



Introduction to Appreciative Inquiry: A case study of maternity services





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Abstract

This poster outlines the usefulness of Appreciative Inquiry (AI) in a study that explored staff's wellbeing in a UK NHS maternity unit. Here we share the research process and outputs to help others decide if AI will fit their research aims.



rooted in the experiences of stakeholders. Al has a strong theoretical base drawing on social constructionism, neuroscience, and positive psychology. Its assumptions include that:

- 1. every society, organisation or group/team have strengths or things that work well and can be elaborated and expanded;
- 2. our realities can be co-created through the quality of language, relationships, interactions and actions with one another.



The original model uses a four step or '4-D process' (Fig. 1) to take participants through an in-depth exploration of their organisation, team or individual

involved in decisions, this paper is largely based on reflections by the first author, the Midwifery, Maternal and Perinatal Health, Bournemouth University, Bournemouth, United Kingdom.

The NHS maternity services case study

Appreciative Inquiry was undertaken in an NHS maternity unit in England. This AI approach aimed to provide a space for participants to reflect on meaning in their work. It has the potential to generate novel insights, encapsulate creativity, and co-create change. AI was particularly appropriate during the COVID-19 pandemic as taking part could offer a therapeutic effect.

Thirty-nine individual interviews were conducted with a broad range of clinical staff including midwives of all grades, an obstetrician, trainee doctors, student midwives, and maternity support workers. Four group discussions were also held with mixed professional groups. Staff were asked to reflect on what made a good day and what made a difference to their wellbeing. Interviews were digitally recorded, transcribed, initially analysed thematically by the research team but then analysed further by the maternity team. Feedback was provided to management and staff through clinical governance meetings, social media, newsletters, and informal conversations. Various changes were initiated by staff and supported by management.

and home during COVID-19: An appreciative inquiry

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We contributed to the book *Appreciating Health and Care: A Practical Appreciative Inquiry Resource for the Health & Social Care Sector.*⁴⁻⁵ Rachel Arnold is the lead author of our contribution 'Let's get messy! Where to start with using Appreciative Inquiry'. Here we explain how we adapted and overcame some of the challenges, strategies that worked, and practical ideas for anyone interested in using Appreciative Inquiry in health or social care.

Appreciating Health and Care



roles. Starting with discovering and appreciating best experiences (discovery), imagining the ideal - how it would be if those valued experiences happened most of the time (dream), defining the dream more clearly and discussing steps towards realising it (design), to wide ranging actions, improvisation, learning, adjustments (destiny). Deciding what to study, or the 'affirmative topic', is important because 'human systems move in the direction of what they study'. Hence, some have added an extra step, '*definition*' (see Figure 1).

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References:



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