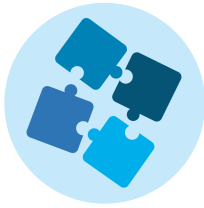


# Contemporary Health

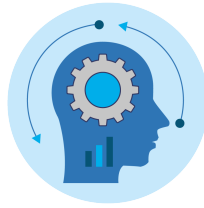
## Week 3 – Session 3

### Activity 3.3.1 – Mapping with Appreciation

This activity is an opportunity for you to contribute to your e-Portfolio and to develop the following competencies:



**Collaboration**



**Systems Thinking**

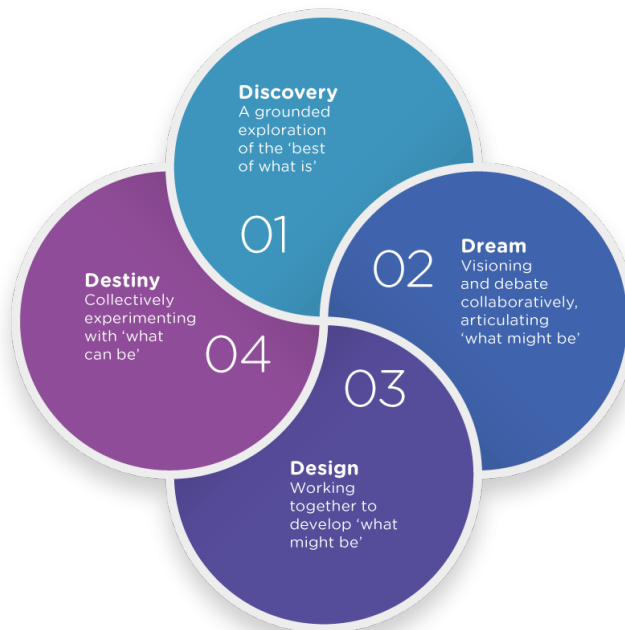


**Communication**

#### INSTRUCTIONS

- There are 3 'phases' to this worksheet.
- Phase 1: Defining & Discovery
- Phase 2: Dream & Design
- Phase 3: Destiny & Deliver

#### Cycles of Appreciative Enquiry



(Source: Sharp et al., 2016)

## Introduction

For the purposes of this tutorial, we will follow the diagram in Figure 1 below (also known as the 5 D cycle) and look at the Appreciative Inquiry approach in 3 phases:

- **Phase 1: Defining & Discovery**

In this phase, you need to situate the problem and define it from a positive point of view. Here, you can ask questions that reinforce or point to best practices from people's personal experiences. One way to discover the positive aspects of a given situation is to ask the right kinds of questions. For example, rather than asking 'what are the problems with your working situation?', you can ask 'What motivates you to work better?' Consider what questions you'd ask in relation to the case study.

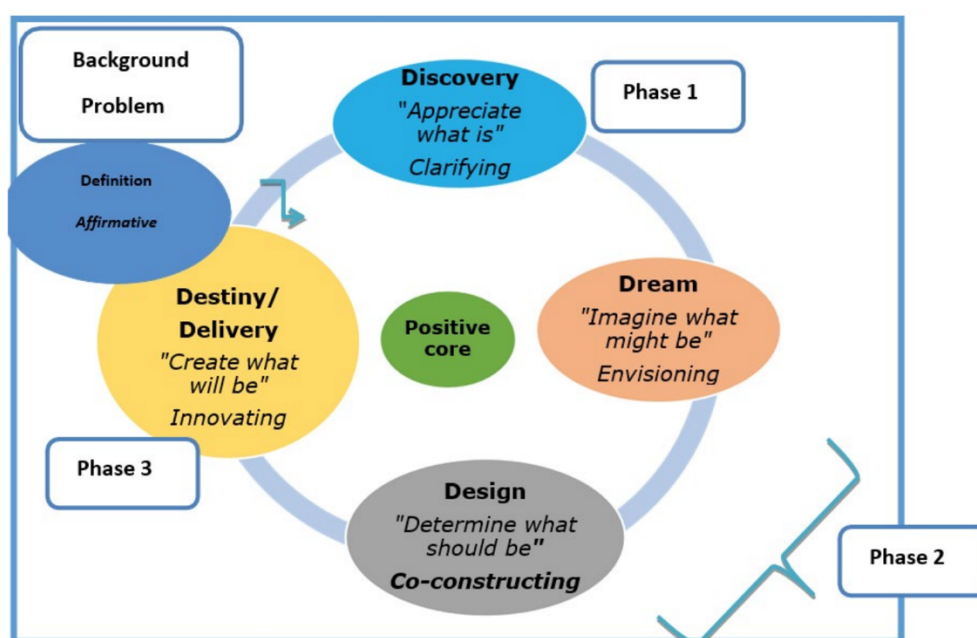
- **Phase 2: Dream & Design**

In this phase, you want to 'reshape' the future through constructive dialogue. You can look at what inspires people, what they wish to see in the future, and how to manifest this vision. This phase looks at what 'should be'. Remember that, in coming up with a plan of action, your ideas have to be reasonable, feasible, achievable, realistic and cost-effective. This phase allows you to strike a balance between the ideal and the possible.

- **Phase 3: Destiny & Deliver**

This phase focuses on putting recommendations into practice and monitoring and evaluation planning. It's a space for innovation and creating 'what will be' from 'what could or should be'. Plans have to be practical and resource considerate.

**Figure 1: 5D Framework within an Appreciative Inquiry approach**



(Source: Luhalima et al., 2020: 358)

## Phase 1: Defining & Discovery

Have a look at the Case Study below and respond to the questions:

### Addressing Medicines Stockouts

#### Phase 1 – Defining & Discovery

Researchers for a campaign working to prevent medicines stock-outs, called [Stop Stockouts](#), want to find out what strategies healthcare workers use when managing shortages of medicines. In line with the aim of the project, they want to see if the Stop Stockouts project has had a positive impact on service delivery. Rather than point to the flaws in the system, which are well documented (Hodes, 2017; Hwang, 2019; Zuma 2022), they want to explore creative and innovative ways that health care workers address medicine shortages, especially in rural areas. According to Hodes et al., (2017: 738), “Stock-outs arise from an inability to manage medical supplies, report shortages, and act swiftly and effectively to prevent their recurrence”. Additionally, stockouts are impacted by other health sector challenges, including healthcare worker shortages, inadequate training, weak oversight and management, and inadequate monitoring and evaluation of clinic data (*ibid.*).

You are part of a team that want to run a series of interview with nursing staff in selected rural primary healthcare clinics. Instead of looking for problems and generating solutions, you and the team want to take an Appreciative Inquiry approach to finding out what works, why it works, and what could be done even better. Before you leave, you want to consider the 5Ds framework (see. Figure 1) and plan an appropriate methodology.

1. What research design could you use to elicit nurses' perceptions of the issue at hand, and what they feel is working?

Qualitative Research Design, (Appreciative Inquiry approach.) Medication shortages, and how they managed medication shortages in their respected clinics, by making use of a qualitative research design we are able to get the shared lived experiences of the nurses.

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2. What questions could you ask to better characterise the issue at hand, and elicit 'positivity' and 'poetry', in line with the principles of AI?

We focused on the shared and lived experiences of the nurses and questions like these helped us understand the issue at hand better:

Can you please share a time when you successfully managed a medication shortage in your clinic?

How did you manage it successfully? What were your methods?

What do you think would have happened without the support staff of nurses in a medication shortage?

If the circumstances were different, how would you have better managed this issue?

How do the stockouts affect patient outcomes, as well as impact your mental well-being as a nurse with now an increased workload?

## Phase 2: Dream and Design

The Case Study builds on from the previous phase, indicating the kinds of responses from your research participants. Read the extract below and respond to the questions:

### Addressing Medicines Stockouts

#### Phase 2 – Dream & Design

After speaking to nurses in a number of rural clinics, you realise that there are a number of self-generated strategies that health workers apply to address the immediacy of medicines stockouts. These include informal networks between different facilities, where nurses talk to each other about what medicines they have in stock and what might be in short supply in one area. Nurses explain that they mobilise personal resources to move stock from one clinic to another, where the need is greatest. This 'borrowing' strategy is not regulated and runs the risk that stock can be stolen or abused. It also takes time away from clinic staff in their own facility. Through this network, however, nurses feel they can support each other and work towards the best outcomes from their patients, given limited resources. Nurses recognise that in an idea world, they would have more time to dedicate to patients if they did not have to constantly make plans to get medicines, drive long distances, and waste time doing someone else's job. At the same time, they recognise that other health workers on the supply side are equally constrained by funding and procurement issues that prevent them from supporting local health facilities.

(Source: Hodes et al., 2017).

1. From this picture, how could you explain to a management team how the nurses feel things should be, ideally?

- The current reality- A strand medication shortages but it can be a resilient system if resources and implications were different.
- The Dream: Explain what nurses need, want and can do with the proper tools.
- The design- what should be done for nurses to provide proper healthcare.
- Why does this matter to management- What is the positive implications that management will receive if this is implemented (what do they get)



## Phase 3: Destiny and Deliver

The final phase involves strategic planning and implementation, following which a process of monitoring and evaluation could track if recommendations are having a positive impact. Given the limitations of this activity, we want to imagine how you could innovate in this context to affect outcomes. In other words, what would you do as a manager with the recommendations from phase 2?

### **Addressing Medicines Stockouts**

#### **Phase 3 – Destiny & Deliver**

Hodes et al (2017: 739) point out that the “government has recognised the urgency of stock-outs and committed to improving monitoring and accountability in the health sector”. They note that many plans and circulars show attempts to improve procurement and oversight of medical supplies and improve reporting. Some suggestions include a digital stock-monitoring but investments in technology and infrastructure at facility level are needed. Proposed initiatives must be accompanied by attendant investments in human resources, especially data capturers within facilities. This would free up nurses from completing paperwork and improve monitoring and evaluation. The informal networks that nurses have established have improved communication and exchange of other health systems challenges, and for the time being have allowed front-line healthcare workers a level of agency in responding quickly and effectively to stockouts. This sense of belonging, caring, support and control has been very valuable for nurses who often feel isolated and unheard.

1. Following some reflection, what kinds of realistic recommendations could you make to district management planners to improve medicines stockouts?
2. How should these suggestions be implemented, monitored, and evaluated?

1. Digital stock managers, and a division of duties.
2. By making use of AI implementation systems with logbooks, monitoring systems, and evaluation strategies.

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## References

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