

# Transforming Healthcare Service Delivery at a Selected Public Hospital Through Appreciative Inquiry

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**Abstract:** South African healthcare system is currently faced with challenges of service delivery that requires effective change management programmes. The South African government adopted Primary Healthcare (PHC) approach to deliver District Healthcare System (DHS), as a vehicle for the delivery of PHC. This also included the adoption of People First (Batho Pele) principles and "Batho Pele" strategy, in delivering healthcare services to the community from the hospital and its surrounding clinics. It is important to note that even during times of transformation, there could be lessons learned from the past, which could be valuable to be used in the future. The objective of the study was to obtain valuable information relating to past successes and strengths from senior employees, which could be used in driving transformation at a selected hospital. The study adopted a qualitative research design in the form of an appreciative inquiry, by asking pertinent questions about previous successes and strengths. In-depth interviews were conducted on 17 hospital senior employees in KwaZulu-Natal. Thematic analysis was adopted to analyse the data, whereby themes were created to group similar data. The interviewees identified the following as successes that the hospitals could promote: open communication channels (87%); provision of optimum healthcare to all (76%); empowerment of health workers (59%); conducting health awareness campaigns (47%); engaging workers in decision making (53%) and; promoting of team spirit (53%). The study used appreciative enquiry (AI) as an organisational development (OD) intervention method in change management programmes, and ascertaining valuable successes that are being valued by senior employees in the workplace. The study could contribute in designing change management programmes in the health sector. Appreciative Inquiry is one of the OD strategies that could be used to reduce resistance to change to healthcare reform programmes.

**Keywords:** Appreciative inquiry, Human resource management, Primary healthcare, Service delivery, Transformation

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## 1. Introduction

Healthcare organisations in all countries are facing unprecedented challenges in both public and private healthcare (WHO, 2008). This is due to ever-increasing number of informed patients with high expectations; rise in communicable and non-communicable diseases; increasing healthcare expenditures; continuous emerging drugs and deteriorating health professionals' morale (WHO, 2008). Continuous innovations are needed in the health sector in order to meet the changing and rising demands of healthcare services. Mhlambi (2002:62) asserts that "transformation becomes even challenging in a complex and diverse challenging environment where the needs of historically disadvantaged groups have to be balanced against those of previously advantaged groups".

The South African healthcare sector has been undergoing fundamental changes since independence in 1994. In 1994, the ruling African National Congress

(ANC) government promised the electorate free basic healthcare for all the citizens (ANC, 1994). Prior to 1994, the South African health system was built on apartheid ideology and characterised by a racial, geographic disparities, fragmentation duplication and lip service paid to the PHC approach (White Paper for the Transformation of the Health System in South Africa, 1997). In 1996, the South African Department of Health tabled a policy document called "Restructuring the National Health System for Universal Primary Healthcare", after introducing PHC. The document specified that professional nurses should function as frontline providers of healthcare services at the local clinics (Department of Health, 1996). The most significant policy development was the promulgation of the National Health Act (No. 61 of 2003), with Section 48 making provision for monitoring and utilisation of human resources within the National Health System. The National Health Council developed policy guidelines that ensured adequate distribution of human resources and provision of

appropriately trained employees at all levels of the National Health System. This simply implies that there must be some significant impact on district hospitals, especially in the rural areas in order to ensure appropriate distribution of health service providers and health workers at all levels (Couper, Villiers & Sodzaba, 2002).

In South Africa, the District Health System (DHS) has been adopted as the vehicle for decentralisation and implementation of PHC at community level (Department of Health, 2001; Sooruth, Sibiyi & Sokhela, 2015). The PHC system provides for the decentralisation of services, i.e. the active involvement of primary level health management units in the delivery of health services (WHO, 2008). In 1997, the government published the "White Paper on Transforming Service Delivery", that resulted in the adoption of Batho Pele Principles (White Paper on the Transformation of the Health Systems in South Africa, 1997). The White Paper introduced eight service delivery principles, namely; consultation, setting service standards, increasing access, ensuring courtesy, providing information, openness and transparency, redress and value for money. At the Batho Pele workshop, Mhlamba (2002:64) was confronted by an irate employee who demanded to know "when Batho Pele would benefit her as an employee!", and this outburst demonstrated frustration of some employees at the perceived neglect of their needs. The White Paper on the Transformation of the Health Systems in South Africa (1997) specifies that the healthcare system of South Africa should be based on the following broad principles:

- To unify fragmented health services at all levels in a comprehensive and integrated National Health System;
- To promote equity, accessibility and utilisation of health services;
- To extend the availability and ensure the appropriateness of health services;
- To develop human resources available to the health sector;
- To foster community participation across the health sector; and
- To improve health sector planning and the monitoring of health status and services.

## 2. Problem Statement

The South African healthcare sector despite progressive policies in the health and societal sphere since 1994 is still experiencing service delivery challenges (Brauns, 2016). There is disconnection between progressive policies for transforming delivery of healthcare services and the implementation of the policies (Gray & Vawda, 2017). Though PHC approach is central to the plans of transforming the health services, the high toll of diseases such as HIV/Aids and TB put a lot of pressure in the health environment. There are shortages of skilled human resources to fulfil the mandate of the policies aimed at transforming the health sector and service delivery for the greater citizens (Sooruth, Sibiyi & Sokhela, 2015; Gray & Vawda, 2017). The majority of the population of South Africa are experiencing inadequate access to basic services, namely, health-care, clean water and basic sanitation. The current report by Statistics South Africa (2017) revealed that poverty levels in South Africa rose in 2015 to 55,5% from a series low of 53,2% in 2011. This means that more than half of South African population are poor and live below poverty threshold. Healthcare emphasis has moved from mainly curative model to PHC model in order to provide affordable, accessible, and cost effective health services to the communities. The concept of PHC calls for health services to cover the entire spectrum of preventive and curative services (WHO, 2008). As majority of the population have no medical aid, this shift brought a need to address previous inequalities, which resulted in burdens of long queues, and insufficient supplies to make provision for treatment (Sooruth, Sibiyi & Sokhela, 2015).

Although the Department of Health has embarked on capacity building for health workers to strengthen the PHC, service delivery remains a challenge in rural communities. Armstrong (2006:107) maintains that, in a relatively well-resourced health department, community members are dissatisfied with the service they receive. Complaints are largely levelled at poor "attitudes" of health workers. Most health workers are dissatisfied with their working environment. Dissatisfied health workers are unlikely to render quality care, and are unlikely to communicate well with patients".

South Africa is experiencing a health workers' "brain drain" due to low salaries and poor working conditions (Kaplan & Höppli, 2017). Mhlambi (2002:63)

observed that "the flight of skills" from the public health services had reached alarming proportions, with endangering service delivery undermined when nurses "moonlight" in the private sector". The reasons for staff shortages are many but most professionals cite uncompetitive salaries and poor working conditions (Kaplan & Höppli, 2017). In essence, the solution to the South African healthcare system lies in supporting healthcare professionals, as human resources in the health sector to optimise service delivery through transformational stories. The use of a social constructionist in the form of appreciative inquiry can enable health professionals to better contribute positively towards transforming healthcare delivery (Reed, 2010).

### **3. Literature Review**

#### **3.1 The Origin of Appreciative Inquiry (AI)**

In 1980, David Cooperrider, a young doctoral student at Case Western Reserve University was doing a conventional diagnosis and organisational analysis for the Cleveland Clinic in Cleveland, Ohio, USA. David Cooperrider was asking, "What is wrong with the human side of the organisation?" In gathering data, he was amazed by the level of positive cooperation, innovation, and governance in the clinic. His promoter, Suresh Srivastva, noticed his excitement and suggested that he makes his excitement the focus of his research. In 1986, David completed his doctoral dissertation, titled "Appreciative Inquiry: Toward a methodology for understanding and enhancing organisational innovation" (Cooperrider, 1986).

David found that every system has a "good" and "bad" in it, and his research confirmed that people tend to look for the "bad" and "fix", instead of paying attention to the good. Cooperrider and Srivastva (1987:130) maintain that AI "involves, in a central way, the art, and practice of asking questions that strengthen a system's capacity to apprehend, anticipate, and heighten positive potential. It centrally involves the mobilisation of inquiry through the crafting of the 'unconditional positive question', "instead of negation, criticism and spiralling diagnosis". All of these are based on five principles; namely constructionist, simultaneity, poetic, anticipatory and positive principles (Cooperrider & Whitney, 1999). Constructionist principle concedes that reality is created in communications, words and dialogue with others about the organisation's

collective experiences, assumptions and expectations. This means that narrative is a stimulus for change. Simultaneity principle sees the seeds of change as deep-seated in the things that people talk about and in the things that inspire positive images of the future. Simultaneity principle sees the seeds of change as deep-seated in what people talk about and what inspire positive images of the future. Poetic principle suggests organisations are open to endless interpretation and reinterpretation, where stories evolve or new stories are inspired (Cooperrider & Whitney, 1999). Anticipatory principle suggests reframing people's vision of the future may result in movement toward the envisioned future. Positive principle emphasises the usefulness of positive imagery in building connection and initiating sustainable change, therefore the more positive the questions you ask, the more lasting and successful the change effort (Watkins, Dewar & Kennedy, 2016).

There are various models of appreciative inquiry, but all the models regard appreciative inquiry as a 4-D cycle, involving the discovery phase, dream phase, design phase and destiny phase (Nyaupane & Poudel, 2012). This study focussed on the discovery and dream phases of the 4-D model of AI.

#### **3.2 Appreciative Inquiry in the Healthcare Environment**

The quality of healthcare services is very important for people in any country. The first door that people knock in search of health services in South Africa is at a PHC clinic, where members of the community interact with nurses. This means that the Department of Health in South Africa needs human resources (nurses) who will be able to perform their duties effectively and efficiently. Various studies have revealed positive results from using AI (Beauchamp & Glessner, 2006; Watkins, Dewar & Kennedy, 2016). Beauchamp and Glessner (2006:82) found that "AI process changes the method of interaction between nurses and peers, providers, and patients, thereby changing the culture from problem-focused to a positive future-focused".

Havens, Wood and Leeman (2006), conducted a study to investigate reasons for nurses to choose to stay at Lovelace Health Systems in Albuquerque, New Mexico, by using Appreciative Inquiry. The study showed that nurses love their work, giving the Lovelace nurses a positive avenue for change,

while encouraging personal responsibility for their own satisfaction. An appreciative inquiry conducted by Dewar and Nolan (2013) on nurses, patients and relatives resulted in the development of a framework for practice that radically shifted how nursing was done, and resulted in the creation of a safe place for nurses. This study showed that AI assisted in improving job performance and working conditions of nurses.

### 3.3 Human Resources Management (HRM) Practices in Health Environment

There is no excellent operation without excellent employees, and for employees to be excellent, there must be excellent human resources management practices (Enz & Siguaw, 2000). Human resource management refers to the development and application of policies, systems and practices and procedures aimed at influencing the thinking and behaviour of people towards the vision and strategy of the organisation (Nel & Werner, 2014:3). The human resource practices include amongst others the following; human resources planning, job analysis, recruitment, selection, induction, job evaluation, training and development, employment relations, health and safety management as well as performance management (Nel & Werner, 2014).

Jóńczyk (2015) conducted a study on the impact of human resource management on the innovativeness of public hospitals in Poland, and discovered that there is a relationship between the following human resource management practices and the innovativeness of public hospitals; the selection of open to change and creative employees, emphasis on training and development, encouraging employees to develop and share information as well as the incentive system that rewards achievements of innovative employees.

The South African public health sector experiences HR crisis, particularly at community and primary healthcare levels in rural areas (Brauns, 2016). A study conducted on voices of PHC workers revealed that most of the PHC facilities have limited access to doctors and other health professionals (Ijumba, 2001). Furthermore, Ijumba (2001) indicates that PHC workers raised the following:

- The initial training of PHC workers, was and is still urban-hospital based and academic-institution base;

- Continuous transformation has impacted negatively on the quality of care;
- Nurses are expected to perform multiple roles due to the absence of other health professionals at PHC facilities;
- Many health workers were satisfied and proud of their relationship with patients or communities;
- Health workers do not feel secured at work, as at times are they threatened by patients;
- Lack of transport is a major hindrance; and
- Inadequate space affects quality of care.

The Ijumba (2001) study shows challenges and realities facing healthcare workers in South Africa. Most of the challenges raised, are HRM related. It also revealed that "despite the host of negative experiences, there are some positive experiences and dedicated employees doing their best", and therefore these need to be recognised and applauded (Ijumba, 2001:198). One way of recognising and applauding excellence is through AI. Therefore, the objective of this study was to assess health workers' stories and voices in order to obtain positive inputs in transforming healthcare service delivery in a hospital setting.

## 4. Research Methodology

### 4.1 Research Design

A qualitative research design, using Appreciative inquiry (AI) methodology was used in this study. The qualitative design was appropriate for this study as it enabled researchers to gather rich data on the participants' opinions about the hospital's previous successes and strengths (Flick, 2009). Keefer (2004) emphasise that appreciative inquiry is a philosophy and methodology for promoting positive change through creating meaningful change, inspiring hope and inviting action by engaging members in a manner that focuses on appreciation of organisational strengths and successes, which in turn reduces probabilities of change resistance.

### 4.2 Population and Sampling

Participants were senior health employees from a selected hospital, who were attending a Human Resource Management training workshop for

**Table 1: Hospital's Achievements and Strengths**

Category and Percentage	Extracts
<p><b>Open communication channels</b> 82% (n=14)</p>	<ul style="list-style-type: none"> <li>• Visited churches and communities with an aim of informing them about Batho Pele principles;</li> <li>• Commitment to sharing information with the community regarding human rights practises;</li> <li>• Extended meetings for special announcement and dissemination of information;</li> <li>• Complaint procedure for clients;</li> <li>• Multiple ways of communication: Distribution of policies and circulars, communication books, communication through supervisors, via Fax, Cellular Phones, Emails, Computer, Radio phones, Telephones, meetings at all levels, hospital newsletter;</li> <li>• Good communication between management, staff and patients;</li> <li>• Introducing suggestion boxes and Exit questionnaires; and</li> <li>• Quality day whereby departmental services were displayed for the community to see health services available for them.</li> </ul>
<p><b>Provision of optimum healthcare to all</b> 76% (n=13)</p>	<ul style="list-style-type: none"> <li>• Provision of optimum care to all;</li> <li>• Renovation of wards;</li> <li>• Incident of train and bus accident, nurses did not go off duty, those off came back to help;</li> <li>• Ophthalmic nursing team visiting the clinic in order to bring service to the people;</li> <li>• Community visits on home base care and encourage people on DOT;</li> <li>• Being chosen the best clinic in the district and the community thanking us with cards and presents;</li> <li>• Removal of cataract – successful operations and media exposure of the event;</li> <li>• During cholera outbreak, nurses from other divisions assisted and sacrificed their off duty time;</li> <li>• Reducing waiting periods for patients from 60 to 30 minutes;</li> <li>• New equipment from Japan and renovations of wards enabled us to render quality service;</li> <li>• Introducing emergency alarm devices in wards for patients in need;</li> <li>• Introducing therapy community services improved service delivery;</li> <li>• The ICU got first price Quality care (1997-2001);</li> <li>• The staff's dedication to help patients in the Dehydration centre;</li> <li>• Improved standard of healthcare during COHSASA evaluation.</li> </ul>
<p><b>Empowerment of health workers</b> 59% (n=10)</p>	<ul style="list-style-type: none"> <li>• I was groomed, I achieved a lot, and I am now Paediatric trained nurse. Attended Genetics Aids counselling and critical care congress in Cape Town;</li> <li>• The commitment in skill development;</li> <li>• Skills audit conducted for personnel to list their needs;</li> <li>• Nurses trained and offered study leaves;</li> <li>• People sent for development in various divisions;</li> <li>• Training given to all employees;</li> <li>• Introduction of ABET to empower staff;</li> <li>• Training for HIV and being the first to offer HIV counselling;</li> <li>• Granted study leave to study Ophthalmic nursing service in 1990, on coming back, the eye clinic was opened on 1.10.1991 supervised by a qualified ophthalmic nurse and eye specialist with all necessary equipment;</li> <li>• General workers trained on gardening and keeping the yard clean;</li> <li>• Voluntary workers getting certificate of recognition; and</li> <li>• Making housekeepers to be in control of the entire hospital cleanliness.</li> </ul>

Table 1: Continued

Category and Percentage	Extracts
<b>Workers' engagement in decision making</b> 53% (n=9)	<ul style="list-style-type: none"> <li>• Helping the new leader to structure, formulate policies and procedures;</li> <li>• Management used our initiatives to introduce a new method for checking sterilisation effectiveness;</li> <li>• Co-operation and active participation at all levels;</li> <li>• There was a problem with Psychiatric patients in the hospital. They were admitted in General ward and were not well cared for. With the knowledge and experience that I got from Madadeni Hospital, I assisted the Management in planning for the management and care of Psychiatric patients, both in the hospital and the community; and</li> <li>• Involving staff in decisions relating to innovations and engaging workers in finding solutions to problems.</li> </ul>
<b>Promotion of Team work spirit</b> 53% (n=9)	<ul style="list-style-type: none"> <li>• During cholera breakout, colleagues from other divisions assisted in OPD;</li> <li>• Stretches, trolleys were hard – we introduced waitresses on the stretches and experimenting with ways of securing it;</li> <li>• When there was a shortage in OPD (clerk section) colleagues from procurement assisted;</li> <li>• Team spirit of the ward, transparency, participation in decision making, and problem solving;</li> <li>• Co-ordination of the service working as a multidisciplinary team;</li> <li>• Teamwork has proved to be more effective in our service delivery;</li> <li>• Good team spirit resulted in accreditation; and</li> <li>• Involving external bodies such as NGO's and private hospitals.</li> </ul>
<b>Conducting health awareness campaigns</b> 47% (n=8)	<ul style="list-style-type: none"> <li>• Engaging community when Launching Batho Pele principle;</li> <li>• Training care givers to monitor members taking treatment;</li> <li>• Involving community in health-related events.</li> <li>• Involving community in hospital projects;</li> <li>• Educating and encouraging community to use PHC;</li> <li>• Educating elders about ways to fight cataract;</li> <li>• Organised awareness programme of occupation therapy decreased number of paraplegics coming back with pressure sore;</li> <li>• Conducting awareness on different health issues;</li> <li>• Health education given to relatives and patients to control cholera outbreak;</li> <li>• Teaching community to grow vegetables; and</li> <li>• Involving community members in sport and recreation.</li> </ul>
<b>Valuing clients</b> 18% (n=3)	<ul style="list-style-type: none"> <li>• Respecting patients' rights;</li> <li>• Ensuring privacy in the wards;</li> <li>• Prioritising patients according to their needs;</li> <li>• Community visits to prevent treatment default;</li> <li>• Introducing complaint lodging procedures; and</li> <li>• Providing suggestion box.</li> </ul>

Source: Authors

capacity building and organisational change. Seventeen (17) senior health workers attended the workshop, and all participated in the appreciative interviews. 53% of the participants were males whilst 47% were females. 76% were in the 21-29 years' age group, 18% in the 40-49 years' age group, and 6% below 21 years. Majority of the health workers have been working for the hospital for years, as 6% have

started between 1970 and 1979, 41% began between 1980 and 1989, 18% joined the hospital between 1990 and 1999, 12% started between 2000 and 2009, and 23% joined the hospital between 2010 to date. 58% of the participants were supervisors from different divisions, 12% Heads of Departments, 12% Sisters in Charge, 12% Senior Administrative Officers and 6% Acting Supervisors.

### 4.3 Data Collection

In-depth semi-structured AI interviews were used to collect stories from the participants. These enabled researchers to ask participants similar questions in a flexible manner in order to allow them "to engage freely in the process" of storytelling (Bryman, 2012). Watkins and Mohr (2001:30) argue that "storytelling is a powerful pathway to creating images and building relationships between people". Participants were informed about the purpose of the study and written consent to record the interviews was obtained. Participants were assured of anonymity, privacy and confidentiality of their responses and were also informed that they will be given a copy of the completed research report. They were asked to recall and reflect on positive peak experiences from the hospital, with specific reference to their rewarding experiences, successes and strengths; and their vision for the hospital in the future. Each interview lasted for approximately 45-60 minutes.

## 5. Results and Discussions

Thematic analysis was used to make sense of the data. Researchers independently captured the thematic content of the narratives in order to uncover the themes. Recordings were transcribed word-for-word into an Excel spreadsheet and read in order to identify sentences addressing the purpose of the study; sentences to be used were highlighted and broken down into segments; coding schemes were identified; key and recurrent themes were validated; and coding schemes and themes validated by the two researchers were compared in order to ensure credibility and conformability (Bryman, 2012). The perceived rewarding experiences for the majority of the participants included experiences relating to empowerment of health workers, recognition received for good work, teamwork spirit and optimum service delivery. The participants' perceived hospital's achievements and successes are summarised, and categorised according to the following themes, open communication channels (87%), provision of optimum healthcare (97%), empowerment of health workers (59%), workers' engaging in decision making (53%), promotion of teamwork spirit (53%), conducting of health awareness campaigns (47%) and valuing of clients (18%).

The participants' visions for the hospital in future include improved human resource practices (100%), infrastructure and equipment (76%) as well as

quality service delivery (65%) (see Table 2 on the following page).

It is apparent that the visions that the health workers have for the hospital in future correspond with their perceived hospital's strength and successes. This means that health workers' wishes or dreams for the hospital relate to seeing the hospital continue to capitalise more on its strengths for future successes.

This study assisted in assessing appreciative stories of health workers in a hospital and clinic setting, which helped in capturing the stories and voices of health workers. These stories can be useful in the process of transforming the health sector. However, the study covered only the first two phases of AI process, namely, the discovery and dream phases. It is therefore necessary for a further study to focus on the design and destiny phases, whereby senior health workers participate in a dialogue aimed at constructing the desired future as well as implementing the crafted ideas and sustain positive change (Cooperrider & Srivastva, 1987; Cooperrider & Whitney, 1999; Nyaupane & Poudel, 2012). The study was limited to a convenient sample of 17 senior health workers who were attending a training course. The study cannot be generalised to the entire health sector transformation initiatives.

## 6. Conclusion

The health sector is faced with ever increasing demands for quality healthcare expenses, and citizen's demands for quality healthcare. This continuous challenge mandates continuous improvement of quality service delivery. AI provides an opportunity to search for "goodness" in the system and appreciate "what is" and use that as inspiration for what "could be" in transforming the health sector. It therefore recommended for organisations to consider using appreciative inquiry in order to get employees' valuable when trying to steer transformation, as this may minimise possible resistance.

Appreciative Inquiry as organisational development (OD) intervention strategy, managed to gather valuable information pertaining to what health workers perceive as valuable achievements that the hospital should preserve. This information may contribute in designing change management programmes that could reduce perceived change resistance to healthcare reform programmes in

**Table 2: Future Visions for the Hospital**

Category and Percentage	Extracts
<b>Improved Infrastructure and Equipment</b> 100% (n=17)	<ul style="list-style-type: none"> <li>• All wards and offices renovated with air conditioner;</li> <li>• Electric scanner in the main gate and wards;</li> <li>• Big poly clinics with resources;</li> <li>• All wards with air conditioner and televisions;</li> <li>• Have lifts to accommodate everyone;</li> <li>• Safe, clean and beautiful premises;</li> <li>• Hospital with more floors;</li> <li>• Have separate wards for homosexuals;</li> <li>• More computers available for workers;</li> <li>• Have a chapel;</li> <li>• Blood and laboratory centrally located.</li> </ul>
<b>Improved human resource practices</b> 76% (n=13)	<ul style="list-style-type: none"> <li>• Reduce resignation of nurses;</li> <li>• Fully staffed with all specialists;</li> <li>• Motivated staff who get promotions in time;</li> <li>• Qualified and computer literate employees;</li> <li>• Each section supervised by its own person instead of one supervising different sections;</li> <li>• Have a black hospital manager;</li> <li>• Management appreciate efforts of workers.</li> </ul>
<b>Improved quality service delivery</b> 65% (n=11)	<ul style="list-style-type: none"> <li>• Day care ward for those coming for operations and minor procedures;</li> <li>• For the hospital to become a specialising hospital;</li> <li>• Maintain high standards of infection control;</li> <li>• Have no complaints from the community;</li> <li>• Enough antiretroviral drugs for everyone in need;</li> <li>• Dedicated workers with positive attitude;</li> <li>• Best service delivery by best people.</li> </ul>

Source: Authors

South Africa. AI as an innovative organisational intervention strategy provides a constructive new way of shifting from problem solving to positive form of inquiry, and therefore it is worth considering it in contemporary health sector transformation.

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