

**The  
Circle Way  
for  
Nursing  
Leadership**

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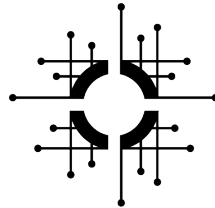
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# **The Circle Way for Nursing Leadership**

A Model for Conversation and Shared Leadership in the Workplace

Pamela Austin Thompson and Christina Baldwin

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The  
Circle  
Way



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The ideas in this booklet come from:

- *The Circle Way, A Leader in Every Chair* by Christina Baldwin and Ann Linnea
- The teaching experience of Christina Baldwin, Ann Linnea, Pamela Thompson, and other colleagues of The Circle Way, AONE/AONL, and the Center for Nursing Leadership.

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“The world of human interaction and participation—how we greet and treat each other and how we share power—is ours to mold and change to fit our needs. What happens in our meetings is not predestined; we can redesign it. There is another way:  
the circle way.”

Christina Baldwin and Ann Linnea  
*The Circle Way – A Leader in Every Chair*

## A Glance at Reality

*It's 2:30 in the afternoon on B-2: shifts are about to change. There's a code in room 217, and two new admits coming up from the ER. A patient on his post-op walk is shuffling gingerly down the hall hanging onto the IV stand and his wife's arm, when his wife falls and pulls him down with her. In the midst of this, a new graduate nurse is about to hang the wrong IV medication, and another nurse rushing by sees the problem but is on her way to handle the patient who fell and doesn't intervene. She doesn't intervene because members of the unit team are scattered at that moment and focused on what they're doing. She doesn't intervene because she doesn't know what to say to her colleague that won't be taken the wrong way. She's not sure she's really seeing a mistake or just making assumptions, and she's too busy to inquire. She doesn't want to question a nurse in front of the patient, and she's got to get to her fallen patient and his wife.*

In the midst of the science, the technology, the training, and the skill sets in this scene, the core component being called for is clear communication: clear communication with patients and families; clear communication within the team. And before and after this moment, there is the need for clear communication with nurse managers and nurse executives<sup>1</sup> that will support improved quality of care for the B-2 floor staff.

Our workplaces have become the theaters for the healthcare drama of today. We play our roles and sometimes wonder why we can't change the story to have a better ending, or even to have better dialogue about what's really

going on in the course of our days. We work in a healthcare system that seems to be slowly, or sometimes rapidly, deteriorating due to reduced financial resources, perverse financial incentives, a growing workforce shortage, and a reduced energy capacity in those who remain. Over and over again, what saves the system from collapse is the spirit and tenacity of the caregivers who are steadfastly committed to patients and families, committed to providing the best care they can. At the heart of this drama are the patients and their families. These are the people who present themselves to our hospitals seeking the care and safety we have always provided, expecting that we will continue to deliver the safe, high quality care they require. And no matter what conditions prevail behind the scenes, we seem to find ways to continue to meet that expectation.<sup>2,3</sup>

When it's 2:30 in the afternoon and the delivery of services and care is in full swing, communication is crucial, but this is not the time to practice improving our communication skills. When communication is taken seriously, and its skills are practiced in noncritical moments, a staff functions very differently at times of crisis. A practice of meaningful communication, a "culture of conversation," creates a pervasive sense of cohesion; so that when communication needs to be short and swift, people know each other well enough to fill in the gaps, to work without taking offense, to assume each other's good intent even in patient care interventions, knowing they will have a chance to debrief with each other at a later time. Charge nurses know they will get a comprehensive report, a clear narrative from their shift, and nurse managers know that clarity will be passed along, so they can communicate clearly to nursing, medical, or administrative

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<sup>1</sup> With acknowledgement to many male nurses and to many female doctors who take their places and to the courageous women and sensitive men in healthcare who break all stereotypes, for simplicity's sake, we refer to nurses as "she" and doctors and hospital officers as "he." Thank you for reading this with gender inclusive eyes.

<sup>2</sup> Thompson, Pamela. *AONE Nursing Workforce Model Toolkit*. Chicago: AONE, 2001.

<sup>3</sup> McKim, Suzanne. "Healthy Work Environments." *Nurse Leader*, July/August, 2003, Vol. I, Issue 4, pgs. 15-21.

staff. And nurse directors know enough about the practice environment on the units so they can represent nursing needs and advocate effectively to the nurse executive, who in turn advocates at the senior tables.

## Defining a Culture of Conversation

We all talk. We all think we're communicating. So what's a "culture of conversation?" A culture of conversation is a structured practice of speaking, listening, and questioning that is considered to be a core competency within an organization and is practiced by every one of its members. A culture of conversation stems from the realization that without clear communication, everything else that an organization is trying to accomplish is placed in jeopardy or made more difficult. In healthcare settings, where every action ultimately impacts patient care, an essential component is the practices of communication that build a solid support system for all care providers and recipients of that care. When respectful practices of conversation, dialogue, counsel, inquiry, and personal story are built into the environment, people become empowered. They become active participants in assuring the quality of their work lives and take ownership of their competencies to do their jobs.

A culture of conversation spreads critical communication throughout an organization. It allows for effective and authentic passage of information and narrative, so the organizational system keeps informing itself—and informing itself correctly. Leaders with good communication skills are supported, and leaders in need of development in this area are given constant practice. A culture of communication already exists in every organization. The question is: *Is it a culture that sustains best practices, or does it erode support through information silos and dependence on the*

*personalities of people in key positions?*

In healthcare, as in the larger society, the rate of change, the pace and the intensity of the workload, and the technological displacement of personal interaction can all lead to deteriorating communication. This represents one of the key challenges faced by nursing leadership today:

*It's 2:45, the B-2 nurse manager returns to the unit from the admission coordination meeting. There are two patients waiting to be transferred from the ER, but the discharged patient in 210 hasn't left yet. The nurse manager has no beds. The secretary informs her that a 3-11 p.m. shift nurse has called in sick. The physician of the patient who fell has cornered the patient's nurse and is demanding, "What happened?" The manager doesn't intervene in their conversation because she doesn't have time. She has to solve the immediate problem of where to put the new admissions. She doesn't intervene because she has to find an immediate replacement for the sick staff nurse. She doesn't intervene because this physician always yells at her when she speaks up for her staff. She doesn't intervene because she thinks that only she can solve this staffing problem.*

## Changing Perspective and the Conversation That Goes with It

*At 3 p.m., the nurse executive is leaving the budget meeting. She has not been able to convince her colleagues that she needs to increase staffing on B-2. Her budget numbers have not told the story of what the practice environment feels like to the staff. The CMO is berating her for the inconsistent quality of nursing care provided on B-2. The CFO is adding that the poor reimbursement on this unit is making it unprofitable to operate. The CEO joins in to raise the question of just closing the entire unit. The nurse executive doesn't intervene in their discussion because she thinks*

*the CMO will begin to criticize all her units if she questions his assessment. She doesn't intervene with the CFO because she knows he doesn't understand what it takes to deliver good care.*

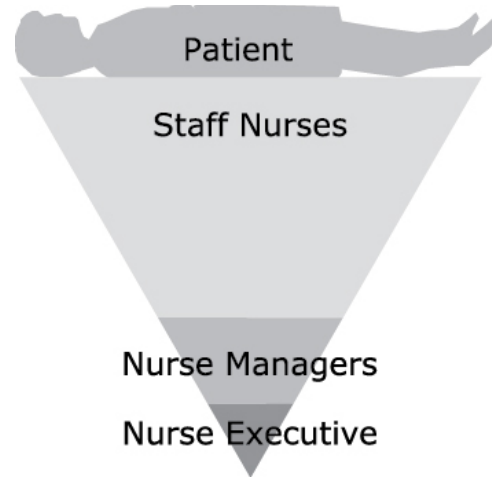
*She doesn't intervene because the CEO is new and he doesn't seem to respect her judgment. She doesn't intervene because she doesn't know how to hold her place in this conversation and it feels like crossing a minefield.*

Imagine a triangle. The chief nurse executive in this system sits at the top of the triangle. She has worked hard to get here, she's the one people look up to, the one taking ultimate responsibility, the one with an office and a view. She is at the pinnacle of her career. The staff nurses are toward the bottom of the triangle, and the interactions between nurses and patients take place along the very bottom of this triangle. All the support positions—charge nurses and nurse managers and directors fill the leadership triangle between the executive suite and the patient care unit. This is the traditional leadership hierarchy in healthcare provision. No wonder it feels so burdensome to be a patient.



Now turn the triangle upside down. The inverted triangle places leadership at the bottom,

holding up a structure that culminates in patient care. Imagine that the triangle is a three dimensional cone with depth and capacity. The entire system is then designed to support healthcare delivery and this changes the image and function of leadership and education throughout the model.



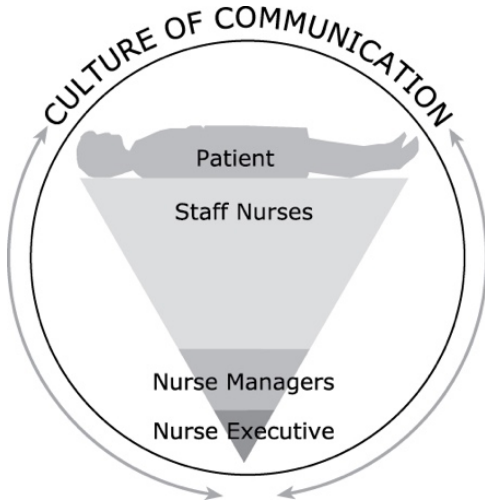
The nurse executive, with all her skills and education, sits at the bottom of the cone looking up into the system, assessing how every level of hierarchy and education can support the staff nurse and medical staff in their work with patients. She still has the office and the view, but she sees her work as foundational, sees her job as the source of good function and clear communication. She has the breadth and depth of leadership to work at every level to keep the cone from toppling. Emerging upward from her vision and leadership are the leadership roles of director, manager, and charge nurse—all of whom support the larger body of care providers who are supporting the patient at the bedside. The patient relaxes into this support.<sup>4</sup>

For the providers to relax, from the executive to the staff nurse, something needs to support the cone. There are many elements that work to reinforce or degrade the abilities of the people in this structure to do their jobs with satisfaction and effectiveness; in this booklet,

<sup>4</sup> Clark, K.H., Cronenwett, L.R., Thompson, P.A., & Reeves, S.A. "Turning the Organization Upside Down: Creating a

Culture for Innovation and Creativity." *Nursing Administration Quarterly*, 16:1, Fall, 1991, p. 7-14.

we will consider the stabilizing impact of a culture of communication and conversation. Clear communication is essential to the ability of the leader to maintain balance and connectivity throughout her areas of responsibility. It is essential to the ability of the manager to create environments of excellence for patient care units. And clear communication occurring in the team and in interactions with patients and families is essential to the delivery of safe care at the bedside. This understanding— of healthcare as a system and communication and conversation as a culture— is what brings the two authors of this booklet into collaboration. Now, place the triangle inside a circle.



Even though we all talk, and even though we all think we are communicating, to sustain dialogue, and hear each other without judgment or assumption, our communication needs structure. Every conversation has structure: a doctor berating a staff nurse is exercising a conversational structure based on authority and entitlement; the acquiescence of the nurse to this treatment is exercising a conversational structure based on perceived lack of authority and entitlement. These are not only two human beings talking; they are two roles in the system talking. A culture of communication calls forward the conversational structure, makes it obvious and consensual. Communication becomes grounded in formal group processes

where people practice the shift in self-perception and system function, and then live this shift in their encounters with each other; it becomes incorporated into the hospital practice environment. The doctor is much more likely to engage the staff nurse as a colleague if he has been in structured conversations where the contributions of staff nurses have impacted his thinking, and the nurse is much more likely to hold onto her sense of competency and provide a helpful report of the situation if she has been in structured conversations where she has experienced respect across the hierarchy.

The genius of the model in the preceding diagram is that it shifts perspective and communicates that shift effectively throughout the system. This is begun by instituting conversations that raise different questions:

- Where am I in this triangle of care provision?
- How does my position empower me to fulfill the mission, vision, and values of the organization?
- How does my position in the triangle serve the delivery of patient care?
- How does this shift impact the conversations I am willing to have, and with whom I have them?
- How does the shift in the triangle change my perceptions of myself, my role, and the value of my contribution? How can it give me the courage to take on difficult and necessary conversations?

## Benefits to Changing the Ways We Communicate

There are four distinct and quantifiable benefits to adopting a culture of communication in healthcare settings.

1. **Good communication increases the quality of decision-making.** The nurse manager does not have to solve the staffing issues alone. She can invite her staff to create solutions



- with her.
2. **Good communication encourages diversity of opinion.** The nurse executive can leverage opinions related to evaluating effectiveness of patient care units and host conversations that lead to a more balanced assessment of all variables by inviting a full range of players into the dialogue.
  3. **Difficult conversations happen in a “safe haven” environment.** Growth in personal trust in work relationships requires deliberate and intentional communication. With understood standards of verbal conduct, the necessary interventions and corrections can occur, whether it is questioning a peer’s behavior or speaking courageously up and down the hierarchy of care provision.
  4. **Collaborative practices flourish throughout the environment.** These environments require focus, training, and structure to uphold learning behaviors and reinforce effective outcomes.

## Experimenting with Conversations That Build Culture

“The simplest way to begin finding each other again is to start talking about what we care about. If we could stop ignoring each other, stop engaging in fear- filled gossip, what might we discover?”

Conversation, however, takes time. We need time to sit together, to listen, to worry and dream together. As this age of turmoil tears us

apart, we need to reclaim time together. Otherwise, we cannot stop the fragmentation.

I hope we can reclaim conversation as our route back to each other, and as the path forward to a hopeful future. It only requires imagination and courage and faith. These are qualities possessed by everyone. Now is the time to exercise them to their fullest.”

Margaret Wheatley, *Turning to One Another*<sup>5</sup>

And just how do we bring this conversation to our workplaces of today? How do we create and hold a space for conversation in an environment that has very little free space? One proven methodology is circle practice as described by Christina Baldwin in *Calling the Circle*. In this original book and body of work, Baldwin describes a practice that is precisely the structure healthcare needs: “A circle is not just a meeting with the chairs rearranged. A circle is a way of doing things differently than we have become accustomed to. The circle is a return to our original form of community as well as a leap forward to create a new form of community.”<sup>6</sup>

Circle is a practice that supports and encourages conversation. It creates the container where the work we must do can take place.

How does one “call the circle?” The following is a description of the methodology developed and practiced from Baldwin’s first book, *Calling the Circle*, and from her more recent book, *The Circle Way, A Leader in Every Chair*,<sup>7</sup> co-authored with Ann Linnea, founding partner of this methodology.

For the purposes of this description, imagine that you are the nurse leader and you know that you can improve the practice environment for your unit. You can see that relationships are not what they could be, that staff members are not working to their potential, and you see that the

<sup>5</sup> Wheatley, Margaret. *Turning to One Another*. San Francisco: Berrett-Koehler Publishers, Inc., 2002.

<sup>6</sup> Baldwin, Christina. *Calling the Circle*. New York: Bantam Books, 1998.

<sup>7</sup> Baldwin, Christina and Linnea, Ann. *The Circle Way, A Leader in Every Chair*. San Francisco, Berrett-Koehler Publishers, Inc., 2010.

care to patients can be better. You know this, but where do you begin? Is this something that you must do on your own? No. Changing the practice environment is something you and your staff do together as a team. So, where do you start?

You start with a conversation between staff and management. You ask: What needs to change? What should remain? What do we really want the future to look like? How do we want to treat each other? Where are the real problems? What are the imagined solutions? The answers to all these questions arise from conversation. You cannot create effective change unless you involve all participants in exploring the problem, so they can participate in the solution.

### The Components of Circle



## Roles

### The Leader

Initially, the formal leader of a group, such as the nurse manager, may be the person to convene a circle. But, as the group develops and begins to function as a team of colleagues, the role of “leader” changes. The leader becomes a facilitator. The preparations for the meeting, such as agenda setting, room set-up, minutes, and guardian assignment evolve into shared responsibilities. And the actual work of the

group is distributed among staff who may be assigned to introduce specific agenda items and to oversee their item to completion. As the group’s understanding and skills of collaboration increase, ownership of outcomes increases as well. This is the process that creates the shared leadership that is foundational for “shared governance” models.

The attributes of the initial leader of the group are critical. The circle requires this leader to relinquish hierarchical control as the process moves to shared control. This means that the nurse manager may initially convene, but as the group develops she must be willing to let others help make the decisions. The leader must be open and honest. There is also a need for patience and tolerance if diversity of opinion is to be invited and encouraged. Modeling a sense of openness and honesty will help others venture into the dialogue in a more meaningful way. And the leader must be skilled at interpreting and managing group dynamics. This is especially important, as the leader is responsible for assuring the sense of safety for all members. Ultimately, the leader’s most important attribute is her willingness to share the power and control of her formal role with the staff. In circle work, “leading” is often referred to as “hosting.” the circle’s host sits with the group, takes part in the conversation, offers suggestions, guides, and helps the group hold focus. As described in *The Circle Way*, “The host joins the group process while maintaining and observing the pattern.”

It is this shared role of leadership that has the greatest promise for creating improved practice environments. In shared governance models, this is a core value that facilitates the shared decision-making that is the hallmark of shared governance. The circle framework and practices offer a learning lab for the development of leadership behaviors. All participants of a circle commit to the shared accountability of group process. The circle becomes the place where each person can develop his or her individual leadership skills.

## The Guardian

Joining the host is a role called “the guardian.” If the host is watching over *what* is being talked about, the guardian is watching over *how* the conversation is proceeding. In addition to being a participant, the guardian also observes how the group is functioning as a whole and as individuals. The guardian has the group’s permission to call for a pause if he or she senses that something is not right, if an important statement needs to be acknowledged, or if the group simply needs a pause in action—a sort of reflect-in-place moment. When the guardian calls for the pause, the group agrees to fall silent. After a few seconds of silence, the guardian explains why he or she called for silence. This stop in the action and the deliberate request for members to refocus may be all that is needed to allow the meeting to continue. Most often, it’s helpful for some signal, besides the human voice, to call this pause. The guardian may use a chime, bell, or any pleasant and noticeable sound. It’s a two sound signal: ding-stop-ding-resume.

For example, consider that a conversation is moving quickly and one person offers a very insightful comment, but the next person to speak does not acknowledge the insight. The guardian might call for the pause and say,

“Susan just said something that seems very important, but I’m not sure we heard her. Susan, will you repeat what you said, so that we can really hear it?”

The role of guardian may be rotated meeting-by-meeting, so that each member of the group has the opportunity to watch over the process.

## Inviting Participants to the Circle

Cultural shift begins with the invitation to talk to one another. You and the staff need to sit with each other and begin this dialogue. You cannot assume that others are thinking the same things that you are thinking about the future; and others will have ideas that enrich your own visioning. Dialogue creates a practice environment and collegial community where problems will be solved together. As the initial host for these dialogues, you do the prep work and send out the invitation for this first step. For example: “You are invited to gather for a conversation about creating a ‘best practices’ environment for all shifts on this unit and how we might develop and sustain those improvements.”

Preparing for this invitation, and wording the intention, is very important. Take your time; get clear; work with a small committee to host this first event. Your preparation pays off when people know what the meeting is about and come prepared to contribute.

The following is a description of how to organize meeting in The Circle Way. You can use this structure and methodology to hold a meeting that will result in shared leadership between management and staff. This new relationship can build a true leadership team.

## Setting the Center

The center of the circle requires thoughtful attention, as it serves as a focal point between group members. It helps to place a meaningful object in the center. What is placed there symbolizes the membership and/or intention of the group. It can be the mission or values of the hospital, a unit mascot or symbol, or some object, such as flowers, that serves as a focal point for reflection.

Christina Baldwin describes the center as “A place where people’s eyes may rest and they are reminded of their highest intent, reminded of

their loyalty, reminded of the spiritual or ethical values they bring to their work.”<sup>8</sup> For the first meeting, it is helpful if the leader places something in the center that those attending will find inviting and comfortable. The arrangement of seating and a visible center signals to the group that this meeting is going to have a qualitative difference.

## Basic Structure

Basic structure in a circle holds each participant accountable for personal contribution and there is a shared accountability for successful group process. This structure includes the Agreements, the Three Practices, and the Three Principles of The Circle Way, which serve as the foundation for conversation. This structure establishes a social contract between participants that is based on mutual respect and a commitment to authentic communication.

## Agreements

An example of the Agreements that can be used or modified include:

- **What is said in circle stays in circle.** For people to be open and honest, there must be a sense of boundary inside which they share thoughts, feelings, and observations. Another way to think about this is: a story belongs to the speaker, information belongs to the team. This is not a simple agreement and will need to be discussed before staff members trust enough to bring long-term issues to the meeting for resolution and to clarify what parts of the conversation can leave the room.
- **We listen to each other with discernment.** This agreement requests that each person suspend judgment and

keep an open mind. It invites everyone to consider and discuss all ideas before deciding if the ideas are right or wrong, or if they will work or not work. The ability to keep early judgment at bay provides an avenue for creativity and true “out of the box” thinking. Entertaining diverse opinions and exploring alternatives enriches the conversation and opens the door to creativity.

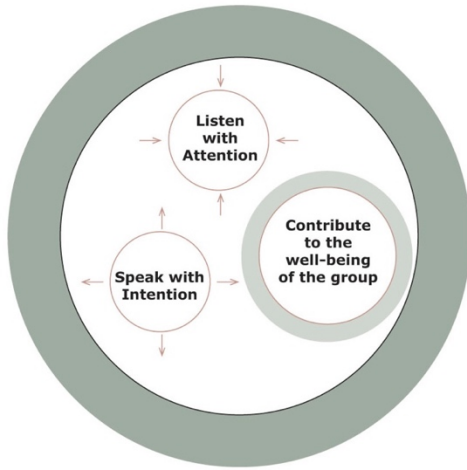
- **We ask for the support we need and offer the support we can.** This agreement encourages each person to be self-responsible by stating personal needs, rather than assuming they will be known and understood by others. This sounds simple, but too often group process deteriorates because members haven’t been clear about what they want, or have made assumptions, or assigned meaning without asking for clarification. For example:  
“I need for you all to let me finish my idea before you tell me why it can’t work. You aren’t giving me enough room to explain.”  
“Susan has asked that we hold comment. I can do that.”
- **When the group is uncertain how to proceed, or in need of a resting point in group process, we will stop action, observe a pause and self-reflect.** When the discussion gets off track or becomes lost on a tangent, someone must bring the group back. Or, when disagreements arise and the conversation becomes an argument, the group must stop and refocus. The person who usually calls for the pause is the guardian, as previously explained. However, everyone in a circle can call for pause and serve to guard the wellbeing of the group.

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<sup>8</sup> Baldwin, Christina and Linnea, Ann. *The Circle Way, A Leader*

*in Every Chair.* San Francisco, Berrett-Koehler Publishers, Inc., 2010.

## The Three Practices of Circle



In addition to the Agreements, there are Three Practices of circle. They are:

1. **Listen with attention**, which means to focus on what is being said by someone else without interrupting, and not planning what you will say in response while they speak. When practiced, it slows the pace of the conversation.
2. **Speak with intention**, which means to contribute information, thoughts, and stories that are relevant and meaningful to the conversation currently taking place.
3. **Contribute to the wellbeing of the group**, which means to consider the impact of your words and actions on others in the group. Even difficult topics can be raised with practice in speaking without blame or judgment, seeking solutions and creative possibilities.

## Three Principles of Circle



These structures activate the Three Principles:

1. **Leadership rotates**. Every person helps the circle function by assuming increments of leadership. In The Circle Way, leadership shifts moment-by-moment and task-by-task. Rotating leadership trusts that the resources to accomplish the circle's purpose exist within the group.
2. **Responsibility is shared**. Participants pay attention to what needs to be done or said next and are willing to contribute their share. In The Circle Way, responsibility also shifts moment-by-moment and task-by-task. Shared responsibility is based on the trust that someone will come forward to provide what the circle needs.
3. **Reliance is on the wholeness of the group**. The highest purpose, the articulated intention, provides a focus to which all members can hold themselves accountable. When the center represents this purpose, it reminds people to activate the conversational structure laid out here on behalf of their particular conversation.

This conversational infrastructure may at first sound complicated, but it's not any more complicated than the conversational structure already being followed: it's just made obvious. A physician yelling at a floor nurse is following a conversational structure. A nurse manager who doesn't tell anyone what her stresses are, or allow others into a collaborative process, is following a conversational structure. If we took them apart and wrote them out, it would take much more room than is devoted here to untangle the principles, practices, and assumptions at work.

The Circle Way is like the skeleton inside our own bodies. The structure is strong and flexible. Bones allow us to move in many ways and inhibit us from moving in a few ways. We don't even think about our bones: and when a circle is functioning well, we don't worry about its bones either. Yet we need the bones, literally and metaphorically. A little study in the structure of conversation will empower us to communicate with the same level of competence that a little study in ergonomics empowers us to lift patients or move beds.

## Beginning Intentionally

The Circle Way will be a different kind of a meeting. Circle is not a typical staff meeting of the old order, and so you must make some adjustments to the usual routine. The seating for the meeting should be as close to a circle as possible. This can be accomplished with chairs around a conference table, chairs arranged around a small coffee table, or chairs in a circle with no table. The important feature is that everyone can see each other and everyone must be at the rim of the circle. It will not work if some people sit at the table and others sit behind them.

When staff arrives and start to get settled, it is important that a quiet space is created. Pagers and phones should be turned off. Staff should be prepared to bring their full attention to the meeting, so multi-tasking is discouraged. For

example, staff members cannot try to complete charts while they are participating in this conversation. This may be difficult for those who feel that they don't have enough time to complete their work unless they use the meeting time, but you want staff to focus their full attention on the conversation.

## Creating a Start Point

The meeting begins with a start point. This can be a reading from a favorite book, or just a moment of silence while those present collect their thoughts. For the first meetings, this will help bring the group to focus on their immediate time together.

## Checking In

The next step is check-in, where everyone has a chance to voice his or her presence. The check-in is more than answering a roll call. It invites participants to articulate how they are showing up and to speak what they have to contribute. Too often, we rush into the agenda of a meeting and never take the time to let each person state the complexities of setting things aside and offering each other their attention. Check-in gets distraction out of the way so everyone can focus on the meeting.

The process of letting each person speak in turn also serves to commit each person to the group as a whole and to the work at hand. It helps if the leader is the first to check in, to model what is intended. The "check-in" is a brief statement of head and heart that begins the meeting with a verbal acknowledgment of being "in" the conversation.

"I'm a bit preoccupied with a difficult conversation I just had with a patient's husband. It will take me a few minutes to refocus, but I will, and I'll be in this conversation."

"I'm glad we're about to have this discussion, and I'm here."

"I've been thinking about the issues we're

discussing this morning, and I have some ideas I'm excited to contribute.”

After each person checks in, everyone has a much better sense of the level of energy, interest, and engagement that is present in the group. Even resistance, once spoken, is much easier for people to handle because it is held openly and becomes an aspect of diversity. This step alone can bring clarity to the group and a personal connection that is often neglected when we gather for a meeting. The check-in also serves to slow the pace and reset the energy for those gathered.

## Hosting the Meeting in Circle

After check-in, the meeting can progress in several ways, depending on what intention was called. If there is a specific question to be addressed, the next step is to host the question, most likely using a talking piece, so that every voice is heard in an orderly fashion. To use a talking piece, choose an object that passes from hand to hand, with the understanding that whoever holds that object speaks, and the group listens. Set up expectations about timing and focus beforehand, for example: “Everyone will have up to three minutes to share their thoughts on ... I've asked the guardian to use her phone as a timer, so at 2.5 minutes you'll hear a little chime to invite you to come to completion.”

Another way to host in circle is to invite participants to prepare various agenda items and take leadership item by item. This requires that the host construct an agenda, timeline, and perhaps coach the leadership skills of presenters before the actual meeting. The host moves the meeting along and various aspects of circle methodology, such as checking in, commenting using a talking piece, sharing responsibility for capturing action items, are spread throughout the process.

As Baldwin and Linnea say in *The Circle Way*, “Who's in charge?” becomes “How are we in charge?” This is a dynamically different way of conducting meetings and engenders a shift into a conversational culture.

## Concluding the Meeting

### Checking out

Each circle meeting comes to a formal close through a simple check-out process. Just as each member checked in, allow time to reflect as the meeting ends. Check-out also provides a final detail to the agreement, “What is said in circle remains in circle.” Each person formally leaves the level of attention and intention; just as they came “in,” they go “out.”

“I'm clear on what I need to do for the next meeting. Thanks for your support.”

“I think we covered a hard subject today. I still need to think about it, but I appreciate all our different opinions.”

“Thanks for giving me time to talk through my confusion. I learned a lot.”

“Before we go, I want us to decide how to include those who missed today's circle concerning decisions we made.”

These are often simple words, but closure rarely occurs in most meetings. Too often people rush out and leave thoughts and feelings unexpressed and unheard. Then the needed “check-out” erupts elsewhere, in other conversations and settings. Confidentiality may be broken if people try to process the thoughts and feelings they have at the end of the circle outside the circle itself. Designating a time-slot for integrating the process, decisions, and what still needs attention helps to truly finish the meeting.

# What are the Benefits of The Circle Way?

There are several key benefits to using circle methodology as the vehicle to encourage conversations in our workplaces.

1. **Circle encourages diversity of opinion.** The practices of listening and speaking with intention encourage the expression of diverse opinion. These diverse voices bring increased creativity to deliberations and teach tolerance of ideas that are different from our own. Listening with discernment, not judgment, creates a space to explore ideas and suggestions in greater depth. Challenging the “that will never work” mindset is essential to innovation and the future design of our practice settings.
2. **Circle creates “safe havens” for difficult conversations.** A well-facilitated circle is a safe environment. Each participant assumes accountability for his or her own behavior and its impact on others. The guardian oversees the process and intervenes as needed. Rotating the role of guardian gives everyone the opportunity to monitor and maintain the safe space. Asking for what you may need invites each person to seek out support for potentially difficult situations. Honoring confidentiality in the circle creates a discipline to work out solutions as a group. As the leadership role for facilitating the circle rotates, individuals have the opportunity to practice what it takes to create these safe environments.
3. **Circle develops skills for respectful communication.** The Agreements and the Practices give structure to the dialogue, aimed at respect. The more that

members engage in respectful dialogue, the greater the potential for understanding. This forms the basis for collaborative practice. Collaborative practice exists best when there is respect, trust, and good communication.

4. **Circle increases the quality of decision-making.** Involving staff and stakeholders in decision-making ultimately results in better decisions. Creating a space where honest discussion can take place between all parties is essential to reaching good decisions. Ownership of the decisions can be shared and supported.
5. **Circle is a format that has worked across the ages.** Circle has been used since ancient times as the structure for community decision-making. Just as it served our ancestors, it may well prove to be as useful in our current work environments. It appears to be a new way of doing our work, but perhaps we have truly come full circle in our desire to communicate with each other in more meaningful ways.

“Circle communication lends itself to emergence, to life. Our old ways of knowing, being, and leading are limited and stale. Circle communication offers new, or maybe just different, ways. Circle practice is a communication form that enables the integration of shared leadership through the uniqueness of individual perspective while generating the spirit of community. May we have the courage to try new or just different ways. May we have humility in our successes and resiliency in our failures, but overall, may we be bold.”<sup>9</sup>

Cathleen Michaels, Nursing  
*Administration Quarterly*

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<sup>9</sup> Michaels, Cathleen. “Circle Communication: An Old Form of Communication Useful for 21<sup>st</sup> Century Leadership.” *Nursing*

*Administration Quarterly*, Fall 2002, pages 1-10.



## In Conclusion

As we search for ways to create healthy practice environments, we should consider the discipline of circle. It offers a methodology to bring people to a common table, to engage in conversations that can reshape our work places. We cannot look beyond ourselves for products and magic that will transform us. As in any complex system, we must seek out the simpler answers, and we must look within. Each patient care unit and nursing department is capable of defining what it needs to create the right environment. What is required is the ability to sit together and discover it. We need respectful relationships and a structure to engage in creative problem solving. In the end, circle as methodology is the social container that allows authentic conversation to happen.

*It is 2:30 and the staff nurse sees the new graduate. As she rushes by, she calmly places her hand on his shoulder and says quietly, "John, I think you might want to check that tubing." He knows this woman as a colleague and takes no offense.*

*It is 2:45 and the nurse manager turns to one of her colleagues and asks her to initiate the emergency call list, recently created by the schedule committee. She walks over to the staff nurse and physician and invites them to step into her office to continue the discussion to explore what has happened.*

*It is 3:00 and the chief nursing officer decides to invite the vice presidents to make rounds with her over the next week, so she can introduce them to the staff who benefit from their decisions.*

Imagine that.

## Origins of The Circle Way

Circle process is often referred to as the foundational pattern supporting emerging forms of dialogue. In our need to remember and reattach to this quality of listening and speaking and collaborative action, several modern lineages of circle practice are being carried at this time, in addition to the indigenous heritage that has survived around the world.

There are particular gifts associated with practicing The Circle Way that make it adaptable and successful in organizational settings. These contributions include: The Components Wheel, the Three Points of Leadership (especially the use of a group guardian), the articulation of principles and practices, and the four agreements.

In the history of this work, Christina Baldwin and Ann Linnea coined the word "PeerSpirit" as the name of their educational company and the original name of their circle methodology. In 2010, with the publication of their legacy book, *The Circle Way, A Leader in Every Chair*, the movement expanded globally and was rebranded as The Circle Way.

## About the Authors



**Pamela Thompson**  
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Pam is chief executive officer emerita of AONL and former senior vice president nursing/chief nursing officer of the American Hospital Association. She was responsible for the management and administrative leadership of AONL (then AONE), as well as coordinating the AHA Workforce Initiative and addressing issues specific to strengthening the nursing workforce and the redesign of patient care delivery.

Before joining AONE, Thompson was vice president of Children's Hospital, Obstetrics, Psychiatric Services, and Strategic Planning at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire.

Thompson received the American College of Healthcare Executives 2009 Edgar C. Hayhow Award for an article she co-wrote about the results of a national survey on chief nursing officer retention and turnover. She served as the chair of the National Patient Safety Foundation (NPSF) board of directors, was a member of the Lucien Leape Institute of NPSF, and served on the NPSF board of advisors. Thompson was also chair of the New Hampshire Hospital Association board of trustees and the New Hampshire Foundation for Health Communities. She is past president of the New Hampshire Organization of Nurse Executives.

Pam earned her master of science degree from the University of Rochester, New York and her bachelor of science degree from the University of Connecticut. Thompson is a fellow of the American Academy of Nursing.

She resides in Manassas, Virginia with her husband, Bob.



**Christina Baldwin**  
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Christina has worked within a variety of health care settings since 1995, from hospital administration to small practice staff groups and nursing leadership. Trained in a range of facilitation modalities, she carries as her central skill an original group process methodology based on circle practice. Through her educational company, PeerSpirit, Inc., she and co-founder Ann Linnea, along with their teaching colleagues, specialize in communication as the core enhancement for organizational culture.

For thirty years, Christina has been fascinated with the ways that narrative shapes life. Her books are an exploration of belief in the power of language. They include two classics in the field of journal writing, as well as her seminal work, *Storycatcher, Making Sense of Our Lives through the Power and Practice of Story*. Christina also articulated circle process in *Calling the Circle, the First and Future Culture*, and *The Circle Way, A Leader in Every Chair*, which she co-authored with Ann Linnea.

Baldwin lives on an island near Seattle, Washington. After years of extensive travel to lecture, teach, and call people into conversations of heart, purpose, and activism, she is focusing those energies within her own community.

## About This Booklet

This booklet is a collaboration between the work and vision of a national leadership network, the American Organization for Nurse Executives / American Organization for Nursing Leadership, and The Circle Way. The booklet is part of a series aimed at applying The Circle Way in specific organizational settings. Health care, and particularly nursing leadership, has responded to circle process with pioneering energy and determination to improve workplace quality and communication.

In Christina Baldwin and Ann Linnea's book, *The Circle Way, A Leader in Every Chair*, a number of these innovative experiences are noted in stories. The authors offered these in a spirit of honoring nurses and nurse leaders for their response to The Circle Way.

This booklet and other resources, including a two-page guide to the conversational infrastructure, *Basic Guidelines for Calling a Circle*, are available online at [thecircleway.net](http://thecircleway.net), where you'll also find information about local and global practica, consulting, and seminars.

Please let us know how you are finding The Circle Way supportive, where it is challenging, and how we might help.

**American Organization for Nursing Leadership:** [aonl.org](http://aonl.org)

**The Circle Way:** [thecircleway.net](http://thecircleway.net)