive conversation with the group about the organization's strategic directions and values. Appreciative inquiries were made in order to discover stories of exemplary service or experiences from their past. Through these topics, new employee/volunteer expectations were explored. The responses from the group of 12 were transcribed and sent by e-mail on the same day to the leadership group of the organization so they would know what the new employee expected upon arriving in their department. At the end of the day I returned to the group to dialogue about the organization's mission and stated core values. I made the link back to the morning exercise. Each participant was given a copy of their compiled responses from the morning. Together, we

linked the responses to the organizational core values. Participants were invited to watch for circumstances where the values are lived personally or by others. They were also encouraged to use the organizational values as guides as they make decisions related to their work.

Phase Two

The second phase of the research, and the first phase of group interviews, took place at the 11-week mark following the orientation. I believed that by the 11-week point, the participants would have accumulated enough experiences and thoughts about the new environment to engage in an appreciative inquiry. In this phase, I conducted two interviews; both lasted between 1 and 2 hours. Using a pre-determined set of appreciative questions, I began by asking the participants to recall the best experience they had had in this organization during the first 11-weeks. I inquired about values. I asked questions such as the following: What does compassion look like and have you seen any? What does accountability look like? Have you seen that? What about trust? I asked them to tell about a time in the past 11-weeks when they had felt really respected on the job. There was also a request for participants to describe one “ah-ha” moment from the previous 11-weeks and to tell the story of an experience where the participant or someone else went the extra mile to provide excellent service when it was needed most. I also inquired about moments where they had been acknowledged, appreciated or thanked. There was no specific planned sequence to the inquiries.

They were asked to describe the experience and the rest of the group was encouraged to listen, but also to ask questions and to be curious. Telling their best experience story provided individuals with an important opportunity to establish their identity in the group. It gave them a chance to tell others, in a somewhat indirect way, what was important to them in relating to others.

There was an opportunity for each person to tell stories of these quality events, if they wished. I reviewed some guidelines to help participants fully engage. Participation was voluntary. If someone chose not to tell a story, a simple “I pass” was adequate to move to the next speaker. I asked them to respect and maintain confidentiality about the stories that would be shared.

At the 11-week interviews I expected to hear stories about whether they had transferred orientation learnings about the mission or values or applied them. I wondered if their learning had translated into new or different behaviour. As participants agreed in their research ethics guidelines and consent, I recorded the interviews. I listened to the language used in their stories. I kept field notes that described visual cues and other observations that could not be picked up in transcription of the audio recordings. Responses were not judged correct or incorrect. They were based on stories of real experiences.

Phase Three

The second group of interviews took place at the 11-month mark of employment. I believed that by the 11-month point, the participants would have numerous, rich experiences and stories. I expected their exemplars would identify opportunities where learning transfer and organizational impact might have occurred. I conducted two separate interview sessions in order to meet with all participants. Interviews were audio-taped, as before, and lasted between 1 and 2 hours. Using a different pre-determined set of appreciative questions, I asked the participants to recall quality experiences since the previous interview. The overarching appreciative inquiry was to describe an experience where something the participant had put into practice had resulted in a positive change in the organization. A further inquiry elicited stories about experiences associated with being part of a team that had a high level of

trust and respect among the members. I explored stories of change in approach to their work or practice as a result of what they had learned. Finally, I inquired about the experience of the interviews in terms of how it felt when these sessions started and how it felt at the conclusion of the second interview. Again, there was an opportunity for participants to share their stories of these quality events, if they wished. They explored shared experiences of having seen other organizational members demonstrate specific attributes.

By the 11-month sessions I expected to hear what participants were doing in the environment — what they were involved in. I was listening for stories of individual and organizational impact. As facilitator, I inquired to discover stories that told about the lived experience of the organizational mission and values. As researcher, I was listening for words that expressed the organization's mission and values by paying attention to the language used in their stories and to what participants found inspiring and desirable. By listening and reflecting on the audio tapes and transcriptions, I explored whether the interview conversations had made any difference in how the organization was viewed by the participants.

Exit Interview

I had planned to meet with any participant who left the organization during the 11-month period. One participant had formally withdrawn from the organization before the 11-month interview. I was able to interview her in her home. I did not use pre-determined questions but encouraged her to share any information she wished related to the orientation phase in the organization. Her initial stated reason for her resignation from the organization was that she was thinking about returning to school. I pondered if the environment had inspired her or if she had failed to find meaning in her work. I did not ask her about this directly. Instead, I listened for the indirect or implied meaning in her stories and comments.

Data Analysis

To carry out analysis of the interview data, I listened to the recordings of all of the interviews sequentially, and in their entirety to obtain a general understanding. I noted laughter, speech hesitation, length of pauses, and voice inflections. I listened to what participants identified as values in order to evaluate their connected-ness to the values of the organization.

I transcribed the narratives verbatim. The texts were not tidied and I made a conscious attempt to capture voice tone and volume, by adding my personal observations to the transcriptions in order to reveal rather than conceal aspects of meaning and intent. All conversation, which occurred during the interviews, were incorporated into the transcripts, including speech interruptions, false starts, laughter and overlaps in speaking turns between participants.

The analysis of the raw data involved coding in order to discover meanings. Coding consisted of two phases: initial and focused. Initially, I read and re-read the full transcriptions. Then I eliminated sections that involved my instruction to the participants and extraneous conversations. I combined the responses from both groups to correspond to specific inquiries. I then compared the responses. I studied each transcript individually for fragments of data: words, metaphors, lines, segments, and individual stories. I compared similar statements, concerns and responses from all interviews. During the analysis, content and structure of stories relating to specific appreciative questions were examined. I attempted to stay focused on identifying common experiences or practices. I selected the most useful initial codes and arranged them into focused codes.

Focused coding involved identifying the most significant or frequent initial codes to sort, synthesize, integrate, and organize the large volume of data. I read and re-read the

responses to identify themes and outcomes. I identified themes within each interview as well as themes that cut across interviews. A theme is a recurrent category or story that reflects the common or shared experiences and practices found in the interview transcripts. I thought about the generalities of responses and relationships and the movement of ideas from one theme to another. I did not limit the scope of my focus to the interview questions. I re-read my interpretations and studied them to see if similar or contradictory interpretations were present in the various interviews.

In the report for the fulfillment of the research component of the Master of Adult Education Degree, compiled prior to this thesis, I included numerous passages from the actual text to provide readers of the report (St. FX Adult Education faculty) with examples which allowed them to decide whether they agreed with my categories of themes and outcomes. With the support of this input, I teased out information that I felt identified meaning-making and values. I looked for similarities and objective validity in the data. I validated the data through comparison of the recordings and transcriptions from the group interviews at 11-weeks and 11-months. I also compared the information from the second interview to the information received during the exit interview. Lastly, I compared my data to similar data available from appreciative interviews described in the literature.

The Findings

The most fundamental and consequential meaning-making from data was the identification and classification of stories that participants told. In the interview format, the participants drew from memories of positive experiences. Three principal themes emerged from my analysis of the data: (1) Being “New”, (2) Mentors: Heroes or Villains, (3) Linking personal and organizational values.

Key findings related to each of these themes will be addressed below.

1) Being “New”

The first theme of Being “New” emerged from participants’ comments about what it felt like to be a new member of the organization. The feelings participants talked about covered the emotional spectrum. They were excited to have been hired and to be starting in their new role and at the same time they were fearful. One participant identified a sense of struggle about not wanting to make mistakes:

You don’t ever want to make a mistake but when they’re [patients] acutely ill, you really don’t want to make a mistake! I was afraid to call admin-on-call. I just don’t want to be wrong and I’ve got to get that out of the way. [Ruth, 11-week transcript]

Participants discussed the personal preparation they had done to make the transition to the new environment. They talked about how to deal with their emotions associated with unfamiliarity. Most came thinking that they were prepared for the variety of emotions they would experience.

I thought that I had prepared myself fairly well, mentally and emotionally. I came from a place where I was the expert and now [pause] it’s hard when you’re that new person. You think, oh I wish they’d ask me; and then you think, oh I hope they don’t ask me anything. It’s sort of hard to know what to wish for. It’s kind of hard to break in. [Anne Louise, 11-week transcript]

Several participants identified the extreme amount of energy required to scale the steep learning curve associated with their new positions. They spoke about being physically fatigued every day. Two spoke about memory loss associated with over-load of information. They made a significant association between the increased energy they required to learn and their own confidence in their ability to complete their orientation phase successfully. Although there was a positive energy connected to the learning, they wished the phase was over. It was exhausting and frustrating.

I knew it was going to be a steep learning curve, and will continue to be. It’s going to be a long haul to get to that point where I’m feeling anywhere near as confident and comfortable as I was in my previous job. That steep learning curve really

does take a lot of energy. It's going to get worse before it gets better. I find that when I go home at night, I'm really, really tired. I was prepared for how arduous the climb was going to be, but it's steep. I'd like to be there now. I don't want to wait six months. [Combined participant comments, 11-week transcript]

Elizabeth shared a story where she felt that her input was not being valued because she didn't know the history. As the story unfolded, she came to learn that one of the reasons she was chosen for the role is because she was bringing a fresh new perspective. Here is her story:

We were listening to what had happened and people were saying, "That's terrible." The minute I said, "We're going to deal with this," then all of a sudden they were, "Oh that's just him. It's not unusual for him to throw a pen across the desk and swear." I looked at them all and I said, "I need to have permission to say what I want to say without feeling that you people are going to gang up on me because I'm the new kid. Why would you accept bad behaviour from anybody?" The Medical Director said, "You're absolutely right. This is why we brought somebody from the outside in without the background. We want fresh eyes." That meant a lot to me. [11-week transcript]

During the first interview, Anne Louise told the group that she had been speaking with a friend about her orientation experience. The friend had confirmed with her that the emotions she was experiencing were typical of moving into a new professional environment. She described the experience through the use of metaphor. The strength of the visual image resonated with the group and was referred to several times throughout all the interviews.

You forget what it's like to be inundated with information. You are drinking straight from the hose. That's it really; you are drinking straight from the hose. You can't take it all in. That's exactly what it's like. [Anne Louise, 11-week transcript]

2) Mentors: Heroes or Villains

The second theme focused on participants' comments about people who had helped them (or not) through the orientation phase.

Heroes

The data included comments made by the participants as new members of the organization about the people they could count on for help and mentorship. One participant described how someone had “taken [her] under their wing.” I have called these mentoring individuals and teams “heroes” and their actions are described below. When participants spoke about their heroes and told their stories, they used gentleness and a tone of gratitude in their choice of words and conversations. Mary Alice described how the reaction of one member of her department has helped her to decide, “I’ll work here.”

The way this other person reacted to me [needing help with a task] was very kind. It was a positive way to deal with the situation. To her it might have been nothing; to me it was a big thing. [Mary Alice, 11-week transcript]

Carena told of the tension of knowing she needed to ask for help while not wanting to bother anyone else. Some healthcare professionals appear to de-value the amount of knowledge they bring to a new environment, and the role of mentors was very important in helping new employees recognize and validate the skills they bring.

I’m a new nurse, there’s a lot that’s still over my head. I’m reaching out all the time. It was nice to know that I could count on somebody to give me a hand. I didn’t feel like I was putting them out, asking questions. It’s really nice to be able to ask someone if I’m unsure. I had a mentor and she was excellent. There are other people on the floor. I don’t know it all and sometimes that’s hard to accept but there’s always somewhere to go to or someone to ask to help you find answers. [Carena, 11-week transcript]

Healthcare is an environment where tragedy and elation can occur simultaneously. Mary Alice told the emotional story of wanting to provide care for a young lady who was terminally ill. She was inexperienced at doing this and was fearful to even approach the patient. She describes her hero as:

... a nurse who used to work in palliative care and she’s very comfortable around people who are dying. She made it possible for me to care for a patient, because I

was quite nervous about this young girl. She's not going to make it. I found it very difficult. She is a 38-year old girl with a child who's less than a year old, and is terminally ill. This nurse [mentor] said, "I'll come with you." So I was comfortable because I knew that she would. Whatever I was experiencing with comfort level, she would take over, and she did. We were there 10 minutes and she said all the right things and put me at ease. [Mary Alice, 11-week transcript]

Carena summed up her experience of feeling supported by several members of her work team when she said:

There was always a resource. There are other people on the floor. You are never by yourself. There's always somebody there to go to if we have a question and I felt okay going to ask a question—comfortable. [11-month transcript]

Anne Louise continued the dialogue with the following.

I feel exactly the same way. I've never had a time where there wasn't someone there. I think there was a time when I was in the pharmacy for 10 minutes by myself and had a question and I remember thinking, "Where are they? [Group laughter] What are they doing leaving me here alone?" There are some [mentors] that are more approachable than others but not even to a great degree. Some have different strengths than others. I've never felt like I've been left flailing—which is great. [11-month transcript]

There was a comment that supported the reciprocal benefits of mentoring relationships.

Ruth spoke to this when she said:

Some of those girls have been here fifteen years and I'm much better help than them to find things on the computer—but they are better at other things. [11-month transcript]

Mentoring not only helps new employees and volunteers find their place within an organization, it may also help long-time employees feel valued and less likely to seek employment elsewhere. Both environmental and internal changes in healthcare call for increased attention to career development and retention of staff. The strain of work overload and continual orientation of new employees may perpetuate high turnover of experienced staff. Benefits to the mentor include the sense of accomplishment and pride in being chosen

to help the new employee find their place within an organization. Mentors often experience increased satisfaction and sense of renewed purpose as a result of helping new people find meaning in the new environment. Positive experiences give mentors a greater sense of commitment and a reason to stay with the organization (Benner, 1984). This was not borne out in my study. In fact, it was contradicted in the story Anne Louise told from personal experience as a mentor:

I've looked back on my career and thought I should have been nicer to all those new people! If I'd only known then, what I know now. I did a lot of training—had a lot of students—a lot of interns—and I like to think that I was pretty kind—but I remember when they were coming in—because it's draining. Teaching is tough. I think it takes a lot of patience on the part of the people fielding the questions and it also takes them away from their work, so if they have a big load and then they're having to answer all your difficult cases. [11-month transcript]

Villains

There were also stories shared about individuals who did not take the time to help or were non-supportive. I have labeled these individuals “villains.” Some new employees had more than one person they were assigned to work with over the course of the orientation. From the interviews themes of dissatisfaction arose. When participants spoke about their villain, there was frustration, concern, and tension in the tone of the conversations. In several instances, the speaking volume was increased.

Once new employees began to work shift, they often had to find their own mentors to observe them doing a new task. One participant told the following story of her experience in asking for assistance.

I needed to start this IV. It was a really bad start. I asked one of the nurses. She said really sarcastically, “Why don't you call me when you're ready?”, and I thought, “I'm not asking you again.” I felt bad all day. [Ruth, 11-week transcript]

The assignment of patients was heavy and complex. Being given appropriate levels of responsibility in the new role was extremely important. Orientees said that they could become easily overwhelmed. The following story raises alarm associated with risk and patient safety. The participant told this story at the 11-week interview and she repeated it again at 11 months. She was still feeling upset and frustrated.

In the middle of the night the patient didn't look good to me and I asked another nurse to come look. She's been a nurse for a long time and she's giving me the old, "Oh, these new nurses are stupid!" She didn't say that but she was looking like, "Would you just leave it alone?" I will never go to her for help again. [Ruth, 11-week transcript]

Linking Personal Values to Organizational Values

The stated core values of the organization include teamwork, trust, respect, accountability, compassion and knowledge. In the interview sessions, I made specific inquiries related to teamwork, trust, respect, accountability, and compassion. I did not ask a specific question about knowledge. Participants told stories that implied that the way to respect the new employee and provide a way for them to contribute is to adhere to simple values—things like accountability, trust and respect. The following are samples of the words, phrases, and stories participants used in response to my inquiries.

In this organization, ***teamwork*** was defined at General Orientation as working together to get the job done and to make each other look good. Participant stories about teamwork relate to three areas. The first area involves safety. Participants described how teamwork is needed in order to get the work done efficiently and safely on the unit. The following story relates specifically to the care of patients in a complex continuing care area.

We need each other because it's a total team approach. We work hard together because we know that we can't do it by ourselves. Sometimes it's heavy and you

need people to lift and to turn and to even physically manage the patients. You can't do a lot of the care without somebody with you. Sometimes it's really difficult and everybody's pulled together to be there for whoever it is that's taking care of that patient, helping and backing each other up. You've got to stick together. It's pulling your share of the weight. [Carena, 11-week transcript]

The second story about teamwork relates to the feeling that the whole team wanted the new employee to succeed at a specific task. This story was told with high energy and laughter. The storyteller had little hospital experience and shared with the group that she generally lacked confidence.

I had to assist a physician with a procedure and it was my first time. I felt like everybody was coddling me. I was frightened and they pulled through. I had the feeling that they wanted me to succeed. They were with me. A good team effort! I felt really good about that. [Ruth, 11-week transcript]

The third story was a description of a previous work experience. The participant told the story as an example of a time when she felt isolated as a new nurse:

When I graduated and got a job in the nursing home first and the nursing home RPN's are pretty much the only nurses there; there's like maybe one RN on a different unit somewhere and so you don't really have a team to work with. You need each other; to know that you could count on somebody to give you a hand; and asking questions; because a lot of the things you don't know. [Carena, 11-week transcript]

The final exemplar about teamwork relates to what it means to be part of the larger organizational team.

In the hospital structure it's just the whole set up because the reality is that if housekeeping doesn't come in and clean the floors, and if pharmacy doesn't bring up the drugs, and if nursing doesn't take care of the patient, then we're not a team. There's definitely that mentality in the hospital. I think everybody works together and it's a good feeling and it's good to be a part of. I've learned that I want to be part of a team. [Ruth, 11-week transcript]

In each of the stories, participants were able to place themselves in the scenario. Even in the story about teamwork in the larger organization, Ruth found a link with her own personal values and she said, "I've learned that I want to be part of a team."

Trust means different things to different people. Some people trust until they are

betrayed. Others believe that trust must be earned. These two perspectives were explored in the interviews. The teller of the story below was referring to incidents involving friends and family members.

I'm very trusting. I tend to be maybe too trusting at times and I get in trouble; disappointed. I'm a very trusting person, almost to a fault, and I have been burned a few times. I'm willing to give people a second chance but that's it. Two times and you're out. [Mary Alice, 11-week transcript]

All participants agreed that trust is essential. Trust is extremely important between care providers. Issues can arise related to the delivery of medication, especially narcotics. When caring for a confused elderly patient, this new employee experienced a moment where trust was in the balance.

I had a gentleman who experiences confusion and forgetfulness and he thought that I had not given him his pills and he told another nurse this. I went back in and he said, "Oh I remember. Yes you did give me my pills." That moment of question—"Oh yes she gave me my pills." Then it was whew, because trust is a big thing. If somebody doesn't trust you then it's a big thing. It's the foundation. [Carena, 11-week transcript]

Participants were asked to share stories of experiences where they felt *respected* or saw the importance of being respected. They determined the circumstances that made this experience possible and then they articulated the common themes of respectful behaviour. The main theme of respect involved respect from peers, a concept that was very important to the participants. The first comment relates to how one earns respect as a new person in the organization. The person speaking was an experienced professional who described herself as an expert in a former role.

When you talk about respect, it's kind of a hurdle when you're new. It's happening in little spits and starts, here and there. [Anne Louise, 11-week transcript]

The second story relates to a specific moment when the new employee realized that she had earned the respect of a colleague:

I had to intervene on something a doctor had ordered. It was not that a big deal. In the big scheme of things it was nothing, and the nurse said, "Wow, you get things done," and I thought, "Okay. So that's it." I felt respected then. [Anne Louise, 11-week transcript]

The next story had to do with the importance of being respected by one's own professional peer group. Anne Louise referred to her sub-group of pharmacists. This is what she said:

When you talk about respect its interesting because I think that probably what's really important to me is mutual respect within the profession. I mean there's mutual respect between pharmacists—you know what one has chosen to do; whether it be hospital versus retail versus industry and the strengths that you bring to that [pause]. But I think another thing I guess that I'm coping with is gaining respect outside of the pharmacy. [Anne Louise, 11-week transcript]

The following is a story about an incident where a family behaved disrespectfully to both nurses and physicians. It is embedded in the corporate value of respect where a lived experience demonstrated disrespect from a family and the impact it had on her inter-disciplinary team.

All of a sudden the patient slumps over in the bed. So the nurse sees her [and wonders], "Oh my God, did she stroke"—[the nurse] sits her back up and the patient gets a little skin tear. Well then, [family reaction] "You incompetent bunch of people. Don't be touching our parent this way! We should write you up." You can explain and some people don't care. They're looking to pin-point blame. Maybe they're in pain [that] the parent is ill. They can't deal with it so they're going to find a scapegoat. [At the same time] you have to be supportive and nice to the family and of course you're nice to the patient. Blaming—it's not right! There's a family that's looking to get the nurses—and get the doctor. The doctors disappear—and they're not coming back. Then the family gets angrier. The doctor gets fed up—"I'm done with this patient. I have no more to say." So I can see their [the physician] point—but then there's the nurse trying to maintain calm! [Ruth, 11-month transcript]

The final example of respect was told in the context of physicians and nurses working closely together for long periods of time in situations that are often filled with stress and urgency. Familiarity in this particular story had led to incidents of criticism and disrespectful communication.

It's a very unique situation in the hospital. Nurses are working with physicians for the whole shift. They are physically there with each other. It's very easy for boundaries to get crossed. It's a reality. Physicians and nurses need to feel respected by one another. It doesn't always happen. [Elizabeth, 11-week transcript]

Accountability in this organization refers to responsible practice. It does not refer to blame. Being authentic requires organizational accountability (Vella et al., 2004). Working in healthcare requires the ability to adjust frequently to new environments, relationships and challenges. Change demands the re-evaluation of circumstances in order to adapt to events that happen. Healthcare professionals are accountable for their own practice.

The first participant story refers to an event where the new employee went to a more experienced professional to discuss the change in the health status of a patient. It was the middle of the night. The experienced nurse believed that the patient was difficult to rouse because he had been given a sleeping tablet. The new employee believed that the patient's condition had deteriorated. She said.

The accountability piece is that I went with what I believed was right, and I did that even though I thought maybe the other nurse would think I was over-reacting and that maybe it wasn't necessarily conclusive. Maybe all the ducks weren't in a row but I went with what I believed was right. I was accountable to the patient. [Ruth, 11-month transcript]

The second example was a generalization about accountability. It was shared by a nurse with many years experience.

Accountability to me is doing the absolute best you can do in anything. You need to be accountable for your actions. That doesn't mean you have to know

everything. It means that you have to be aware of what your limits are and what you can and can't do so that you can then go to somebody to say I need help with this or that. It's to do the best that you can do. It's that integrity in yourself that pushes you. [Elizabeth, 11-week transcript]

The next exemplar described the accountability of a group of organizational leaders in supporting a new manager:

I sit back and watch how they support one another daily. They take the time—they consider it valuable time—to have coffee together and communicate; to talk about issues. I see how they support each other. They have stepped right up to the plate as far as trying to be supportive of my new manager and then hence supportive of me trying to get her up to speed. [Elizabeth, 11-month transcript]

The last story was told in response to an inquiry about an “ah-ha” moment. It demonstrated both a positive and negative response to the participant’s attempt to be accountable. Anne Louise said:

I can think of an exact experience except that it went bad shortly after I went ah-ha! The doctor had written a script for an antibiotic that the patient was allergic to; so I paged the doctor, and we switched it to something else. When I pulled it up on the computer I realized that she was also allergic to it [Group groan]. I had to page him again! I was working through it—looking at the bug; trying to determine which antibiotic would work; and I said to my colleague; described the situation and what the lab had reported; and I said, based on all of that, I would pick this drug. She said, “That's exactly what I would pick” [Group cheer]. So, I paged the doctor and unfortunately the patient had been on that drug for a week [Group moan] and switched to something else, and then we were looking for something again. So I was feeling good and then it went really bad because in that conversation he switched to an antibiotic that was completely not appropriate. Well, then we worked through it. We did end up paging him again. He said, “You're paging me again? Are you new?” [Anne Louise, 11-week transcript]

During the interviews, I asked participants to tell me what they thought *compassion* was. They used words such as kindness, caring, understanding, and empathy. Compassion also appears to be associated with the sacredness of the care delivered. It is a quality that connects the care provider with the care recipient in a way that seems to defy words. One comment referred to a nurse the participant had been observing and in some way had chosen

for her own model of compassionate caring.

I consult fairly frequently with a palliative care nurse and her middle name is compassion. I think she is naturally compassionate. Everything she does is done in a compassionate way. We have a lot of cancer patients that can end up with us for awhile. I see compassion all the time, even in rounds and just being up there with them. It's not a big bad hospital. There's some nasty stuff [diagnoses]. I really feel when talking to the nurses about a specific patient, they seem very caring. "Oh they [the patient] had a great night last night" as though it was them [nurses] that had the great night. And I think ah-h-h—and we're all like ah-h-h that worked then—good, okay let's move forward, okay guys! [Anne Louise, 11-week transcript]

In the second story, Carena describes compassion as she has seen it enacted in the complex continuing care unit. As I listened to her speak, I believe she was actually describing the care that she herself gives.

I see compassion from my co-workers, from family, from doctors, from housekeepers, all the time. It's little things, like making sure that their favourite blanket is placed a certain way or pictures are turned a certain way, rubbing their head and holding their hands [voice breaking slightly], listening, trying to give them answers or finding the answers for them for things they have questions about, speaking with the family members, just listening to family members. [Carena, 11-week transcript]

Knowledge was the one core value of the organization that I did not inquire about specifically. In spite of that, participants made several references to the value of knowledge. Elizabeth told the following story about her admiration for professionals who were seeking further education and knowledge and her reflection on the opportunities offered in this new environment. She said:

I am impressed by the number of nurses within the hospital who are getting knowledge. I'm impressed with the level of achievement—wanting to educate and further advance themselves. Nurses work very hard at their jobs. They have long hours, tiring hours. They all have personal life; but I'm amazed at the number of them that still have a drive to either educate themselves or to better advance themselves. They are motivated and there are a number of them. It's the opportunities that are being provided for them by the organization as well...and so it has impressed me an awful lot at what's available for us. [Elizabeth, 11-week transcript]

As well, Carena spoke about what she was bringing that would be of value to this organization. *I have a lot of knowledge and experience, and this is good.* [Carena, 11-week transcript]

Ruth's observation spoke to a knowledge and power dynamic: [When you are a nursing student] *you just want somebody to acknowledge that you're alive and that you have a brain.* [Ruth, 11-week transcript]

Values were embedded in the words the participants used and that I heard. Participants shared their rich experiences in stories. In my research I needed to try to understand their meaning. I attempted to listen, probing the meaning of the words because careful clarification of meaning was essential. Throughout the interviews, I heard the language of personal values, where they were named, where they were compared to the organization's stated core values, and I heard the stories where values were implied. I was alert for instances where there was potential conflict between what the participant valued and what they described as being present and experienced in the new organization.

Key Outcomes

The concepts of learning, transfer, and impact are central to dialogue education. Learning occurs through an event and what occurs after the learning event is transfer. Transfer is what adult learners do with the learning in their context. Participants critically reflected on their experiences and used storytelling to share experiences where meaning was clear. As well as the three themes discussed above, the findings included three outcomes:

1. There were examples of learning transfer having successfully taken place.
2. There were stories of positive organizational impact.

3. There were stories suggesting that meaning-making had occurred and was important to new employees and volunteers during the orientation phase.

The following sections include words, phrases, and stories demonstrating these three outcomes.

Learning Transfer

From this research, I found many stories where learning transfer had occurred. The following comment was made by Ruth at the 11-month interview. She was discussing the positive aspects for co-workers when a new person joins the team, and said:

I think what's really good about new people coming in is you can be a change agent and that's something that I'm learning because I'm gaining the wisdom and the experience as a nurse. Because of my personality and outlook and my work ethic, I can help change the culture. [Ruth, 11-month transcript]

At General Orientation, the CEO and I engage participants in a conversation about how we can achieve our strategic directions. One of the points made is that people can choose the attitude they bring to work. The hope is that the chosen attitude is one of energy and positivity.

I've learned at orientation that you make a choice every day that you go to work. You get to pick your attitude. That is the gift. You get to pick. That simplified it for me. I can say, "How do I want the day to be?" and I learned that at orientation and from the role modeling that people here do. [Ruth, 11-month transcript]

Elizabeth reflected on the exemplary behaviours of colleagues within the new organization. She evaluated their behaviours and added her thoughts about how she is attempting to transfer these attributes to her own actions and interactions.

I've seen people who are nurturing, welcoming, positive, caring here in this hospital [voice breaking]. There are a lot of really good people here and I'm glad to be part of it, and it's making me better because I'm trying to be kinder and nicer and smarter and smoother. [Elizabeth, 11-month transcript]

Another exemplar was based on a tragedy when one of the clinical managers lost her young son in an accident. Elizabeth was the administrator-on-call at the time of the event.

The boy was riding his bicycle and was hit by a farm truck. She shares the following story as an example of people working together in an exemplary way under the saddest of circumstances.

The way that they connected [voice breaking] was really phenomenal. They were very supportive of one another. They thought of her [the manager who lost her son]. They thought of the staff [where she worked]. They were really great to watch in action, and to watch them brought me to tears. I was very proud of them. It was shoulder to shoulder and when chips were down. You just get the job done and you support each other and hold onto each other. My tears are over what I saw as a truly outstanding group. [Elizabeth, 11-month transcript]

Learning transfer was demonstrated in the participants' use of knowledge and attitudes beyond the learning event as they applied what they had learned to their work and interactions. They had taken the time to reflect and evaluate during learning events and during their attempts to apply what they had learned.

Organizational Impact

I listened for stories about times where organizational impact had occurred. The following are samples of stories and phrases that demonstrate that organizational impact did occur through the actions of the study participants. In the first example, Elizabeth was telling a story about a patient complaint.

He felt the nurse looked at him with disdain and disgust. She said, "It might be a bit before the doctor sees you because he's taking care of sick people." He left without being seen. He started to cry on the phone, and said, "I know that she's smart, because she's a nurse and I'm nobody." He felt really disrespected. I spoke to the nurse. Her perception was different. She wasn't inferring he wasn't sick but there was somebody that was sick-er. It was the way she had worded it. She didn't understand the impact of it. If I can affect how one nurse approaches and deals with patients; if we can catch it and take a deep breath and then look at somebody and say, "You know what? I'm sorry. Let's just slow down and start again." [Elizabeth, 11-month transcript]

The next example is part of a story told by a nurse as she explained to the group that she thought she might be making a positive difference for her patients.

I had one lady and her PIC line was going bad. She was so worried about it. She had lots of other problems in her body. She was full of cancer; and I was trying to take care of her leaky PIC line and explain it to her and be there with her. It wasn't a good time for her. But when I came back the next day she was my patient again. She was so happy to see me; happy about all kinds of personal things. Then I felt like, "Wow, I probably really made a difference last night with her anxiety." I felt energized; felt that I had done meaningful work. [Ruth, 11-month transcript]

The following story was told by a nurse as she explained that she was trying to model the way for other care providers. She was humble in the telling and stressed that what she did was what felt right to her. She also felt that she was taking a chance that she might offend another care provider she was working with. In the end, she said she believed that she had made a positive difference in the care of her patient and in leading by example.

We have this little old lady who's lost her mind since she broke her hip. Pain isn't controlled and she's on the other side of the hallway. Well the nurse there wasn't being very patient, saying, "Stop yelling; you've got to be quiet." The patient was just talking nonsense. I went over and took her hand and said, "I know you're in a lot of pain." She was going on about all kinds of other things and I'm just quietly sitting with her. I took 5 minutes. She lay right down and went to sleep and slept for an hour and a half. It might not work but I didn't like the other approach and I think that, when I acted like that with the patient, that other nurse didn't speak to her any more like that. I think I kind of showed her the way, subtly, doing my own compassionate thing. [Ruth, 11-month transcript]

As the organization strives to reduce employee turn-over, the next conversation has symbolic value and potential impact. In a casual inquiry with Ruth and Elizabeth about whether they were enjoying their work, this is what was said:

My goal was to ultimately get closer to home. This is the first time I've thought, "I'm not in a hurry to look for another job." Yes I wish I were closer to my family but I don't know that I will find another hospital with the same values; and I do believe that. I may have problems and challenges but I love it here and thrive on it. I do! [Elizabeth] So then we're home. [Ruth] So then we're home! Elizabeth]

The final example is the recounting of a story from when the nurse was a student herself and how she has transferred that learning and is using it to impact students in the environment now.

When I was a nursing student, I felt welcomed to the unit I was working on and decided then that I would like to work there after graduation. The staff was friendly and crazy-fun. Now when students come to the unit I make a point of greeting them and explaining things to them. It is so intimidating anyway as a student. I take them under my wing as much as I can. I think that it's making an impact on the career of that future nurse or future healthcare provider, and it's making an impact on our organization. [Ruth, 11-month transcript]

Reflection and Meaning-Making

The idea of meaning-making in organizations is linked to questions of; Who are these people in this organization? Are they who they say they are? Do they do what they say they'll do? Do they really live the mission and values? Do my values align? Does that matter? What does this mean to my professional practice?

The following are samples of stories and phrases that demonstrate that meaning-making occurred with study participants. In the first story, the participant reflected on the choices another care provider had to make between doing specific tasks and taking the time to sit and talk with a patient.

It's very easy for the nurses to forget those tender little things. Patients are sicker now. People are going home sick. They're better but they're still sick. You don't have time to sit and talk with the patient because you've got this to do and that to do. Those are the choices. You chose to spend those 5 minutes. You may or may not be feeling compassionate at that time. It may have been, "If I do this it's going to make the rest of my shift go better." Your other 5 patients can be ticked off because it took too long to get their pain meds. One of the other nurses could have said, "I needed help and you weren't available." I think that to do that is commendable and that's what we all need to remember; and so I love it when I see nurses that do that because I know that they are making a choice. It is very difficult for people to take the time, but they do, and I see it. [Elizabeth, 11-month transcript]

The second story was told in the context of a very difficult decision the participant had

to make and then carry out. She was convinced that she had made the right decision but it was difficult, nonetheless.

Sometimes in the leadership role we are asked to make decisions that are unpopular and not understood. What others may not see is all of the caring that goes on. What they don't see is the compassion that went into the decision—the delivery of the decision and that you don't just leave that at the door, and go home. It's the same as if you have a patient that's critically ill and you've invested time and built a relationship with that patient. You can't leave that at the locker-room door, I don't think. As much as people think we do as nurses, we don't. We take it home. We can't discuss it with our family. We carry it inside. I think it does affect you and you don't even notice it! You're all grouchy and you don't know why. I think it's probably what happens, that you can't share or don't share or don't know how to let it go. [Elizabeth, 11-month transcript]

The third exemplar was not connected to any specific inquiry. The participant just said,

“I want to tell you a story about a nurse.”

He was great with the dying. I had a number of compliments from family members on him. I congratulated him and he said that the patient was dying and I was the last person that could do anything to affect her. So the decision is, “Do I want to have a positive or a negative effect as she's going out the door?” It was the fact that he said, “I can either be a positive or negative influence on this person who is dying, and be the last one that she sees.” You get to pick. And it is something I will never forget. It was very important to me that he said that. When you put it that way, there is only one choice. [Elizabeth, 11-month transcript]

The fourth story is about starting to feel safe and supported in the new environment.

Ruth told this story at the 11-month stage. In this portion, she illustrates the transition from many of the feelings and experiences identified at the “being new” stage.

About two months ago I came to work without all the pent-up anxiety. Yes, I got that [difficult] patient and you know what? I can handle this patient. I can talk to that family member. I'm here listening, paying attention. But if I need them [co-workers], they'll come and help me. You're not alone. If the patient isn't breathing, you call the code. If they look like they're not breathing, you call the code. You're not alone. People will show up. And once you learn that they're gonna come, you're much better. And that's that trust thing. You're not by yourself. You let your guard down. You go, “Oh wow!” I'm not all by myself. They're not out to get me. They're really here doing the same things and we've got the same ideas. They're not judging me. When you come as a new nurse you feel like, they're going to be judging me. And that makes you think, “Look at the

stupid thing I did. Were you awake when you did that?" When you've been here longer, your guard comes down. Like at first you just don't want to do anything wrong; don't want anyone to see what I know and what I don't know. But you have to learn; you have to ask. And then when they give you the answer and time goes on and nothing really bad happens, and when you need them, they're all there; then you just calm down and get into it. [Ruth, 11-month transcript]

The fifth story demonstrated a reflection on one participant's transition in the approach to her practice over the first 11 months in the new environment.

I wouldn't say that I'm different personality-wise and my expectations of myself; but I've definitely learned concrete stuff. I think my approach is the same. It may have been impeded by my lack of knowledge. I'm learning more and becoming more comfortable. [Anne Louise, 11-month transcript].

Another story that demonstrated reflection and meaning-making had to do with a deep rooted religious background for the participant. Carena told the following value story:

This one patient that I have always calls me David and I'm like, can't you call me by my real name? "No, I call you David." One day I asked him, "Why is it you insist on calling me David? It's not that I mind. Why is it?" He said, "David was one of God's people." I said, "Thanks a lot! You don't really understand how much what you just said means to me, because I'm a religious person." My co-workers hear him saying David. They're like, "Well there you go" that's what they said. "There you go." [Carena, 11-week transcript]

It can be assumed that newcomers enter unfamiliar organizational settings with pre-formed conscious expectations about their new jobs and organizations, which, if met, lead to satisfaction and meaning, and, if unmet, lead to voluntary turn-over. My study did yield one story where there had been a withdrawal from another organization. The participant was unable to articulate the exact reason for the dis-connect.

I worked in [another community hospital]. I didn't like the hospital. I was on a surgical floor there. I don't know. I just didn't care for it. I don't know why. I can't really pin-point it down. I just didn't like it too much so I left. [Carena, 11-week transcript]

Louis (1980) confirms that turnover among newcomers may be attributed to differences between newcomers' expectations and early job experiences, called unmet expectations. Unmet expectations are the difference between initial expectations and actual experiences on the job. Today's healthcare professional is a knowledge-worker whose role complexity and responsibility requires long-term learning and development. The framework to support this growth in the hospital setting must be designed to reward and retain excellence. The following is Mary Alice's reflection;

I had thought that volunteering would help me find meaningful work. Computers were new to me. I enjoyed being part of happy, busy team. I missed that at home. I enjoyed meeting the other people when we did the first interview. I don't have any idea what I would like to do. I am searching. I am content at the moment and I'm sure I will find my direction. I am glad I volunteered at the hospital. I learned that office work isn't for me. I'm not sure what is but I'm eager now to find out. [Mary Alice, Exit interview transcript]

The final group of stories in this section emerged in response to an inquiry about what it meant to the participants to have the opportunity to share their stories of experiences from their first year with the organization. The following is a selection of their responses.

It gives you permission to have relationships while you're at work. I used to think, "I'm coming to this job. I have to be this professional person. I have to be a nurse and what does that mean." Really it's such a chunk of your life. You can't just be an employee. [Ruth, 11-month transcript]

I was kind of thinking about it as my own little therapy. [Anne Louise, 11-month transcript]

I wish we could do it [meet] like this all the time. It would be nice to be honest and open all the time. It feels good to be letting each other know how you feel. I think they're [her team] marvelous—but they don't know how I feel really. It would be nice if they did. I guess a lot of things are unspoken. We should do it more often. [Carena, 11-month transcript]

The last story demonstrates the collegiality that developed between the participants after only three actual meetings. Elizabeth said:

A lot of my communication is done by e-mail. I find the opportunity to sit and dialogue about thoughts and feelings—I always come away feeling good to have that opportunity to sit down with a group of colleagues—and I call us all colleagues. We all work here—not necessarily doing the same job—but to be able to listen and share thoughts, ideas and opinions—it makes you feel much more united and as one and we have a purpose and that's what we're here for.
[Elizabeth, 11-month transcript]

By reflecting on the learning moments in our lives, there comes an understanding of the extent to which learning is an active search for meaning. In this research, I looked for stories about times where reflection resulted in meaning-making.

Summary of My Research

In summary, the research goal was simple. The study was not solely about using storytelling as a strategy for learning. It was also about meaning-making. I used Appreciative Inquiry to discern how storytelling could be a key component of the learning process that helps new employees and volunteers integrate personal values and meanings with the mission and values of a healthcare organization. Increasing understanding was a central commitment of this study; specifically, I investigated the ways that learning arises out of the interpretation of common organizational experiences in order to illuminate how orientation practices open up meaning-making in new environments.

The learning that emerged from this research was healthcare-specific and was embedded in all that already existed in the environment. This study brings new insights that support practice changes in situation-specific conditions in an acute healthcare setting. Although generalization from this study may be limited as it is based only on the experience

of 5 individuals, the findings do provide insight into the process of facilitation of meaning-making in an acute healthcare setting. Generalizability to other settings is left to the reader.

My most useful data took the form of stories, sometimes sagas that evolved as the participants struggled to integrate themselves into the organization. There were many to choose from. From my own experience as a healthcare professional, I had insight into participants' descriptions of their experiences. As I listened to their stories, and later, to the recordings, there were many times that I felt as though I had been an actual witness to the event they were describing. I thought about what the participants said, and then attempted to look behind the text to ask myself if there was anything the participants could not or did not say. I sought to uncover, through layers of interpretations, what was authentic and meaningful to them.

I have attempted to demonstrate how interpretation of narratives can contribute to deeper and fuller understanding of the experience of new employees in an acute healthcare environment. An assumption underlying the whole approach is that stories are an important source of knowledge, and that researchers should be interested in narratives from new employees/volunteers in an acute healthcare environment.

The experience recalled by the respondents was congruent with current literature. The findings of the study demonstrate that storytelling data can be gathered and analyzed in a meaningful way. Utilizing an AI method which encouraged collaboration with professionals was also found to be compatible with practice-based professions such as nursing.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

The purpose of the research was to understand how new employees learn by making meaning during their orientation phase. I also hoped to learn how dialogue (shared storytelling) could help new employees make meaning in a new occupational environment and how it could help in the orientation process of sorting out the congruence of values. The findings of my study outlined in the previous chapter offer narrative evidence that shared storytelling can assist new employees and volunteers to identify their personal philosophies, passions, meanings and connections to the mission and values of healthcare and the healthcare organization. In this chapter, I make the connections between the findings from my study and the adult education literature that aligns meaning-making and adult learning.

Experiential Learning

As discussed in Chapter 2, experiential learning has been a central theme in the adult education literature for several decades, identifying it as something that can take place both inside and outside formal learning settings. Lindeman (1982) identified that adults learn through all manner of life experiences and often find themselves in specific work situations which call for adjustments from which significant new learning might arise. All participants in the study related stories reflecting how much learning was taking place for them during the adjustment period of their orientation. All of the themes discussed in the previous chapter – the experience of being new, the importance of mentors, and the vital process of linking personal and institutional values – are rooted in the everyday experiences of the participants, as they made meaning of their work experience.

Brookfield (2000) describes the tradition of constructionism, which emphasizes the role people play in constructing, and deconstructing, their own meanings and constructivism

which focuses on the variability of how people make interpretations of their experience. Consistent with Crotty (1998), experiences influence adjustments in understanding that a person faces with each new experience. This was affirmed in my study, as research participants described their prior educational, work, and personal experiences as useful in shaping their professional role. Participants identified how additional knowledge was learned when they recognized gaps between what they knew and what they needed to know in their new role(s).

Another important feature of the experiential learning literature is the emphasis it places on learning by doing and building new knowledge upon existing knowledge. In the accountability environment of healthcare organizations this is often supported by competency checklists. Participants take tests that measure changes in their knowledge, skills levels, and beliefs, attitudes, values and feelings (Caffarella, 2002). However, as reflected in the findings of my study, some healthcare professionals under-estimate the amount of knowledge they bring to a new environment. Validation of this knowledge by peers may provide heightened awareness and affirmation for practice. All of the participants reported having knowledge gaps that needed to be filled and adjustments in understanding that needed to be made in order to practice in their new context effectively. These knowledge gaps and adjustments in understanding differed from individual to individual because of the diverse set of previous experiential learning.

Critical Reflection

A large body of the adult education literature claims that critical reflection is central to learning from experience (Merriam and Heuer, 1996 and Boud et al., 1985). Brookfield (1987) emphasizes that critical reflection is embedded in the stories of experience as adults struggle to build relationships and find meaning and satisfaction in work. With every

experience comes learning through the reflection. In conducting appreciative inquiry interviews with new employees as research participants in this project, I was primarily interested in listening to and analyzing their in-depth critical reflective stories on the subjective dimension of values-based practice and adult learning in the orientation phase. This process included my own reflection.

The critically reflective practice that is central to dialogue and shared storytelling also features in AI inquiries, which in this study asked participants to consider how their observations fit with their current situation and values. Some participants noted that it was not so much that core values and expectations had changed but that learning was attached to increased knowledge and the attendant confidence and comfort level. As expressed in the interviews, the time period between the 11-week interviews and the 11-month interviews allowed participants an opportunity to critically reflect on the congruence between their personal values and those of the institution as the orientation phase progressed.

Brookfield (2000) describes critically reflective analysis as a dialogic process that is open-ended and grounded in people's analysis of their own concerns and generative themes. He believes that the educator's task is to help people articulate the experience in dialogue circles and then to encourage them to review this through multiple lenses provided by colleagues in the circle. I watched and listened as participants told stories that drew from their memories. They used critical reflection in choosing the story to tell insofar as they linked it to a specific inquiry. I observed the listeners (story receivers) reflect critically as well. If the story was negative, the other participants listened quietly, asked questions for clarification and encouraged. When the story the speaker told was positive, the other participants were quick to laugh, tease and encourage. Critical reflection was enhanced when participants prompted

others to dig deeper. Frequently, whether the original story was positive or negative, the other participants added stories of their own to support or affirm a point.

Doing qualitative research required me to critically reflect on the data collected so as to find its meaning within. For me, the meaning-making phase of qualitative research is the process of living and breathing the data, trying to understand its meanings, finding its patterns, and drawing legitimate and potentially new conclusions (Hunter, Lusardi, Zucker, Jacelon, & Chandler, 2002). I did experience this during the transcription and analysis stages when reading, sorting, coding, and reflecting on the many hours of interview recordings.

Transformational Learning

Critically reflective practice does not always lead to transformational learning but it is an essential component. Indeed, we can question things without changing anything. Cranton, (1996) posits that critical reflection is the central process in transformative learning. To be transformative, reflection has to involve and lead to some fundamental change in perspective. Learner empowerment is clearly a crucial component and ultimate goal of transformative learning.

In this study, I believe transformational learning came through inquiries that prompted and empowered the participants to engage in open reflective dialogue. The content of the conversations could not be anticipated so the learners, both participants and researcher, needed to be constantly alert for new developments. This state of alertness did enhance learning. Interviews demonstrated that the participants were consciously attempting to make a positive difference in the organization and in their interactions with their colleagues. They desired a positive work environment and culture where they were respected and part of the team. It is important to note that impact is the change that occurs in individuals and organizations as a result of the transformational learning. It is not always possible to see a

direct correlation from event to impact (Vella & Associates, 2004).

Mentors in the Orientation Phase

New employees often take responsibility for their own learning. They may not yet be in the position to know what they need, nor can they articulate their exact learning gaps because they have not yet grasped the whole of the setting or their role within the organization. The information and the manner in which information is shared within an organization's orientation program is vital to the success of the new employee. In the literature on new employee orientation, Schaber Bartz (1999) states that new employees often choose individuals as sources of learning in orientation based not so much on what these people know, but whether they are approachable and supportive. My study confirmed that orientation is difficult without appreciative mentoring at all levels of the organization, and all occupations. In the context of my study, the CEO established himself to the newcomers—and the research participants — as an approachable mentor on the first day of their association with this organization. As Whitney, Cooperrider, Trosten-Bloom, and Kaplin (2001) insist mentors must simply lead by example and many of the stories told by the research participants provided rich examples of mentors taking important leadership roles.

The orientation phase of beginning to work in a new position or organization is a time of major life transition. Bridges (1980) points out that people need someone to talk to when they are going through an important transition in their work-life and relationships. What they need is primarily not advice, but rather an opportunity to put into words and stories their struggles and their feelings so that they can better understand what is going on and what is expected of them. Participants in this study described the period of time surrounding their

orientation as a time of adjustment and found it beneficial to have knowledgeable preceptors and supportive mentors available to them. This was particularly evident in the many stories participants told about the mentors available to them during their orientation. This was eloquently summed up in the statements made during the interviews that “*there was always a resource—always somebody there to go to if we have a question,*” and “*I’ve never had a time where there wasn’t someone there.... I’ve never felt like I’ve been left flailing.*”

Appreciative mentoring supports the application of knowledge to establish a culture of learning relationships. Such a culture is integral to both novice and experienced healthcare employees in order for them to share ideas and concerns. This was demonstrated in the study when one participant commented that she was much better at finding things on the computer and so could help her colleagues who were better at other things. Fostering supportive environments and recognizing that collaboration is paramount is needed to confirm the pivotal role of mentors and to celebrate the importance of mentorship and peer support.

Organizational Learning: Dialogue Education/Storytelling

Watkins (2001) and Goldsmith et al. (2004) write about organizational learning as the responsibility of many persons; in the context of my study, these include managers, mentors, educators, and clinical nurse specialists. My study confirmed that the orientation phase should aim to acquaint new employees with needed information but can not attempt to educate them fully in all the details. Many people were included in the orientation process, beginning with the CEO and Director of Mission and including managers and practice leaders. My study provides narrative evidence of how learners looked to peers and mentors to make sense of the things that happen to them in the work environment. Their stories and

dialogue reinforce that how they learn and apply the learning requires them to make meaning out of it.

Hannabuss (2000) asserts that the act of describing experience at work through dialogue and storytelling is part of meaning-making. Stories shed light on knowledge in an organization. Of crucial importance in stories are the linkages that draw on knowledge and beliefs in order to make connections meaningful and coherent and to enhance learning. This perspective from the literature is amply demonstrated in the findings reflected in my study, not only through the stories participants told about their learning in the organization but through their observations about the value of talking about their experience during the interviews.

Jensen (2000) emphasizes educators need to find something that creates common meaning—"that something is storytelling" (p. 88). My study using an appreciative inquiry approach took this a step further: sharing experiential stories is an approach to adult education that emphasizes the development, and potentially transformative, process of conversation about and reflection on personal learning experiences. As a result, employees are more inclined to engage in critical reflection, collaborative interpretation and attend to situational influences in their everyday practice in the organization. This was most clearly expressed in the statement made by one of the participants that, she wished people *could meet like this all the time*; where there would be an opportunity to let colleagues know *they're marvelous*. She mused that *a lot of things are unspoken* and that *we should do it more often*. Thoughtful responses such as these demonstrated that participants identified meaning through relationship embedded in the opportunity for dialogue. Reflection and sharing of feelings happened in small groups in this study.

Storytelling activities give learners permission to share their wealth of knowledge. The power of stories validates connections with colleagues. This research confirms Lindesmith and McWeeny's (1994) observation that storytelling is a rewarding teaching and learning experience for learners and facilitators. As an educator, doing this research and getting people to share their stories, has been invigorating. The process has given me even more passion for my own work.

As my study is in the context of a faith-based organization, I am drawn to Snowden's explanation of Christianity as a faith tradition strongly associated with a storyteller and the storytelling process of making meaning, using parables and metaphors to create profound understanding of a set of values. Storytelling may be embraced more readily in faith-based organizations. In my study, the metaphors that research participants embraced were not explicitly Christian but "drinking straight from the hose" became the code for having to read and learn the organizational values quickly.

Throughout the literature, there are numerous references to the current reality of competing priorities and information overload in a world of rapid change, where advances in technology expand at speeds beyond our ability to keep up with it. Knowles et al. (1998) believe that it is not surprising that storytelling is re-surfacing. In times of uncertainty, telling stories that define values and success is an appropriate method to facilitate continual organizational learning, discovery and meaning-making.

Facilitation as Meaning-Making

In my own practice three core values anchor how I facilitate and, therefore, how I ask questions: truthfulness, respect and authenticity. I feel comfortable using my values to guide both the group process and my own behavior, and hence these same values guided the AI research process. How I ask questions, when I ask them and for what purpose I ask them, are

decisions wrapped up in my integrity as a facilitator. These values are emphasized in humanist adult education (see Cranton, 2005 on authenticity, personal integrity and truthfulness; Vella, 1998 on respect, and sound relationships).

My role when facilitating this study and the AI interviews was to model these values and enable their implementation while working with the participants. Authenticity is about being genuine. I have not read about this explicitly in the adult education literature but my experience in the study was that modeling authenticity helped to elicit authentic responses from the participants. At the start, participants may have been hesitant about my authenticity, therefore when facilitating, I was well intentioned, neutral and attempted to ensure the experience was positive and productive. Modeling authenticity for me meant that I did not hold back on my own newcomer stories, including those that involved feeling vulnerable or downright scared. I did not hold back on laughter. I was upfront about the purpose of the study that was for my own personal goals as well as for the organization. I was clear about my intentions and participants encountered my authenticity, when they saw me being myself. My role as facilitator was to ensure a healthy process.

Another purpose of facilitation was to help participants critically reflect on their experiences, their stories, and their learning. Bridges (1980) makes a convincing case that an important change likely to take place in a person's work-life is the transition from being motivated by the chance to demonstrate competence to being motivated by the chance to find meaning. He says that it is the shift from the question of *how* we do something to the question of *why* we do what we do. It struck me when Anne Louise told the story of feeling more comfortable as she gained in competency and understood what the organization valued, that competency and meaning-making do not constitute a "from ... to" shift in learning and motivation, but occur interactively and contingently. Dominicé (2000) puts

meaning-making at the centre, explaining that learning is an active search for meaning. As a facilitator of learning, I assist other learners in their search for meaning through stories and interaction while linking them to evidence and practice.

As the facilitator, an important factor contributing to the successful outcome of the interviews was my awareness that the participants' initial sense of insecurity and "being new" could be overcome, if it meant something to them. One example of the facilitation of meaning-making was noted through the comment, "*This is why we brought somebody from the outside in without the background. We want fresh eyes. That meant a lot to me.*"

Orientation to Organizations as Meaning-Making

Storytelling lets new employees know what is important in the organization and tells people what is expected of them. Presenters at General Orientation reinforce the story of organizational mission and values through an appreciative dialogue with the new employees and volunteers. The CEO and I open the time and encourage them to share stories of exceptional service or experiences they have had prior to coming to the new organization. We explore what made these experiences memorable. The corporate strategic directions and core values are linked back to what they tell. Armstrong (1992) reports the benefits of organizational storytelling in his research on employee orientation. Stories foster dialogue and explain the organization's mission, core values and vision of the future. Stories instill passion, celebrate past successes and underscore what should and should not be done. Storytelling supports learning. Through storytelling, people clearly know what the organization believes in. Once employees know what the organization values and expects, they can reflect on it and make-meaning.

Mathews and Nunley (1992) report that one indicator of the success of an orientation program should be its effect on turnover. People who see themselves as assets to the

organization and as members of a collegial team and who are confident in their job performance are likely to stay. In my study, I interviewed one participant who left the organization before the 11-month AI interview. Her story strongly supports Benner's (1984) advice that organizations need to create a climate of success where positive examples can be sought out and observed. The participant confirmed that she "*enjoyed being part of happy, busy team.*" She did go on to say that she had thought that volunteering would help her find meaningful work. What she learned was that office work wasn't for her. In this instance, the participant had found the climate to be welcoming and supportive however; the work was not as meaningful as she had hoped it would be. The stories of heroes and villains in my study, although analyzed in terms of mentoring, generally affirm that it is easier to succeed in a climate where acceptance and expectations of success are the rule rather than the exception.

Goldsmith, Morgan, and Ogg (2004) recommend that increasing person-to-person contact is the only sure way to improve the shared level of knowledge in an organization. This was confirmed in the study when one participant told the story of a previous work experience where she was the only nurse on the unit; there was no "*team to work with.*" She went on to note that people need each other "*to count on*" and to "*give you a hand.*" Mainly she wanted to be able to ask questions if she was unsure. She wanted to be able to share the knowledge of her colleagues.

The organization's goal is to retain the employees who hold the knowledge and to leverage their knowledge by creating opportunities where they can share it. The sharing of knowledge through conversation and stories began on the General Orientation Day. My study revealed that connections and meaningful dialogue can occur easily in the small group interview setting. Face to face interaction meant that knowledge was shared through dialogue, human interaction, and networking. People who possess valued expertise need to be

given opportunities tell their stories and give examples of experiences that went well in order to share positive organizational learning.

Orientation to Organizational Mission and Values

In my role as Director of Mission and Organizational Development, I represent a point of view about learning and embody it. In the organization, I am expected to be a symbol of learning and its value. Orientation of newly hired staff and volunteers is clearly a component of professional and organizational development that socializes new members, introducing them to organizational culture, mission, and stated core values necessary to learn and function in a specific work setting. The focus of my study on the importance of a welcoming culture and the value of the orientation process for learning and retention was supported when two participants confirmed with each other that the new, hospitable environment was now “*home.*”

As Knowles (1980) reminds, the purpose of organizations is much more than simply to accomplish tasks or projects; they are social systems where individuals can learn, grow, and find meaning. Decisions to leave organizations can result from generalized feelings of lack of connection. In this study, one of the participants pointed out that she just didn’t care for a previous organization where she was working. She could not articulate an exact reason and yet the feeling was significant enough that she left the organization.

Relationships with mentors and colleagues and patients were tied to participants’ needs and goals in every story they told. Knowles (1998) discusses the desire for self-actualization. In this study, the description of a group of individuals who demonstrated exemplary behaviours indicative of self-actualization was touched on in the participant story about a tragic event that impacted many people in the organization. She spoke of seeing the corporate values in action when people worked “*shoulder to shoulder when the chips were down*” to

“*get the job done*” under the saddest of circumstances. She was moved to tears because she believed that she was seeing these individuals at their very best. Another participant shared the story about a group of clinical managers who “*stepped up to the plate*” to support a new manager.

The data in the study affirmed that values are the foundation on which realistically high employee expectations are built. It is the desire of the CEO of the organization, who made his presence known during General Orientation Day that everyone be given the big organizational picture at orientation, including the corporate strategic directions, mission and value statements, so that expectations are clear since every cultural change is to be made in the context of them.

The guiding questions for my AI interviews were based on organizational values of teamwork, trust, respect, accountability and compassion, which created opportunities for engaging in this inductive work. I did not include questions explicitly related to the corporate value of knowledge but the desire to be knowledgeable and the value of being recognized for pursuing knowledge was evident in a number of stories recounted. One participant commented that students *just want somebody to acknowledge that they have a brain*. Another participant was impressed with the number of nurses within the organization who are pursuing further education and knowledge.

Organizations that are recognized as satisfying, positive places to work are characterized by an uncompromising respect for people. When respect for people is demonstrated in personal interactions and in management practices throughout the organization, it creates a positive work environment in which people feel safe to express themselves and to take risks toward innovation and learning. People feel respected when they are involved in dialogue and decision-making, when they are listened to, when they are

valued for their ideas and opinions, and when they have opportunities to fully participate in achieving the organization's goals. Respect for people is contagious. People who feel respected in turn respect others (Armstrong, 1992).

My study revealed that new employees and volunteers develop an understanding of the values of the organization as they progress through the first 11 months of orientation. Their understanding may change in response to actual practice or lived experience. This was demonstrated in the story where the family was unhappy with the nurse and made a disrespectful comment. The participant believed that the nurse had behaved appropriately and that the disrespect was misplaced when they attempted to "*pin-point blame*" and that they were "*going to find a scapegoat.*"

Research Methodology as Meaning-Making

Explicitly identifying my own perspective about the use of storytelling as a research technique increased my awareness as to the possible influence of my point of view and the probable effectiveness of my research design for uncovering meaning. I needed to ponder to what end I currently apply my knowledge of culture and storytelling within the organization and as to how I might apply it in the future. As an adult educator and researcher, I am involved in the kind of storytelling work that increases engagement, participation, fairness and learning transfer.

Looking for problems has become a way of organizational life, especially in healthcare, where the medical model thrives. Cooperrider and Srivastva (1987) explain that the disease orientation of the medical model guides the process of inquiry in a way where it is assumed that something is broken and needs to be fixed. A problem implies that one already has knowledge of what should be, thus one's research is guided by an instrumental

purpose tied to what is already known. The problem-solving mode narrows one's gaze. It serves directly to diminish the likelihood of imaginative, passionate, and creative theory.

Appreciative Inquiry (AI)

The AI approach assumes that every social system works to some degree. Trosten-Bloom and Whitney (1999) posit that AI has the potential to change the internal dialogue of an organization from problem-oriented, deficit discourse to possibility-oriented, appreciative discourse. In so doing, AI accelerates learning and stimulates creativity. My study confirmed that positive questions do not necessarily elicit positive responses. Despite my guiding appreciative questions, participants' stories of mentorship generated "villains" as well as "heroes." This was demonstrated in the story in response to my inquiry about an *ah-ha* experience. The story was unique, in that it described both a hero (colleague); a colleague who confirmed that the participant had chosen the right antibiotic for the patient based on all of the information at hand; and villain (physician); when he complained about her paging him "again" and asking, "Are you new?"

From this story we can see that what could have begun as venting evolved into meaningful supportive dialogue and interaction with the other participants. The participant focused on the value of the specific experience, even when the experience itself was not positive. AI focuses on the value in the experience rather than only positive, uncritical aspects of the experience.

AI as the research methodology for this study, enabled a wide platform for *discovery*, *dream*, *design*, and *destiny* on the part of people at all levels of the organization. The stages of the methodology were not discreet, but were rather fluid. The data from this research did bring forth stories primarily from the *discovery* and *dream* phases.

The focus of the *discovery* phase identified positive stories about perceptions of

personal success and learning in the new environment. I used an appreciative approach in the *discovery* phase as the focus of inquiry into stories of everyday positive experiences. The AI literature supported the inquiries of ordinary positive experiences used for the participants in all of the interviews (Cooperrider and Srivastva, 1987).

The *dream*, *design*, and *destiny* phases illustrated constructionism, as conceived by Crotty (1998) and Trosten-Bloom et al. (1999). I witnessed the participants creating their realities through responding dialogically to individual stories; both organizational and individual learning was the product of the collective meaning-making process. The activities in the *dream* phase connected the work of all participants to the organization's mission and values.

In the AI *design* phase, organizational members determined the relational architecture of the organization, so that it reflected and was responsive to the organization's highest potential. Consistent with the AI *design* and *destiny* phases, participants described the culture of the organization, as they imagined what they thought it should or could be.

AI supports collaboration by bringing different perspectives together through conversation and storytelling. In their storytelling, participants gave what they believed to be the best responses. It sometimes resulted in a story where learning took place as the result of tension or an activity that did not turn out as expected or hoped.

The 5 participants who came from varied roles and departments would not likely have had another opportunity to share their values and stories. AI supported this occasion. The value of this opportunity was expressed by Elizabeth when she referred to the other participants as *colleagues, united by a common purpose*.

Storytelling Research

Benner (1984) conducted storytelling research where nurses were asked to describe situations where their interventions made a positive difference in an outcome. This aligns with the inquiries in this study. The narrative approach allowed for description of the content and meanings surrounding the incident as well as the structure and process involved. Bailey and Tilley (2002) explain that researchers who analyze stories identified in interview data recognize the primacy of stories as meaning making strategies. They are interested not so much in the truth of these accounts, but rather in the meaning portrayed in story form. Although stories identified in interview data frequently recount the experiences or events of everyday life, they are by definition, always reconstruction of the events that they describe. Participants in the study constructed their stories to convey their own specific perspective or meaning of experiences.

According to Boyce (1996) storytelling is a basic way to express values and expectations. In this study, I was able to identify story themes and discover connections between beliefs, reasons and behaviours. In one instance, the story linked to the religious roots of the participant when she reported that something the patient had said to her was extremely meaningful because she is a "*religious person.*"

One method of meaning construction frequently identified in qualitative data is storytelling. The underlying premise of narrative inquiry is the belief that individuals make sense of their world most effectively by telling stories. Storytelling is an example of a process that can nurture and create meaning, or reinforce control and manipulate meaning (Bailey and Tilley, 2002). The stories from this study confirmed that not all stories are equal and not all storytellers are skilled. Issues included balance of power in the interview relationship, ownership of the stories and the relationship between the spoken word and the transcripts. Charmaz (2006) warns that relative differences in power and status may be acted

on and played out during an interview. Powerful people may take charge, turn the interview questions to address topics on their own terms and control the timing, pacing and length of the interview. I questioned a power imbalance between the employee participants and the volunteer. Mary Alice was a story receiver much more than a storyteller.

Benner (1984) suggests that by studying the exemplars, language and shared meanings of experts, researchers will add to knowledge and point the way for others to gain perceptual skills. Descriptive, storied, knowledge has opened up new areas for research and other ways to improve practice. It is appropriate to rely on stories to understand events in the context of the participants' own lives. Personal story is a work in progress because participants engage in the ongoing process of critically reflecting on and revising who they are in relation to the environment they are in. This was revealed in several stories in the ways in which the participants talked about themselves and their experiences and interactions with other healthcare professionals.

Stories are constantly evolving and so the most the researcher can hope for is to understand the perspective of the participant at a particular point in time. In this study, the specific point in time is the orientation phase.

It is important to note that using storytelling is an attempt to uncover the best of the organizational experience in order to develop new shared meanings, not to imitate behaviors. That would be benchmarking. Both bench-marking and AI focus on best practices, in order to imitate or replicate them. AI, however, imagines meaningful alternatives that include even more of what worked in the past. Benchmarking is not (necessarily) a meaning-making process that engages the whole organization whereas stories provide opportunities to reflect and discover meaning. Assumptions are questioned, refined and changed.

Learning occurs from both listening to a story and telling a story. Charmaz (2006) observes that research methods enhance possibilities to transform knowledge. Topics that ignite passion lead people to do research that can go beyond fulfilling academic requirements and professional credits. When s/he brings passion, curiosity, openness and care to the work, novel experiences will ensue and ideas will emerge. This has been my experience.

Meaning-Making Factors and Strategies

Following Boyce (1996), I noted that my experiences and perceptions as the researcher shaped interpretation of the data and their meaning. It was not enough to examine the perspectives taken by the participants. I examined my own assumptions regarding my work. Becoming conscious of my personal perspective about the orientation phase, appreciative inquiry, and storytelling was a precursor to engaging in the research. Rather than perceiving neutrality and objectivity, I was challenged to understand how my personal commitments and actions aligned.

My own perspective enriched my work because of the personal experiences I have had in the past several years, planning and delivering the formal orientation content to new employees and volunteers. I have used AI for program planning, conflict resolution and team building in the past. I am a storyteller. At the same time, my own perspective limited my work because I had little doubt that AI and storytelling would uncover themes about what the lived orientation experience was like, and that I would hear stories that would identify learning transfer and positive organizational impact. All perspectives needed to be identified and reflected on as meaning-making strategies.

AI, in accord with the quantum concept of participation, moves in the direction of individuals evoking the world s/he observes. As the new employees see the organization as a great place to work and learn, the organization becomes just that (Vella, 2002). The first mention

of the AI methodology in this study occurred when I met with each participant to explain my research and to obtain their consent. I shared some of my ideas for types of inquiries that could be used in AI research.

In this organization, one of the first questions asked at the formal orientation focuses on exceptional service experiences. They are referred to as experiences that had the “wow” factor. Participants were asked to share stories of times when they had been the recipients of exceptional service and to reflect on what made the service exceptional. According to AI, this very first question enables the participants in the system to look for successes and to create images of a future built on positive experiences. It also motivates participants to engage in the delivery of service that reflects their own highest aspirations and best practices.

At the closure of the formal General Orientation event participants are challenged to live the mission and values personally, to watch for places where others are living the mission and values, and to acknowledge those events. I believe that using AI in the General Orientation favourably affected the interviews because the participants were relaxed and in a positive state of mind. It allowed us to move easily into the research process. I feel that it may have pre-empted resistance to telling quality stories. Participants were assured that we were not coming together to practice the familiar medical model of naming a problem and finding a cure.

Participants brought a diverse set of personal experiences, unique backgrounds, and differing attitudes and values. These factors affected learning transfer both in what they learned and whether they could or even wanted to apply the learning to their work lives. The basic premise of the appreciative inquiry in this research study was to ask participants to

consider a particular value and to describe the lived-characteristics of that value at its best. Participants stories described what might be or should be; and finally participants were encouraged to enact what they had learned.

What Can Be Learned From This Study

The world of health care is full of paradox, complexity, and chaos. The healthcare environment is very difficult today. More than ever, people entering healthcare organizations as new employees or volunteers need inspiration, hope, and energy. Schaber Bartz (1999) states that the type of welcome the new employee is given, the information received, the body language seen, the tone of voices heard, the amount of time shared, the whispers that occur, the invitations to lunch or lack thereof, and the ability to share in the genuine understanding of how the new employee feels and thinks are part of the orientation experience. It follows that the heroes and villains of the orientation experience were the stuff of participants' stories in my study.

What I Learned about New Employee/Volunteer Orientation to Healthcare

I realize now that organizational socialization must actually begin with the job interview shaped as a conversation about the fit of values and expectations between the candidate and the workplace. Early dialogue and exploration may ultimately increase employee loyalty to the organization and contribute to cost savings associated with staff retention. I have a clearer understanding of the transition process for new employees and volunteers as they identify their own values in relation to those of the organization they have joined. Through their stories, the participants brought to life the reality of fitting in to a new environment. They referred many times to the steep learning curve. They craved respect and acceptance from their peers. They reminded me of the fatigue, memory loss, and feeling of

disorientation that often accompanies the orientation phase. They confirmed the value of mentors and helpful peers, and the damage that can be done by employees who fall into the “villain” category.

I learned that it is not desirable to eliminate all of the perceived risks that a new employee faces, but that it is essential to help a person step into that uncomfortable transition to their new role and organization. An effective way to ease the transition is to encourage honest discussion about the likelihood of success, to make roles and accountabilities crystal clear, and to provide visible and confident support, regardless of the end result. Benner (1984) states that one of the most successful retention indicators for the new employee is a challenging first job. It was found that the more challenging a person’s job during the first year, the more successful that person will be 5 to 7 years later. This is reminiscent of my study and Mary Alice’s satisfaction when she learned how to be with a dying person under the mentorship of an experienced nurse. Caution is needed in providing too much support for the new employee. They should not be so protected that they are prevented from experiencing challenge and success enough to gain a sense of commitment and identity with the organization.

I learned that in a highly specialized culture such as healthcare, it is not uncommon for members of the various professions (i.e., nurses, therapists and physicians) to feel more allegiance to their profession than they do to the organization in which they practice (Watkins and Mohr, 2001). This was evident in my research data where Anne Louise identified that what was really important to her in the early stages of orientation was the mutual respect within her profession. I saw and heard the same with the other professionals in the group. By the 11-month phase, all of the participants spoke of interactions and values

linking with the larger organization and team.

I have long considered the orientation phase as setting the stage for commitment and loyalty to the organization. I realize even more the importance of establishing new employee loyalty and commitment as we strive to retain highly committed and productive workers. I also realize the importance of talking about the organization's values and strategic directions from the first day of employment.

What I Learned from Conducting Research in a Healthcare Setting

There was an urgent organizational need for retention of engaged healthcare professionals and for aligning the current workforce behind the organization's strategic directions and values. At the same time, there was a suspicion that routine forms of communication within the organization were fragmented and mainly one-directional i.e., top down. At the time of the interviews, most communication was by e-mail and staff was directed to visit the corporate Intranet for news, educational events, and communication. Copious amounts of data were becoming available to support decision-making; however, there was concern that tacit knowledge was not being tapped, shared, or valued to the highest degree possible. I have learned and experienced through these interviews that storytelling and dialogue are effective ways of enabling people to contribute, to share what they know, and often, through critical reflection, what they did not know they knew. Meaning-making through shared storytelling thus increases the intellectual assets of the healthcare organization.

I wondered if the members of the organization had lost their yearning and ability to have genuine conversations with one another. I suspected that most people had the desire to engage in meaningful dialogue with their colleagues. What I learned was that participants found our conversations therapeutic, humanizing, honest, calming, and productive. Learning

was happening in real time in the interviews. We were sharing stories and teaching each other.

What I Learned about Appreciative Interviews/Storytelling

The benefits of using AI and storytelling for research were many. Instead of the newcomers feeling as though they were being tested and judged, the orientation phase was an invitation to engage in creating the best of what is possible. Appreciative interviews are the heart of the research process. Some individuals are at ease in conversation, others are not. A benefit of storytelling is the option for participants to “pass.” There is recognition that there is learning in listening as well. In this setting it was acceptable to be a story receiver. In this research study, the “pass” option was used one time only. It was on the first inquiry, in the first interview session. Once the interview was well established, this participant engaged completely; in fact, several of the stories in the data analysis section are hers.

Organizations require mission statements that have meaning well beyond the words. Ideally, these proclamations are derived from reality-based stories from the organization that connect members with the inspiration to do what works. Thus, it was heartening for me when participants in my study told stories that aligned their own values with those of the organization. Healthcare is relational and therefore cannot be adequately described by strategies that leave out context, content, and function. Watkins and Mohr (2001) report that storytelling has depth and breadth that allows meaning to be conveyed much more effectively than a list of key points or other analytic reports and engages employees in ways that analytic discussion cannot. At the same time, the AI storytelling process generated a list of key points and theoretical frameworks to guide my educational practice in the organization, which takes the form of administration, policy-making, researcher, and patient advocate. Stories create the context for life and work and can guide behaviour. Sharing

positive stories enhances organizational learning, recognizes work well-done, and sets a tone of striving for excellence.

The image of storytellers seated in a circle encapsulates dialogue education, where participants can see each other and have the same chance to participate although Brookfield (2000) criticizes the circle setting because participants have nowhere to hide and the choice to be silent is not always valued. From conducting my research interviews I learned that appreciative storytelling involved listening, and respecting others. In the learning process it was sometimes difficult to identify who was learning most, me (as researcher/facilitator) or the participants. Appreciative stories provided an abundant source of ideas and insights.

Each participant had a voice in the narrative. In every organization, some voices are loud, articulate, and powerful, while others are silent or unheard. In order to do research which identifies and gives volume to all voices, a guided storytelling approach such as AI can be used. Stories are a viable source of information on which to base an inquiry into organizational learning. Using stories is convenient because they are easy to collect. The purpose of the story is to discover and give meaning. Stories are a way of learning.

One person's story can link to another's. Stories are about situations and give us a perspective of our past, which can help us to analyze new experience in a way which will make them meaningful. In the study, participants demonstrated trust and respect in their willingness to tell their story; to go first; to articulate struggles; and to be open and authentic. Storytelling provided a forum for participants to self-reflect and for the other participants to learn more about them; for relationships to begin.

Transcription of the many stories was tedious but I felt as though I was reliving the interviews. A few times I laughed out loud as I listened. It was beneficial to transcribe the

interview recordings myself since I was able to begin to see common themes and language of the corporate values. I was struck by the range of emotion in the participants from tears to laughter. I heard them encouraging each other, asking each other questions, and seeking clarification of details. Transcribing and including lengths of pauses and laughter took much longer than I estimated. In one instance, I worked diligently for 2 hours and transcribed 10 minutes of audio conversation. Sometimes, if two people over-lapped each other in conversation, I had to listen again and again to be sure of exact words. It all took time. Accuracy was important. When I finished my last transcription I felt as though the interviews were very fresh and clear in my mind. I was struck by the honesty in the answers from the participants. They must have felt safe with me and the group. They were wonderful listeners to each other; never interrupting; and extremely encouraging to me and each other. I was impressed with my own contribution.

Shortcomings of the methodology were few compared to the benefits; however, they are worth noting. Doing research in a healthcare environment carried its own challenges: pagers, Blackberries, fire drills, over-head paging, cell phones, and shift-work. I put signs on the meeting room doors to avoid interruptions. I asked participants to turn off their pagers, Blackberries, and cell phones. In one instance, a participant was on-call so I arranged to have one of my own staff carry the pager so the interview could occur uninterrupted. I could not do anything about overhead paging. Because the interviews were held in an office setting, the paging speakers were located outside of the room. Intermittent paging occurred throughout all of the interviews however the sound was muffled and was not disruptive to the interview process.

The organization where the study took place was small enough that speaking honestly about the work environment was viewed by some of the participants as risky. Twice during

the interviews participants said, “Now this is where confidentiality has to come in.”

Participants had to be able to talk about specific issues or events, knowing others might have been able to discern what event they were discussing and/or who was involved. This situation is not unique to healthcare but the stories were often of an intimate or confidential life-and-death nature so perhaps participants felt the risk was greater.

Interviews took a lot of time to organize and conduct. It was difficult arranging for participants to gather in the 24/7 environment. Because this was a research project, the interviews were recorded so content was captured and learning could be extracted for review. Under day-to-day circumstances (not research), it would be difficult to take notes for future reference (review of content for learning) while keeping the flow and the rhythm of the conversation intact. It would also be difficult to use this methodology as a corporate strategy to share information with all staff. Appreciative interviews and storytelling are adjuncts to other communication strategies.

What I Learned from This Project

I have described the content of the interviews. What I have not yet described is the attitudinal change that I observed at the end of each session. Participants were consistently relaxed and enthusiastic. One thing that struck me was that in a period of 2 hours, people who did not know each other, were laughing together at their shared feelings and experiences. If there is learning in laughter, we learned a lot during that time together. It was amazing that we came together as virtual strangers, and left 2 hours later with a sense of camaraderie and warmth. At the end of the sessions there was chatter and encouragement between participants and myself. Participants reported how delighted they were by the opportunity to hear different perspectives that existed amongst their orientation colleagues. What most people discovered, and said they were amazed by was just how much common

ground there was.

I learned how participants can encourage each other. I heard it in the language in the room when I asked a question, a participant would respond and then one of the other participants would ask for more detail or clarification or advice. They were acutely respectful and interested in what each other were saying or telling. They were teaching and learning from each other and it was happening in real time.

This project has helped me develop greater knowledge and skill in the use of Appreciative Inquiry. It has also assisted my personal understanding of the art of storytelling as personal meaning-making and learning. Equally important, this research exercise provided an opportunity for my personal and professional growth as a storyteller, inquirer, and facilitator—all skills required and desired in order to become a better adult educator. My self-concept has changed from a teacher to a facilitator of learning. I was performing the functions of building relationships, assessing learning needs and encouraging initiative. I realized this when I was doing my research interviews.

I now question whether a mentor closer to the learner's own skill level might be more aware of what the learner needs. Currently we look to our senior and experienced people to fill the mentor role. However, another satisfying outcome could be attained in situations where there is opportunity to compare recent experience.

I now have a description of how new employees and volunteers experience learning in a healthcare setting. Participants articulated common experiences about what was important to them in the new environment. They included: being accepted and welcomed in the new environment, having a supportive mentor, connecting personal values to the organization's values, and engaging in storytelling for meaning-making.

How My Study Changed My Practice

Learning about facilitation involves understanding the differences among individuals, how people relate to each other, and the expectations and values of the learners and the organization. Becoming a better facilitator includes critically reflecting on my own practice. Each reading, each interview, and each conversation taught me something, created a new contact or deepened an understanding of myself. I saw myself as searching and learning, and in the process I learned to shift my purpose from achieving my goal to the *process* of reaching the goal.

In the future, at orientation I will talk about the phenomenon of transition to help new employees to recognize it. It happens to everyone with movement from one role to another, especially when we have been successful in our previous role. Metaphor may invite the participant not only to change their technique, but their whole way of looking at the world, at relationships, at what they pass along to others and at themselves (Vella, 2002). I keep thinking about that metaphor used by Anne Louise in comparing the enormous volume of information given throughout orientation to “drinking straight from the hose.” I had never thought of that image before. New people and new experiences are pouring out like gushing water. It is impossible to take it all in. Information is coming relentlessly and it’s coming and coming and you can not stop it, even when you want to rest for awhile. This learning gem is a visual that will stick with me as an educator of new employees for a very long time. As a way of on-going encouragement, I plan to repeat messages of direction, inspiration and support, in a variety of forms including regular e-mail updates, cards and informal conversations with new employees throughout their orientation phase.

I will encourage new employees to identify appreciative mentors who can help them to

identify positive experiences and outcomes. I will continue to encourage new employees to create strong relationships with co-workers right away. Louis (1980) believes that initially, newcomers have not developed vital relationships with others with whom they can test their perceptions and interpretations. It is important for newcomers meaning-making to have insiders who may serve as sounding boards and guide them to important background information for assigning meaning during transitions into new settings. My study convinced me that sharing stories of experience, including newcomer experience is a powerful way of developing relationship and becoming an insider.

In my future work, I have investigations planned where orientees will be invited to come together for formal post-orientation reunions at 2 years. Invitations will be sent from the Organizational Development Department asking if they are willing to participate. The CEO will attend these events as well. Participants will be asked to come prepared to share every-day, positive stories. Conversation from the event will be recorded (with permission) so excerpts can be shared on the organization's Web-site to attract other professionals. Stories will be shared also with Board members, current staff, managers, and the community. I am hoping to evaluate organizational commitment and values alignment longitudinally. I also hope to identify the transfer of learning from orientation events to the everyday point-of-care activities of employees and then to evaluate the impact of the learning on organizational outcomes through participant storytelling. Further reunions will be held at year 3 and year 4 to evaluate values transitioning and retention of new employees and volunteers. We need to look for opportunities where we talk to one another so that we can compare our experiences, and with time, begin to discover common meanings and experiences and to define best-practices.

I learned that as an educator in an organization, I can help people be hopeful for a better future and be willing to talk about the change they would like to have implemented. I do this every day. One outcome for organizational development professionals, from my research, may include an increased interest in Appreciative Inquiry as a methodology for dialogue education in both professional practice and future research.

I will keep talking about the mission and values. I will continue to encourage new employees to talk to each other. I will remind them to draw on their expertise from past experiences. I will discuss leadership traits and encourage new employees to behave like the leaders they are if they choose to be. I will remind the new employee to have some fun. People like to be around others who display a positive and playful manner.

Ideas Generated from Conducting this Research

Educators need to understand that organizational stories can generate an actual list of what needs to be accomplished. The research participants in my study did not create lists as such, but as a researcher-educator, I now have a growing list to take into my practice with the organization. The following could be recommendations for action.

1. In order to pursue a desired, potential candidate, someone from the hiring department could telephone the applicant and offer to meet to have a conversation about the informal culture of the organization and unit.
2. The Professional Practice Leader or Chief Nursing Officer could write and send a letter offering best wishes when a student is preparing to take their professional exam.
3. The Director of Mission and Organizational Development could interview organizational executives on their perspectives of the organization's mission and values. Then, with their

permission, their stories could be shared on the corporate Web-site. New hires could click their way through the organizational stories to create clarity about the formal leadership.

4. The organization could establish a structured program for the continuous development of selected mentors. Mentors could be required to attend quarterly workshops for continued education in adult learning theory (including critical reflection, transformative learning, and communities of practice), appreciative inquiry strategies, and storytelling as a source of learning.

5. In an orientation program the organization could pair up new workers and workers with experience in a reciprocal relationship where they will mentor one another through the new employee's orientation phase. New employees bring new ideas and ways of doing things. The primary responsibility of the partnering would be to *take care of one another* (Vella, 2002).

6. With the permission of the participants, the organizational Development staff could compile stories and pictures of new employees to share with the organization. They could include information about their past and their hopes for their new role. They should also include their first impressions of the organization. Each new member would receive a copy to keep.

7. The Organizational Development staff could mark the end of the orientation phase (first year) with a celebration where the new employee would receive a T-shirt, "I survived Orientation and I'm thriving!!" The memento would acknowledge a challenging time in the person's career and would further connect them to the organization.

Conclusions

Knowles et al (1998) provide evidence that suggests that properly designed programs for new employees can yield substantial returns. However, research also suggests that new employee turnover remains high and is often related to development processes in the first year. It is through interaction between the individual and the work environment that much of the information about the organization is obtained, acceptance is gained, and roles are learned. Only a small amount of newcomer learning occurs in formal training or from written materials. Establishing relationships with people in the organization is a crucial phase of newcomer entry.

People are the greatest resources for creating the organization's future. If we want new employees and volunteers to stay in our organizations, we need to be welcoming communities with a mentored and meaningful future for them. We need to advocate for our new employees and volunteers and they need to know that we are prepared to learn from their ideas and new ways of thinking. Existing members within the healthcare organization need to offer a welcoming environment, and educational resources, and they need to be supportive colleagues to new employees and volunteers. In order for healthcare organizations to attract and retain employees and volunteers, and the knowledge they possess, it is critical that adult educators assist them to find meaning in their work and organizational values during their orientation to their new environment.

New college and university graduates from healthcare programs have many options for employment. Individuals who find meaning in organizations during their student placements are more likely to come back to that same organization if employment is offered. Growing disillusionment among new members of organizations has been traced to inadequacies in approaches to organizational entry (Louis, 1980). There continue to be difficulties in bringing

new employees on board and improving entry practices. Data gathered in this study accurately represents those behaviours, perceptions, and events that are part of the orientation experience. An appreciation of what newcomers typically experience during the transition period and how they cope with their experiences is fundamental to designing orientation practices that facilitate newcomers' adaptation in the new setting (Louis, 1980).

Successful organizations provide the environment and capacity for adult learning. They are also the organizations that attract new recruits—both new graduates and experienced professionals—and retain current employees and volunteers. Bailey and Tilley (2002) posit that the underlying premise of storytelling/dialogue education is the belief that individuals make sense of their world most effectively by listening to and telling stories. Storytelling is a way and source of adult learning.

Successful organizations are clear about their values and act consistently with them. These organizations practice what they preach and they are what they say they are. Stories themselves build memories and meaning and create personal truth. As well, stories can motivate, energize and empower an organization's work force. People chose to enter and remain in organizations where personal values are recognized and honoured and work and relationships are meaningful. These organizations have the resulting quantifiable indicators of successful employee recruitment and retention. New hires who stay are long-term indicators of success (Vella, 1995). Adult educators need to evaluate all of this and devise strategies to make new employees feel valued, safe, nurtured, and part of a team. Learning transfer is essential. In such an environment positive, organizational impact will follow.

Authors who write about organizational learning and organizational development include recommendations to tell the organization's story to new employees at the time of

orientation. Educators should be alert to the intent of the meaning made during storytelling events. I was reminded of Bailey and Tilley's (2002) caution that storytellers may select certain stories and components of stories they tell in order to convey the meaning they intend the listener(s) to take from the story. In organizations we need to question what kinds of stories we are telling. We need to ask to what use we are putting our stories. Are we using them to learn? The stories we choose to tell and the stories we do not tell define our future.

The findings of my study generally relate to what is written in the literature; however, I found little to support storytelling as a specific approach to meaning-making for new employees in healthcare. There is little written on the concept of newcomer as storyteller, and providing opportunities for them to weave their personal and professional philosophies, experiences and stories of quality and values into the mission and values of the organization. The one exception is the study conducted by Bailey and Tilley (2002) which demonstrates that it is important to acknowledge the value of stories told by new employees and volunteers in the context of interactions. Participant stories provide access to subjective reality and the meanings of their experience. These meanings are vitally important for understanding and providing for appropriate orientation of new people into an organization. This research adds to the current literature on the topic of organizational storytelling related to mission and values in healthcare and acute healthcare settings.

Overall, the findings from this research are clear arguments for establishing formal and informal opportunities for new employees to have conversations and to reflect on their orientation experiences as a way of learning. Most of all, appreciative dialogue appears to be a way to observe the reflective learning of experience directly.

I believe that the research findings are of significance. The stories shared by the participants in this study strengthen and advance the communication of those who help

adults learn. The study can contribute to the field of adult education's knowledge base and to practice. Appreciative inquiry, consistent with action research methodologies, is well suited for investigation in an applied field such as healthcare, as a way to improve practice. The improvement of practice comes from understanding and critically reflecting on the experiences of those involved.

This research had a storytelling stance and the point of inquiry has been to uncover ways and sources of learning and meaning embedded in the practice of new employees and volunteers. By bringing meaning and values into dialogue, new learning and understanding was constructed.

Recommendations for Future Research

Striving to meet high organizational standards and expectations in the critical first year leads to the internalization of the organizational mission and values. We need to focus special attention on an employee's first year because that's when expectations are set. It is a critical period for learning. Future research is warranted to explore outcomes of organizational meaning-making and values connection for new employees when they have an assigned and appreciative mentor for the full orientation phase.

During the course of new employee orientation to an organization, there is the potential that stated organizational values might in some cases come into conflict with personal behaviors that might be displayed by existing staff in their practice. In other words, new employees are told something at orientation and when they get to their work area, the things they see are different. Research could be conducted in order to discover if strategies exist for meaning-making when there is marked incongruence between personal values, stated organizational values, organizational mission, and the actual values lived in the

organization. Research could be done to explore outcomes in these situations. There are many inquiries that could be explored in this area, including an appreciative focus on the alignment of personal and organizational values that can be teased from stories of both villains and heroes.

This study did not include male healthcare participant stories, which may have been especially revealing in an environment that is female dominated. Further research could generate additional information if the sample is larger and if the participants who were not all college or university graduates.

There is little research on value alignment in faith-based organizations. One could study how new employees negotiate culture and relationships in the event that the individual's faith-based values and organizational practices and values are in conflict. I have not found any theory or research, specific to new employees.

It is important to establish best practice for orientation to healthcare organizations. Through AI research investigators could learn more about what makes a preferred employer in the eyes of the employee in order to identify issues and questions that are vitally important to employees. The answers may be based on participant values-based conversations, where stories tell of exemplary behaviors and desired organizational cultures.

Epilogue

One participant left the organization because she did not find the work to be meaningful. She did say that she had valued what she had learned in the organization about teamwork and compassion.

It has been exactly 2 years since the participants in my study began their orientation journey. The remaining four are still with the organization. They tell me that they are energized, engaged in meaningful work and are full-fledged members of the team. As am I!

REFERENCES

- Armstrong, D. (1992). *Managing by storying around: A new method of leadership*. New York: Doubleday.
- Arthur, D. (1998). *Recruiting, interviewing, selecting and orienting new employees* (3rd ed.). New York: American Management Association.
- Bailey, P. H., & Tilley, S. (2002). Storytelling and the interpretation of meaning in qualitative research. *Journal of Advanced Nursing*, 38(6), 574-583.
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
- Boud, D., Keogh, R., & Walker, D. (1985). Promoting reflection in learning: a model. In D. Boud, R. Keogh, & D. Walker (Eds.), *Reflection: Turning experience into learning* (pp. 18-40). New York: Nichols.
- Boyce, M. E. (1996). Organizational story and storytelling: A critical review. *Journal of Organizational Change Management*, 9(5), 5-26.
- Bridges, W. (1980). *Transitions: Making sense of life's changes*. Cambridge, MA: Perseus.
- Bridges, W. (2003). *Managing transitions: Making the most of change* (2nd ed.). Cambridge, MA: Perseus.
- Brookfield, S. D. (1987). *Developing Critical thinkers: Challenging adults to explore alternative ways of thinking and acting*. San Francisco: Jossey-Bass.
- Brookfield, S. D. (2000). The concept of critically reflective practice. In A. Wilson & E. Hayes (Eds.), *Handbook of adult and continuing education* (2nd ed., pp. 33-49). San Francisco: Jossey-Bass.
- Caffarella, R. S. (2002). *Planning programs for adult learners: A practical guide for educators, trainers, and staff developers* (2nd ed.). San Francisco: Jossey-Bass.
- Cooperrider, D. L., & Srivastva, S. (1987). Appreciative inquiry in organizational life. In *Research in organizational change and development* (Part 1). Retrieved April 28, 2002 from <http://www.appreciative-inquiry.org/AI-Life.htm>
- Cranton, P. (1994). *Understanding and promoting transformative learning: A guide for educators of adults*. San Francisco: Jossey-Bass.
- Cranton, P. (1996). *Professional development as transformative learning: New perspectives for teachers of adults*. San Francisco: Jossey-Bass.

- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London: Sage.
- Dominicé, P. (2000). *Learning from our lives. Using educational biographies with adults*. San Francisco: Jossey-Bass.
- Elias, J. L., & Merriam, S. B. (1995). *Philosophical foundations of adult education* (2nd ed.). Malabar, FL: Krieger.
- Fahje, C., McMyler, E., & Mateo, M. A. (2001). When new employee orientation doesn't go as planned. *Journal for Nurses in Staff Development*, 17(3), 137-143.
- Finger, M. (1995). Adult education and society today. *International Journal of Lifelong Education*, 14(2), 110-119.
- Gladwell, M. (2000). *The tipping point: How little things can make a big difference*. New York: Little, Brown and Company.
- Goldsmith, M., Morgan, H., & Ogg, A. J. (Eds.). (2004). *Leading organizational learning: Harnessing the power of knowledge*. San Francisco: Jossey-Bass.
- Hammond, S. A. (1998). *The thin book of appreciative inquiry* (2nd ed.). Plano, TX: Thin Book.
- Hannabuss, S. (2000). Narrative knowledge: Eliciting organizational knowledge from storytelling. *Aslib Proceedings*, 52(10), 402-413.
- Hunter, A., Lusardi, P., Zucker, D., Jacelon, C., & Chandler, G. (2002). Making meaning: The creative component in qualitative research. *Qualitative Health Research*, 12(3), 388-398.
- Ingersoll, G. L., Kirsch, J. C., Ehrlich-Merk, S., & Lightfoot, J. (2000). Relationship of organizational culture and readiness for change to employee commitment to the organization. *Journal of Nursing Administration*, 30(1), 11-20.
- Jensen, B. (2000). *Simplicity: The new competitive advantage in a world of more, better, faster*. Cambridge, MA: Perseus.
- Kirkpatrick, D. L., & Kirkpatrick, J. D. (2005). *Transferring learning to behaviour: Using the four levels to improve performance*. San Francisco: Berrett-Koehler.
- Knowles, M. S. (1980). *The modern practice of adult education: Androgogy versus pedagogy*. New York: Associated Press.
- Knowles, M., Holton, E. F., & Swanson, R. A. (1998). *The adult learner* (5th ed.). Houston, TX: Gulf.

- Kolb D. & Fry, R. (1975) Towards an applied theory of experiential learning. In C. Cooper (Ed.), *Theories of group processes* (pp. 33-35). London: Wiley.
- Lindeman, E. C. (1982). To put meaning into the whole of life. In R. Gross (Ed.), *Invitation to lifelong learning* (pp. 118-122). Chicago: Follett.
- Lindesmith, K. A., & McWeeny, M. (1994). The power of storytelling. *The Journal of Continuing Education in Nursing*, 25(4), 186-187.
- Louis, M. R. (1980). Surprise and sense making: What newcomers experience in entering unfamiliar organizational settings. *Administrative Science Quarterly*, 25(2), 226-251.
- Mathews, J. J., & Nunley, C. (1992). Rejuvenating orientation to increase nurse satisfaction and retention. *Journal of Nursing Staff Development*, 8, 159-164.
- McDrury, J., & Alterio, M. (2000). Achieving reflective learning using storytelling pathways. *Innovations in Education and Teaching International*. Retrieved April 28, 2002 from <http://www.tandf.co.uk/journals>
- Merriam, S. B., & Brockett, R. (1997). *The profession and practice of adult education*. San Francisco: Jossey-Bass.
- Merriam, S. B., & Caffarella, R. S. (1999). Self-directed learning. In *Learning in adulthood* (2nd ed., pp. 288-317). San Francisco: Jossey-Bass.
- Merriam, S. B., & Heuer, B. (1996). Meaning-making, adult learning and development: A model with implications for practice. *International Journal of Lifelong Education*, 15(4), 243-255.
- Merriam, S. B., & Simpson, E. L. (2000). *A guide to research for educators and trainers of adults*. (2nd ed.). Malabar, FL: Krieger.
- Mezirow, J. (1978). Perspective transformation. *Adult Education*, 28(2), 100-110.
- Michaels, C. (2002). Circle communication: An old form of communication useful for 21st century leadership. *Nursing Administration Quarterly*, 26(5), 1-10.
- Molineux, M., & Rickard, W. (2003). Storied approaches to understanding occupation. *Journal of Occupational Science*, 10(1), 52-60.
- Murrell, K. A. (1998). The experience of facilitation in reflective groups: A phenomenological study. *Nurse Education Today*, 18, 303-309.
- Pink, D. H. (2005). *A whole new mind. Moving from the information age to the conceptual age*. New York: Penguin Group.
- Sawyer, R. (1976). *The way of the storyteller*. Toronto: Penguin Books.

- Schaber Bartz, K. L. (1999). The orientation experiences of urgent care nurses: Sources of learning. *Journal for Nurses in Staff Development*, 15(5), 210-216.
- Selman, G., Selman, M., Cooke, M., & Dampier, P. (1998). *The foundations of adult education in Canada* (2nd ed.). Toronto: Thompson.
- Strachan, D. (2001). *Questions that work: A resource for facilitators*. Ottawa, ON: ST Press.
- Snowden, D. (1999). Storytelling: an old skill in a new context. *Business Information Review*, 16(1), 30-38.
- Trosten-Bloom, A., & Whitney, D. (1999). Appreciative inquiry: The path to positive change. In M. K. Key (Ed.), *Managing change in healthcare: Innovative solutions for people-based organizations* (pp. 113-128). New York: McGraw-Hill.
- Vella, J. (1995). *Training through dialogue: Promoting effective learning and change with adults*. San Francisco: Jossey-Bass.
- Vella, J. (2002). *Learning to listen, learning to teach: The power of dialogue in educating adults* (Rev. ed.). San Francisco: Jossey-Bass.
- Vella, J., & Associates (2004). *Dialogue education at work: A case book*. San Francisco: Jossey-Bass.
- Vella, J., Bernardinelli, P., & Burrow, J. (1998). *How do they know they know? Evaluating adult learning*. San Francisco: Jossey-Bass.
- Voyle, R. J., & Voyle, K. M. (2006). *Core elements of the appreciative way: An introduction to appreciative inquiry for daily living*. Hillsboro, OR: Clergy Leadership Institute.
- Watkins, J. M., & Mohr, B. (2001). *Appreciative inquiry: Change at the speed of imagination*. San Francisco: Jossey-Bass/Pfeiffer.
- Whitney, D., Cooperrider, D., Trosten-Bloom, A., & Kaplin, B. S. (2001). *Encyclopedia of positive questions* (Vol. 1). Cleveland, OH: Lakeshore Publishing.

Appendix B

Inquiry at 11 Weeks Post Orientation

Research Study: Facilitating Organizational Meaning-Making as Learning Through Storytelling.

There are no incorrect answers to these inquiries. Responses should be based on participant's personal experience. Stories will remain confidential and be combined with the stories of all of the participants. The Principal Investigator will review the combined information to identify themes of meaning-making and values and general trends in transfer of learning into the workplace.

To ensure accuracy of data collection, the session will be audio-recorded. Information from the recording will be transcribed immediately following the interview.

The interview will take 1.5 to 2 hours. The participants will be reminded that they may withdraw from the interview at any time and that the decision to take part in this study is voluntary. They have the option to "*pass*" if they prefer not to engage in dialogue related to a specific inquiry. They may wish to be involved in the research as "*story receivers*", leaving open the option of "*passing*" on telling their own story.

The Principal Investigator will ask the participant(s) to share stories of their experiences in the new work environment.

The following is a complete list of potential inquiries. Depending upon the size of the group and the willingness of the participants to share their stories, there may not be time for all inquiries to be included in the session. They will not be used in any pre-determined order.

The over-arching inquiry is, “Describe a fairly ordinary positive work experience you have had in the past 11 weeks, that has had significant meaning for you.”

The following supplementary inquiries are available if the over-arching inquiry does not elicit stories.

Tell us about a time in the past 11 weeks when you felt really respected on the job.

Note: *This same inquiry may be used to encourage dialogue about other “values.”*

Describe one “ah-ha” moment or (energetic, meaningful) experience you have had in the past 11 weeks.

Tell about an experience where you witnessed someone being compassionate.

Describe an experience where you or someone you know went the extra mile to provide the patient / family / colleague with what they really wanted when they wanted it.

Describe an “I couldn’t have done this without you” experience (letter, phone call, e-mail, public acknowledgement) from the past 11 weeks.

Appendix C

Inquiry at 11 Months Post Orientation

Research Study: Facilitating Organizational Meaning-Making as Learning Through Storytelling.

There are no incorrect answers to these inquiries. Responses should be based on participant's personal experience. Stories will remain confidential and be combined with the stories of all of the participants. The Principal Investigator will review the combined information to identify themes of meaning-making and values and general trends in transfer of learning into the workplace.

To ensure accuracy of data collection, the session will be audio-recorded. Information from the recording will be transcribed immediately following the interview.

The interview will take 1.5 to 2 hours. The participants will be reminded that they may withdraw from the interview at any time and that the decision to take part in this study is voluntary. They have the option to "*pass*" if they prefer not to engage in dialogue related to a specific inquiry. They may wish to be involved in the research as "*story receivers*", leaving open the option of "*passing*" on telling their own story.

The Principal Investigator will ask the participant(s) to share stories of their experiences in the new work environment.

The following is a complete list of potential guiding questions. Depending upon the size of the group and the willingness of the participants to share their stories, there may not be time for all inquiries to be included in the session. The inquiries will not be used in any pre-determined order.

The over-arching inquiry is, “Tell me about an experience where you have been aware that something you have put into practice has had a larger effect...where what you have done is making a positive difference in the organization.”

The following supplementary inquiries are available if the over-arching inquiry does not elicit stories.

Describe an experience where you were part of a team that had a high level of trust and respect among the members.

Have you experienced a change in your approach to your work or practice as a result of what you have learned? Please tell us about it.

Closure:

What are the first words that come to mind to describe how you felt when these sessions started? What are the first words that come to mind to describe how you feel now?