**THE USE OF APPRECIATIVE INQUIRY WITH MENTAL HEALTH CONSUMERS – TOWARDS RESPONSIVE OCCUPATIONAL THERAPY PROGRAMS**

**ABSTRACT**

**Background:** Common ways of planning and evaluating occupational therapy services include the clinical judgement of therapists and cause-effect interpretation of statistics. Patient-informed methods of planning occupational therapy services are yet to be explored within occupational therapy, and more specifically within the provision of in- and outpatient mental health services in South Africa. An Appreciative Inquiry was conducted to explore the views of a group of outpatients on a craft group at a tertiary mental health hospital in the Western Cape, South Africa.

**Objectives:** To use Appreciative Inquiry to explore the perspectives of outpatient mental health consumers on the successful elements contained in an Occupational Therapy outpatient craft group.

**Methodology:** A social constructivist paradigm framed the research process. The 4-D model of Appreciative Inquiry was used. Six participants selected via purposive sampling were recruited as co-researchers. Five data collection sessions of 90 minutes each were conducted. Inductive reasoning was used.

**Results:** Participants identified elements enabling meaningful participation, and challenges, limitations and achievements caused by their mental health conditions were discussed.

**Conclusion:** Appreciative Inquiry is a valuable method for exploring patient views of useful aspects of occupational therapy outpatient art groups.

***Keywords:*** Craft Groups, Outpatients, Psychiatry, Occupational Therapy, Mental Healthcare Consumers

**INTRODUCTION**

According to the World Health Organization (WHO), mental health is defined as a "state of wellbeing whereby the individual realises her own potential" and can work productively to contribute to society1. Persons who live with mental health conditions may experience challenges in attaining and sustaining their wellbeing. Although collaborating with clients as partners in the recovery process is consistent with the occupational therapy approach of client-centeredness, occupational therapy mental healthcare rehabilitation in some mental healthcare settings in South Africa remains to be delivered within a deficit-based model2. South Africa reformed its healthcare policies in the Western Cape in 2014 when the provincial cabinet endorsed a societal approach to health and wellness through *Healthcare 2030 3.* Communication about the appropriateness of services between mental healthcare service users and the healthcare team in service planning may improve service delivery4.

Mental healthcare services in South Africa are provided as part of a comprehensive healthcare provision5. The variation in budget and resource allocation between provinces is based on the size of the catchment areas and population sizes in each province. Within the current healthcare system, mental health services are provided in 3460 outpatient mental health facilities, 80 day-treatment facilities and 41 psychiatric inpatient units located in general hospitals6. Comprehensive healthcare provision which extends into the home and community environment should include a focus on facilitating the transition from hospital-based services to outpatient and community-based services7. It is crucial to establish outpatient groups in tertiary hospitals to continue occupational therapy intervention and to reduce readmissions.

Appreciative Inquiry lends itself to involving service users as partners in co-creating ideal conditions8. The delivery of responsive and appropriate occupational therapy programs requires the input of both the occupational therapy practitioner and the mental healthcare service user. Incorporating the views of mental healthcare service users as co-participants enables critical and honest communication between the occupational therapist as a mental healthcare service provider and other service users9. Eliciting patient perspectives on occupational therapy service provision is a valuable feedback method. Occupational therapists are a central service provider for mental healthcare users.

**LITERATURE REVIEW**

Craft activities have healing value and create a transactional space in which participants gain the ability to manage their occupations10. Creative activities as a therapy developed in the 1800s to 1900s, concurrent to psychiatry11. The use of craft activities as a therapeutic medium in the mental healthcare team is unique to occupational therapists12. In 1923, craft activities were incorporated into the occupational therapy training curriculum in South Africa and were central in the treatment of mental healthcare service users13. The philosophical underpinning of the occupational therapy profession emphasises the power of activities and occupations for improving quality of life.

**METHODS**

**Study Aim**

To explore and describe the elements that contribute to a successful occupational therapy outpatient craft group from the patients’ perspectives using an Appreciative Inquiry model.

**Objectives**

* To explore and describe participants’ experiences of attending an occupational therapy outpatient craft group.
* To establish and describe which elements in the occupational therapy craft group promotes its successful.
* To explore and describe the elements of the group that the participants view as aiding them outside of the group.

**Research Design**

Appreciative Inquiry concentrates on identifying the specific strengths of a group of people through asking particular, positive questions to motivate and induce positive action towards the desired change. This approach operates within a multi-step framework consisting of four phases, namely Discover, Dream, Design and Destiny. Step 1 is the *discovery* phase, where the group would identify the processes that work well with the group. Step 2 is the *dream* phase, where group members envision processes that would work well in the future. Step 3 is the *design* phase, where processes that work well will be prioritised and planned. Step 4, the *destiny* phase of the model refers to the implementation of the proposed design. The application of these steps within the context of this study will be explained under the section on data collection.

A supportive, trusting study environment was created to enable participant co-researchers to voice their opinions on the successful elements of an outpatient craft group. The participants' anecdotes were used to comment on participant participation in occupational therapy craft groups. Appreciative Inquiry creates the opportunity to focus on positive past experiences as a means of problem-solving in a group context, while it simultaneously provided the researchers with a useful framework for refining service delivery in a mental healthcare craft group14.

**The Researchers**

Members of the research team performed different tasks but assumed equal responsibility as co-researchers. The research team consisted of five researchers, six service users (referred to as participant co-researchers) and the occupational therapy practitioner (key informant). The key informant, a registered occupational therapist with experience in mental healthcare, was trained by the researchers on the use of an Appreciative Inquiry model before the start of data collection. The key informant was also the facilitator of the outpatient, occupational therapy craft group and was familiar with all the outpatients who attended the craft group. The role of the key informant in this study was to negotiate access to the outpatient craft group attendees. She also clarified instructions and questions when needed. The six participant co-researchers were selected from a group of outpatient craft group attendees according to the selection criteria. During the introduction session, they received information on the research process and their roles as co-researchers. They also made suggestions for the structure and planning of sessions. Table I depicts the biographies of the co-researchers.

[Insert Table I here]

**Study setting**

As part of the occupational therapy psychosocial program available to outpatients of the mental health facility, the outpatient craft group offered a space where discharged patients could engage in socialising with other outpatients while doing crafts. The outpatient craft group took place every fortnight. Participant. co-researchers were established outpatient craft group members with one or more mental health diagnoses. The study took place at a tertiary mental health hospital in the Western Cape, South Africa. The participants originated from the surrounding catchment areas, five of the six having previously been admitted to a tertiary hospital.

**Study population and sampling strategy**

A list of craft group attendees was received from the key informant. Convenience sampling, a non-probabilistic sampling technique was used.

**Selection criteria**

* Compliance with prescribed medication and effective communication about their mental health needs.
* Ability to travel independently to all data collection sessions.
* Older than 18 years of age.
* Confirmed chronic mental health condition and registered as an outpatient.
* Have insight into how their mental health affected their participation in and attendance of the craft group.
* Ability to verbalise difficulties they experienced in activity participation due to their mental health conditions.
* Psychologically stable, able to live independently, and accept responsibility for themselves and their actions.

**Data collection**

Data collection took place twice a week for two weeks. Each session was one hour. A total of four data collection and one-member checking session was conducted. Data collection sessions were conducted in Afrikaans. One researcher acted as the session facilitator during the contact sessions. This ensured consistency in the communication of instructions and explanation of terms where needed. Having a constant facilitator of sessions assisted participant co-researchers to become familiar with the main facilitator and enabled them to express their opinions freely. The occupational therapist as a key informant was also present in all contact sessions, adding to the familiarity of the environment. The main facilitator attended all five contact sessions while the remaining four co-researchers rotated.

Semi-structured interviews and activities were used to collect data. Open-ended questions were posed to encourage storytelling. All sessions were audio recorded. The first four data collection sessions correlated with the 4-D model of Appreciative Inquiry15, namely “discovery”, “dream”, “design” and “destiny”. See Fig.1.

[Insert Fig.1. here]

**Session 1: Discovery**

During phase one of the 4-D model of Appreciative Inquiry, the aim was to capture the co-researchers’ collective reasons for attending the group as well as the value of the Occupational Therapy craft group. Storytelling facilitated the discovery of a variety of experiences among participant co-researchers. A discussion was held in which the participant co-researchers reflected on how the structure and nature of the current craft group assisted them in meeting personal and group outcomes.

**Session 2:****Dreaming**

In session 2, the group members envisioned the processes within the group that would work well in the future. See Table II. Based on co-researchers opinions on the value of the outpatient craft group, an exploration was conducted regarding the features of an ideal outpatient craft group that could aid in enabling participation in patient-identified experiences. See Fig.2. below. This stage created an opportunity to identify gaps in the existing group through the use of storytelling. A discussion was held in which the co-researchers reflected on how the structure and nature of the current craft group assisted them to meet personal and group outcomes.

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| [Insert Table II here] |  |  |

**Session 3: Design**

In session 3, the processes that work well were prioritised. During the analysis of data from sessions 1 and 2, the researchers identified the main group elements by selecting descriptions that were repeated in the data. These group elements were then arranged in order of importance by the co-researchers. See Table III. The co-researchers were invited to make suggestions for the structure and nature of the ideal outpatient Occupational Therapy craft group that would facilitate meeting patient identified outcomes.

[Insert Table III here]

**Session 4: Destiny**

In session 4, the co-researchers identified the strategies that would facilitate the maintenance of existing best practice. The group members were given pieces of colour paper to write their responses to questions down. Using the coloured pieces of paper on which the co-researchers answered the questions posed, a flower was constructed. A corresponding question represented each petal of the flower. See Fig.2. See addendum A for full text. At the end of the session the co-researchers were able to discuss the progress that they have made thus far and reflect on the previous contact sessions.

[Insert Fig.2. here]

**Member Checking**

Member checking was completed in session 5 to ensure the accurate interpretation of the findings.

**Data analysis**

Weft QDA is a tool used for processing qualitative textual data such as the conversations held between researchers and participants within this study. Raw data were transcribed and, where required, translated from Afrikaans into English before using Weft QDA for analysis. Each transcript was analysed before the following session. An inductive data analysis produced recurrent features such as patterns and themes. Each theme consisted of clusters of coded information known as nodes. After three rounds of data analysis, nodes were clustered into 12 subcategories. Another round of data reduction generated four themes.

**Trustworthiness and Rigor**

Credibility was ensured by prolonged engagement and ensuring that the researchers were immersed in the research environment. Member checking confirmed the analysed themes16. Transcription of raw data, translation of transcribed data, and three rounds of analysis and corroboration of coded themes ensured the dependability of the research process. Throughout data analysis, the researchers worked under the guidance of an expert in qualitative research. There were five researchers and six co-researchers which ensured the triangulation of the research. During research meetings, peer debriefing contributed to the rigour of the findings. The researchers made use of journaling to reflect on their assumptions and perceptions. An audit trail was kept by recording meetings with the research supervisor and the careful documentation of plans throughout the research process.

**ETHICS**

This research study adhered to ethical policies in the Declaration of Helsinki and the Stellenbosch University Ethics Principles. The study received ethics clearance from the Human Research Ethics committee at Stellenbosch University (HREC ethics number U16/02/002). Participants took part voluntarily in the study and gave informed consent. Their identities were kept confidential through the use of pseudonyms. The researchers had the support of the key informant should it be necessary for additional support.

**FINDINGS**

Two main themes emerged, namely *feeling accepted* and that of *individual improvement*. Table IV summarises the themes and subcategories.

[Insert Table IV here]

The theme of *feeling accepted* comprised of three main categories. See Table IV. I feel relaxed when attending the craft group pertains to the peaceful atmosphere created by the elements present in the group. Feelings of safety within the craft group were brought about by the trust and understanding evident amongst members within the setting. Lastly, the craft group provided the group members with a sense of belonging associated with that of a family.

The theme relating to *individual improvement* is comprised of three categories. See Table IV. In the category about positive thinking, the members described feelings of pride after attending the group and a more positive emotional state. The group was also said to assist the members in clearing their minds and this time was referred to as "me time". Finally, a category of transference emerged due to members repeating the crafts outside of the group due to increased motivation.

***Feeling Accepted***

Contributing to the feeling of not being pressurised is that there was always sufficient time to complete the activity and an absence of competition between group members. This was facilitated by the group members feeling comfortable with one another as they view the group as a family. Family qualities depicted within the group are that of understanding and being able to speak openly with one another, made possible by the absence of judgement and the overall feeling of acceptance within the group.

Quotes from the semi-structured interviews reflected the support that participant co-researchers experienced a trusting and understanding relationship with other group members:

*Tayla: Yes, we all went through the same process, each one was different; this one is divorced, this one has lost a child and so uh that type of stuff it is. However, in the end, we understand each person, and each person went through a heart sore process, so we understand one another well.*

*Danny: [We] can help to encourage each other, I think that it is just us that can help each other because we understand each other better than the others.*

*Alex: Sometimes I came here and felt that I wanted to collapse into the earth and then someone would just give me a hug, and that hug for me meant so much that I could carry on and made me feel courageous again, full of life and excited about life. So we are all here for each other.*

*Tayla: I feel [like] a person, we speak our hearts out here with each other, hey?*

Participant co-researchers experienced the group to be calm, relaxing and a safe place where they felt unconditional acceptance:

*Joe: There is no judgement here.*

*Danny: And it’s so nice, it [the quiet environment] feels like it gives your mind a chance to rest. Because there’s a busyness in my head and when you come here, a calmness comes over you.*

*Alex: I was always negative and it [craft group] feels like a family where in the beginning I felt um, that I did not want to be here, I was afraid. Will they [other group members] accept me? Will they push me out? And they accepted me and it’s like a family for me now.*

*Sue: I reckon it’s also the space where we can also talk about what our issues are at the time.*

*Tayla: Um, like I can now with her,* *she has the autistic children and I have a cerebrally disabled child, so uh, she is going to understand more or less, how I feel about my child. What my child does. What I have to live with because it isn’t his fault that he is like that, see? Like uh, she will understand me.*

*Sue: We are family you know uh, orientated and we are like a family.*

The participant co-researchers felt that the group influenced them positively:

*Tayla: I started to think positively.*

*Joe: Yes, you feel much better, more positive. It’s very positive, it’s very nice.*

Five out of six participant co-researchers confirmed that they felt accepted and safe when they come to the craft group. The craft group members serve as a family away from home.

***I Have Improved***

It was indicated that determination was learned through participation in the craft activities, resulting in the group members being able to complete their crafts; something they were previously unable to achieve. This progress was identified by the craft group members repeating these crafts at home with family and friends, an act which aided in the formation of bonds and provided a sense of personal accomplishment. These crafts are displayed or given as gifts, resulting in improved self-confidence and self-esteem.

*Tayla: I have learned here, to finish one thing at a time.*

*Sue: So now with doing craft things, I’m must actually start to think of starting to do that [drawing] again. But to get the motivation to do it and get – going through all the drawing that I used to do.*

Participant co-researchers were invited to make suggestions regarding the structure and nature of the ideal outpatient occupational therapy craft group that would facilitate meeting consumer identified outcomes. The list that was generated is depicted in table V.

[Insert Table V here]

Alex's comment demonstrated the craft group as a means for getting better and transferring learned skills to the home environment. She was the only participant co-researcher who reflected on how she repeats the craft activities at home as a leisure time pursuit, or with family members, thereby aiding in the formation of bonds with people outside of the craft group:

*Alex: That what I do here I am going to do again at home.*

*Alex: If my brother’s daughter, grandchildren come, grandchildren then they always ask me what I made then I show them, then I say to them I must show them how to make it [the craft] then I teach them again how to make it.*

Furthermore, 10 key elements were identified to contribute to the feelings of acceptance and progress experienced by the members, namely, no-judgement, being able to redo the craft activity at home, no pressure, the stimulating effect of the group, being able to talk to the therapist about anything, feeling like a family, socialising nicely, a calm environment, feeling safe at the group and a quiet environment.

**DISCUSSION**

***Involving consumers in the planning and evaluation of occupational therapy services***

Appreciative Inquiry allows us to build on aspects which occur naturally within the experience of co-researchers and enabled further understanding into the value of Occupational Therapy outpatient groups from the patient's perspective. The use of the Appreciative Inquiry model shifted power relations existent in the clinical setting, in which a transactional relationship exists between the practitioner and the client, to a research process which created an environment in which participant co-researchers could express a sense of belonging and empowerment, feeling safe and accepted by others. Participant co-researchers could identify the positive features of the craft group, such as how attending the craft group helped them to improve their mood and ability to organise their lives.

***Appreciative Inquiry as an appraisal tool***

Service users’ input into existing programs could increase the participation of mental healthcare service users in their recovery9. Within the study, the use of Appreciative Inquiry enabled participant co-researchers to make suggestions regarding how service could be improved, created opportunity to appraise the structure, function and process of the existing craft group, and identify how they could contribute to the success of the group. Participant co-researchers expressed feelings of belonging, and an ability to thrive in an atmosphere where they trust fellow group members and feel accepted by the group. Appreciative Inquiry provided the researchers with a means to gain the participant co-researchers' trust, which subsequently allowed for suggestions in improving the craft group.

***Transferring skills learned in the craft group***

The strength of Appreciative Inquiry as a method for facilitating "possibility thinking" enabled participant co-researchers to create a vision for the ideal outpatient craft group. Maintaining mental health and preventing relapse through the use of outpatient craft groups could, therefore, enrich rehabilitation service models of mental healthcare provision at primary levels of care. Participation in outpatient craft groups inspired participant co-researchers to take their crafts and their skills home, achieving the goal of mental health rehabilitation in occupational therapy to re-integrate mental healthcare service users successfully into their home and community environment. Involving mental healthcare service users by facilitating their provision of feedback on how best occupational therapy outpatient services facilitate mental wellbeing contributes to designing responsive, patient-informed occupational therapy services.

**LIMITATIONS**

Each of the five data collection sessions lasted approximately one hour (therefore amounting to over 5 hours) and took place independently of the time required for the craft group. It is therefore unrealistic that an occupational therapist facilitating outpatient craft groups will have four hours available in which to evaluate their clinical services using the Appreciative Inquiry model. However, it may be beneficial for occupational therapists to do shorter sessions and facilitate a more structured discussion. One of the limitations of using the Appreciative Inquiry model with chronic mental healthcare users was the fact that participant co-researchers only reported on success factors. Appreciative Inquiry has a positive focus. However, it can elicit discussions on negative barriers, something which did not take place in this study.

**IMPLICATIONS**

Occupational therapists facilitating craft groups can monitor and review outpatient craft group activities through implementation of the action plans developed by the mental healthcare service users themselves. The continuous implementation of Appreciative Inquiry will ensure that the craft group remains the best version that it can be and that the group members can be involved in the "brainstorming" and "implementation" of their treatment. It is recommended that occupational therapists use the Appreciative Inquiry model as part of their strategic planning process to plan appropriate, responsive outpatient interventions.

**CONCLUSIONS**

Appreciative Inquiry is a participatory methodology. Therefore, we enabled a further understanding of the value of occupational therapy outpatient groups from the service user's perspective. The research process facilitated mental healthcare service users to think about their attendance and engagement in outpatient craft groups. It is essential for service users to be invested in their recovery, particularly in a context where there are limited government and social support.

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**CONFLICT OF INTEREST**

We declare that there are no competing interests.

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