

# The Most Powerful Leaders Give Up Control:

## Applying the Appreciation-Influence-Control Model to Transform Healthcare Leadership

Daniel J. Pesut, PhD, RN, FAAN

Emeritus Professor, University of Minnesota and Indiana University Schools of Nursing

Contact: [dpesut@umn.edu](mailto:dpesut@umn.edu)

### Abstract

**Background:** With 65% of nurses reporting high burnout, 23% considering leaving the profession, and 76% reporting feelings of organizational betrayal, healthcare leadership faces an existential crisis. Traditional command-and-control approaches exacerbate rather than address these challenges. William E. Smith's Appreciation-Influence-Control (AIC) model offers a philosophically grounded framework for understanding that purpose—not authority—is the true source of power.

**Purpose:** This article introduces healthcare leaders to the AIC model through concrete case studies demonstrating measurable outcomes, practical self-assessment tools, and direct applications to current nursing crises including burnout, staffing shortages, DEI challenges, and AI disruption.

**Methods:** Drawing on 50 years of nursing leadership development, collaboration with Dr. Smith, and integration with the Outcome-Present State-Test (OPT) Model of clinical reasoning, this article synthesizes AIC theory with complexity science, Liberating Structures methodologies, and current evidence on healthcare workforce challenges.

**Results:** Case studies demonstrate that AIC-informed leadership approaches can significantly improve nurse retention, reduce turnover intention, enhance psychological safety, and create conditions for professional renewal. The framework provides healthcare leaders with diagnostic tools to identify whether challenges require control (resources), influence (relationships), or appreciation (meaning making) interventions.

**Conclusion:** The AIC model addresses the root causes of healthcare's leadership crisis by helping leaders harvest purpose rather than accumulate authority. Through intentional application of AIC principles, nurse leaders can create environments where nurses find meaning, exercise voice, and take responsible action—transforming burnout into renewal.

**Keywords:** leadership development; nurse burnout; moral injury; complex adaptive systems; professional renewal; vertical development; appreciative inquiry; Liberating Structures; workforce retention; DEI; artificial intelligence

## **The Paradox: Why Giving Up Control Creates Power**

Here is a paradox that took me 50 years to fully understand: The most powerful leaders are those who give up trying to control.

This statement will strike many healthcare executives as naive, even dangerous. After all, healthcare demands precision, accountability, and standardization. Lives depend on protocols being followed. How can giving up control work?

Yet consider our current reality: 65% of nurses report high levels of stress and burnout. Only 60% would choose nursing again. Turnover costs healthcare systems billions annually while compromising patient safety. The nurses leaving cite not primarily compensation, but lack of voice, moral injury, and absence of meaning (Nurse.com, 2024; FAU, 2025). Our control-focused leadership approaches are failing spectacularly.

What if the very act of tightening control is driving away the talented, purpose-driven nurses we desperately need? What if there is a more powerful approach hiding in plain sight?

William E. Smith's Appreciation-Influence-Control (AIC) model offers exactly such an approach. At its core lies a transformative insight: *Purpose, not wealth, authority, or knowledge, is the source of power* (Smith, 2008). When we establish a clear purpose, we create three power fields—appreciation, influence, and control—each requiring different leadership capacities. The most effective leaders learn to work skillfully across all three, not defaulting to control when appreciation or influence would be more appropriate.

## **The Crisis Demanding New Leadership Approaches**

Before introducing the AIC framework, we must acknowledge the severity of healthcare's leadership crisis. The statistics are not merely troubling, they represent a profession in existential distress.

### **Burnout and Moral Injury**

Recent research reveals that 61% of nurses globally report anxiety, depression, or burnout, with more than half feeling exhausted every single day at work (FAU, 2025). Critically, 76% of healthcare workers report feeling betrayed by healthcare or public health organizations—a form of moral injury that standard wellness programs cannot address (Usset et al., 2024). The suicide rate among nurses exceeds that of the general population. These are not problems that more policies, mandates, or control mechanisms can solve.

### **The Staffing Crisis**

Twenty-three percent of nurses are actively considering leaving the profession (Nurse.com, 2024). Projections indicate severe shortages in multiple states by 2025-2030. Yet as the Ohio Nurses Association notes, this is "not a shortage of nurses; it's a staffing crisis" driven by "deplorable working conditions and moral injury caused by short staffing." Many states have thousands of licensed nurses who are not practicing because workplace conditions have driven them away.

## **Diversity, Equity, Inclusion, and Belonging**

Nurses who identified as Black or African American report 74% experiencing unequal work-life balance and 67% citing lack of responsive leadership. American Indian or Alaska Native nurses have the highest rate considering leaving the profession at 41% (Nurse.com, 2024). The Tri-Council for Nursing—representing ANA, AACN, AONL, NCSBN, and NLN—has called for unwavering support for DEIB as "critical in developing and maintaining a nursing workforce capable of providing high-quality and culturally relevant care" (Tri-Council, 2024).

## **AI Disruption**

Artificial intelligence is rapidly entering healthcare, with global AI healthcare spending projected to reach \$36.1 billion by 2025. While AI offers opportunities—potentially freeing up 15% of nurses' time from documentation—it also threatens to further depersonalize care if implemented poorly. Vendors are already marketing "AI nurses" for patient follow-up calls, prompting Oregon to pass legislation requiring that a nurse must be human (Wieben, 2025). Nurses must be positioned as champions and guardians of AI's safe and ethical implementation.

## **The AIC Model: A Framework for Purpose-Powered Leadership**

The AIC model, developed by William E. Smith through decades of work with the World Bank and diverse global organizations, provides a framework for understanding and exercising power in service of organizational purposes. At its foundation lies the recognition that healthcare systems function as complex adaptive systems—collections of individual agents with freedom to act in ways that are not always predictable, whose actions are interconnected such that one agent's actions change the context for others (Plsek & Greenhalgh, 2001).

## The Three Dimensions of Power

When we establish a purpose, three power fields emerge simultaneously. Understanding these fields is essential for effective leadership in complex environments.

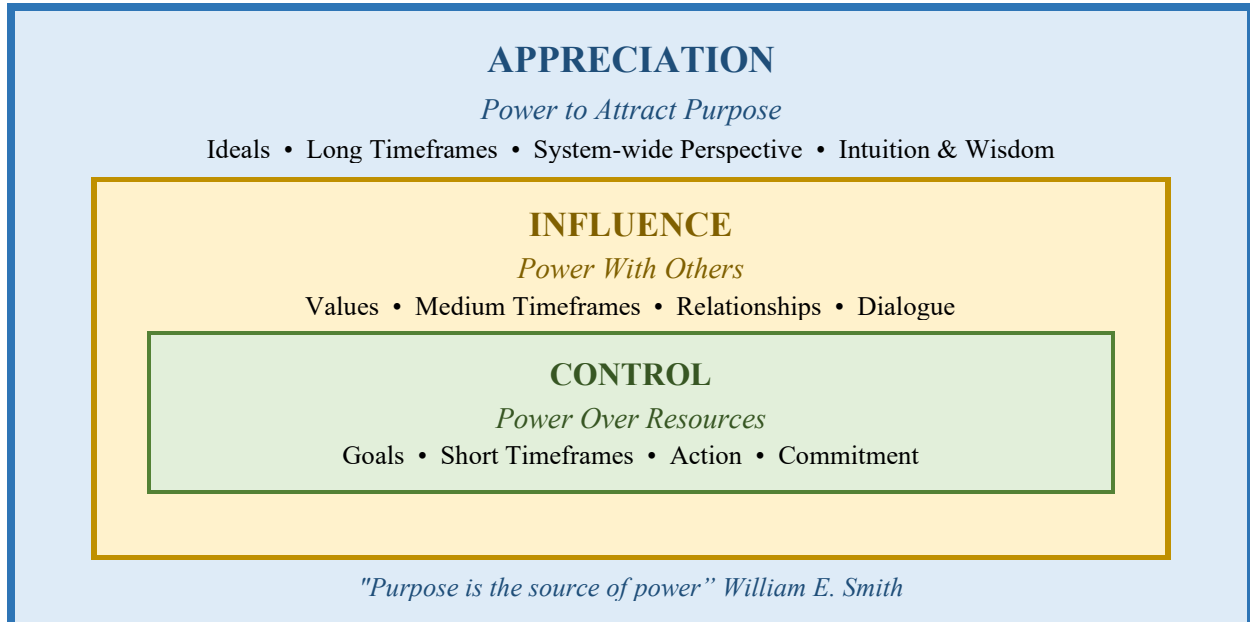
*Table 1. The Three Dimensions of Power in the AIC Model*

Dimension	Definition	Key Questions	Healthcare Application
<b>CONTROL</b> <i>Power Over</i>	Power over resources we own relative to a purpose. Goals are narrow, timeframes short, resources available.	What will you commit to? Will it achieve the purpose?	Scheduling, protocols, resource allocation, staffing assignments, budget decisions
<b>INFLUENCE</b> <i>Power With</i>	Power with others we cannot control but who affect our purpose. Requires building relationships of mutual value.	What are the priorities? Who supports and who opposes? How do we build coalitions?	Team building, interdisciplinary collaboration, shared governance, stakeholder engagement, negotiation
<b>APPRECIATION</b> <i>Power to Attract</i>	Power to connect with the whole system and attract purpose through resonance. Achieved by opening up, letting go of attempts to control.	What are the possibilities? What ideals give this work ultimate meaning? What is emerging?	Vision development, culture transformation, addressing moral injury, connecting work to purpose, professional renewal

## Visual Framework: The Nested Dimensions

The three dimensions exist in a nested relationship. Appreciation contains and encompasses Influence, which contains and encompasses Control. This is not a hierarchy of importance but a framework for understanding scope and timeframe:

*Figure 1. The Nested AIC Framework*



The critical insight is that leaders often default to control interventions when the actual challenge exists at the influence or appreciation level. A nurse manager facing high turnover might tighten scheduling policies (control) when the real issue is lack of voice in decisions (influence) or loss of professional meaning (appreciation). Effective leaders diagnose which level requires attention.

## Case Studies: AIC in Action

The following cases illustrate how AIC-informed leadership approaches address real healthcare challenges. Names and identifying details have been changed, but the situations and outcomes are based on actual implementations.

### Case 1: Transforming a High-Turnover Medical-Surgical Unit

**The Challenge:** A 36-bed medical-surgical unit at a Midwestern academic medical center experienced 42% annual RN turnover, well above the national average. Exit interviews revealed common themes: "I don't feel heard," "Leadership doesn't understand what we face," and "I've lost the sense of why I became a nurse."

**The AIC Diagnosis:** Previous interventions had focused exclusively on Control: revised scheduling, increased pay differentials, adjusted patient ratios. The new nurse manager, trained in AIC, recognized the complaints pointed to Influence ("not heard") and Appreciation ("lost sense of why") deficits.

**The Intervention:** The manager implemented a three-level approach:

- Appreciation: Monthly "Purpose Circles" using the Liberating Structure "What, So What, Now What?" to help nurses reconnect with why they chose nursing and what gives their work meaning <https://www.liberatingstructures.com/9-what-so-what-now-what-w/>
- Influence: Restructured unit decisions using "1-2-4-All" to ensure every nurse's voice contributed to policy changes before implementation <https://www.liberatingstructures.com/1-1-2-4-all/>
- Control: Nurses chose their own commitments based on appreciated purposes rather than imposed mandates

**Outcomes at 18 Months:** Annual turnover decreased from 42% to 19%. Patient satisfaction scores improved 23%. Most significantly, qualitative data revealed nurses reporting renewed sense of purpose: "I feel like my voice matters again" and "This unit reminds me why I became a nurse."

## Case 2: Navigating AI Implementation Through AIC

**The Challenge:** A health system CNO faced directive from the C-suite to implement AI-powered clinical decision support and ambient documentation within 12 months. Nursing staff expressed fear about being replaced, skepticism about AI accuracy, and concern that "the suits are making decisions about our practice without asking us."

**The AIC Diagnosis:** The CNO recognized this as primarily an Appreciation and Influence challenge, not a Control challenge. The technology existed (Control), but nurses had not been engaged in determining its purpose or implementation (Influence), nor had anyone connected the change to professional values (Appreciation).

**The Intervention:** The CNO convened a "Purpose to Practice" process:

- Appreciation: Facilitated sessions asking "What is our highest purpose as nurses? How might AI serve or threaten that purpose?"
- Influence: Created nurse-led AI governance committee with genuine authority over implementation decisions
- Control: Nurses designed their own pilot protocols and evaluation criteria

**Outcomes:** Implementation proceeded on schedule with 78% nurse satisfaction with the process (compared to 34% system average for technology implementations). The nurse-led committee rejected two vendor proposals as inconsistent with nursing values and modified three others. Documentation time decreased 18% while nurses reported maintaining their professional autonomy.

## Case 3: Building Belonging Through Appreciation

**The Challenge:** A nursing school struggled with retention of students from historically underrepresented backgrounds. Despite robust DEI programming, students of color reported feeling "tolerated but not truly welcomed" and "included in committees but not in culture."

**The AIC Diagnosis:** The dean recognized that existing efforts operated primarily at Control (policies, quotas, required training) and Influence (committees, mentorship programs). What was

missing was Appreciation—genuine valuing of diverse perspectives as essential to nursing's purpose, not merely as demographic goals.

**The Intervention:** The school implemented "Appreciative Interviews" across all levels:

- **Appreciation:** Regular storytelling sessions where students and faculty shared how their unique backgrounds shaped their understanding of health, healing, and caring
- **Influence:** Curriculum revision that centered diverse healing traditions as equally valid knowledge, not addenda
- **Control:** Students chose their own community engagement projects reflecting their heritage and interests

**Outcomes:** Retention of underrepresented students improved from 71% to 89%. Qualitative feedback shifted dramatically: "I feel like my perspective is valued, not just my presence" and "For the first time, I see myself in the curriculum, not just the brochures."

## Self-Assessment: Your AIC Leadership Profile

Before applying AIC to your organization, it helps to understand your own leadership tendencies. The following reflection questions are adapted from the AIC Power Profile assessment (available at [powermap.odii.com](http://powermap.odii.com)). Rate yourself honestly on each dimension, then consider the implications.

*Table 2. AIC Leadership Self-Assessment*

Reflection Question	Rate Yourself (1-5)
<b>CONTROL DIMENSION</b>	
When facing a challenge, how quickly do I move to take action?	1 (rarely) ___ 2 ___ 3 ___ 4 ___ 5 (always)
How comfortable am I making decisions without consulting others?	1 (uncomfortable) ___ 2 ___ 3 ___ 4 ___ 5 (very comfortable)
<b>INFLUENCE DIMENSION</b>	
How much do I invest in building relationships before needing them?	1 (little) ___ 2 ___ 3 ___ 4 ___ 5 (significant)
How often do I seek to understand others' perspectives before advocating my own?	1 (rarely) ___ 2 ___ 3 ___ 4 ___ 5 (always)
<b>APPRECIATION DIMENSION</b>	
How often do I create space for reflection on purpose and meaning?	1 (rarely) ___ 2 ___ 3 ___ 4 ___ 5 (always)
How willing am I to let go of my preferred outcome and remain open to emergence?	1 (unwilling) ___ 2 ___ 3 ___ 4 ___ 5 (very willing)

### Interpreting Your Profile:

- **High Control, Low Appreciation:** You may be efficient but risk alienating staff who need meaning. Practice asking "Why does this matter?" before "How do we fix this?"

- **High Influence, Low Control:** You build great relationships but may struggle with execution. Practice making clear commitments and following through.
- **High Appreciation, Low Influence:** You see the big picture but may seem disconnected from practical concerns. Practice translating vision into stakeholder conversations.

For a comprehensive assessment, visit [www.powermap.odii.com](http://www.powermap.odii.com) to complete the full AIC Power Profile.

## Call to Action: Your Next Steps

Understanding AIC is valuable; applying it transforms organizations. Here are concrete actions you can take this week:

### 1. Diagnose a Current Challenge

Identify one persistent leadership challenge you face. Ask: Is this primarily a Control problem (we lack resources or clear processes), an Influence problem (we haven't engaged the right stakeholders), or an Appreciation problem (people have lost connection to purpose)? Most challenges involve all three, but one dimension typically needs primary attention.

### 2. Try One Liberating Structure

In your next team meeting, replace your standard format with "1-2-4-All" (available free at [www.liberatingstructures.com](http://www.liberatingstructures.com)). This simple structure—one minute individual reflection, two minutes in pairs, four minutes in groups of four, then all together—ensures every voice contributes. Notice how engagement shifts when influence is genuinely distributed.

### 3. Complete the AIC Power Profile

Visit [www.powermap.odii.com](http://www.powermap.odii.com) to take the full assessment. Share your results with a trusted colleague and discuss: How do your natural tendencies serve you? When do they limit you? Consider having your leadership team complete the assessment and discuss implications for your collective approach.

### 4. Create a Purpose Conversation

Schedule 30 minutes with your team not to solve problems but to reflect on purpose. Ask: "Why did you become a nurse/healthcare professional? What gives this work meaning for you? What threatens that meaning?" Do not rush to solutions. Let appreciation emerge.

### 5. Read Deeper

Smith's book *The Creative Power: Transforming Ourselves, Our Organizations, and Our World* (Routledge, 2008) provides the full philosophical foundation. Additional resources are available at [www.odii.com](http://www.odii.com) including case studies, theoretical papers, and implementation guides.

## **Conclusion: Creating the Future Through Purpose**

In 2003, I invited nurses worldwide to embrace renewal across self, service, scholarship, science, society, and spirit (Pesut, 2003). I described creative thinking as an essential source of professional renewal and urged nurses to transform discontent into hope through imagination, reflection, and visionary leadership. Two decades later, this call remains urgent—more urgent than ever (Pesut, 2025).

The AIC model offers a pathway from discontent to hope. By recognizing that purpose—not authority—is the source of power, leaders can diagnose challenges more accurately and intervene more effectively. When nurses report burnout, the answer is rarely more control. When staff disengage, the solution is rarely another policy. When turnover spikes, tightening management rarely helps.

What helps is helping people reconnect with purpose (Appreciation), ensuring their voices shape decisions that affect them (Influence), and allowing them to choose their own commitments (Control in purpose, not control imposed from above).

The paradox I opened with—that the most powerful leaders give up trying to control—is not naive. It is wisdom born from understanding how complex adaptive systems actually work. Healthcare organizations are not machines to be controlled but living systems to be cultivated. The leader's role is not to command but to create conditions where purpose emerges, relationships flourish, and people take responsible action.

Through intentional use of the AIC process, nurses can develop leadership skills and create positive engaged work environments, improving quality and safety through teamwork. Healthcare leaders who master these principles will find themselves better equipped to harvest purpose, build effective relationships, and enable others to take responsible action—thereby creating the future through renewal.

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