Appreciative Inquiry in Participatory Health Research: Methodological Insights from a Case Study in an Urban District in Hamburg

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Abstract

Appreciative Inquiry (AI) is a resource-oriented method for organizational development that has also become an established method for participatory research in English-speaking countries. Rather than focusing on deficits, AI makes it possible to research and discover strengths in organizations, communities, and networks and while providing impetus for change. In German-speaking countries, AI is still relatively unknown. In the following article, we describe the application of AI as a method for participatory health research using a case study from Hamburg, Germany. We – a team with members from academia and practice – conducted a research project on a network for health promotion in an urban district. Based on the principles of AI, the research was performed in a collaborative process. Conclusions drawn from the results led to the development of a tool for supporting municipalities in developing integrated strategies of health promotion. We discuss the opportunities and limitations of AI, as well as our differing points of view and perspectives within the research team regarding the research process.

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1 Introduction

The origins of Appreciative Inquiry (AI) lie in organizational and team development. In the early 1980s, AI was developed by COOPERRIDER and his colleagues in order to investigate what gives life to organizations (COOPERRIDER, WHITNEY & STAVROS 2008). This was a fundamentally new way of thinking about organizational development, which previously concentrated on problems and their remedy. It was based on the assumption that all systems and their members have hidden and untapped strengths. Once these are discovered, they become contagious and lead to positive changes.

With AI, exceptional experiences, strengths and success factors are explored in a structured process. Most AI projects follow the 4D cycle (REED 2007). The four Ds stand for: *discovery*, *dream*, *design*, and *destiny* (COOPERRIDER, WHITNEY & STAVROS 2008). TRAJKOVSKI, SCHMIED, VICKERS and JACKSON (2013) describe these phases:

> The discovery phase ('what gives life' to the organization, that is, appreciating and valuing what is best of what is or has been), the dream phase (envisioning 'what might be', affirmative exploration), the design phase (co-constructing 'what should be', the ideal), and lastly, destiny (sustaining what will be, envisioned future) [...] (p. 1225).

The goal of AI is to make changes in the social construction of reality possible, thus supporting a deep cultural transformation (BUSHE 2007).

Concretely, the four phases of AI entail the following: In the first phase *discovery*, the goal is to recognize and appreciate existing, but perhaps hidden, resources and potentialities using stories. In the subsequent *dream* phase, ideas are developed regarding how the future could be. The visions are often formulated as provocative statements, free of any restrictions. During the *design* phase, priorities are set based on these ideas, and consideration is given to how the future could look. In the *destiny* phase, concrete strategies are developed to make the envisioned future a reality (COOPERRIDER, WHITNEY & STAVROS 2008).

When AI is applied as a research method, the first three phases usually include conducting appreciative interviews and workshops focused on a participatory process of identifying resources, potential, and visions.

Depending upon the research object and design, the 4D cycle may not be completely implemented. For example, PAIGE and colleagues (2015) as well as REED, RICHARDSON, MARAIS and MOYLE (2008) do not include the destiny phase. CARTER, CUMMINGS & COOPER (2007), on the other hand, include all phases.

Especially in the English-speaking world, AI is used as a research method in not only the private sector (LUDEMA & FRY 2008; REED 2007; TRAJKOVSKI et al. 2013). Until now, AI has been mainly familiar in German-speaking countries as a process for involving citizens in creating public spaces (NANZ & FRITSCHE 2012). And although AI is used in many contexts, such as team development, urban development, and in areas such as schools, public administration, and universities, there is very little literature on the subject in German (ZUR BONSEN & MALEH 2012). At the time this article was written, nothing had been published in German-speaking countries regarding research with AI.

In this article, we will present AI as a method in the context of participatory health research (PHR). The PHR approach is characterized by the co-production of knowledge with the goal of promoting the health and well-being of people by way of supporting social change on various levels (WRIGHT 2016). After we have explained the principles and values of AI, we will present our case study and describe the research team. We will then focus on the process of how we implemented AI in our case study and what impetuses for changes we derived from the results. Finally, we will discuss the AI method from various perspectives. In the final section, we will look ahead to the role that AI could play in future PHR projects.

2 Context of the case study

Health is created in the everyday lives of people through their interaction with their environment and their living conditions. According to the Ottawa Charter of the World Health Organization (WHO), health is created "where people play, learn, work, and live" (WHO 1986).

In municipal settings, such as urban districts and neighborhoods, health promotion in Germany is often implemented according to the model of integrated municipal strategies (IMS) (BÖHME & REIMANN 2018).[2] In a nutshell, the goal of an IMS is for the participants to transition "from working side-by-side [...] to working with each other" in the promotion of health (RICHTER-KORNWEITZ & UTERMARK 2013, p. 14). The common point of reference is engaging the residents in creating conditions that promote their well-being and quality of life in their living environment. Setting up an IMS is deemed to be extremely complex. It places large demands on the organization of cooperative relationships among stakeholders. The central challenge is bringing together specialists from the areas of health, education, and social services with their varying professional roles, responsibilities, and fields of activity for the purpose of interlinking all measures that promote the health of the population. Since 2012, an IMS has been set up in the Hamburg district of Rothenburgsort. The IMS was initiated by the Coordination Centre for Equity in Health (*Koordinierungsstelle Gesundheitliche Chancengleichheit*) in Hamburg (KGC) who has been providing technical assistance for the IMS ever since.[3] Rothenburgsort is one of the poorest districts in Hamburg. Nearly half of all children grow up in communities of need, one third in single-parent families; there is a high level of utilization of children and family services. The characteristics that define the small district of just under 10,000 inhabitants are its cultural diversity, “island” location (cut off from the rest of the city by the rivers Elbe and Bille and large transport routes as well as industrial and commercial areas), and a large number of agencies who are involved in the health of children and families. Many young people under the age of 18 have a migrant background (78.6% in comparison to 51.3% for Hamburg as a whole) (STATISTISCHES AMT FÜR HAMBURG UND SCHLESWIG-HOLSTEIN 2018a, 2018b).

Participants from the various organizations found in Rothenburgsort began setting up the IMS during a three-day continuing education program. The goal of the program was the development of a collaborative style of working. After the participants had defined the goals and guidelines for action, the network "Growing Up Healthy in Rothenburgsort!" was formed. The participants

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[2] For a detailed description, we refer you to publications of the German Cooperation-network Equity in Health (Kooperationsverbund Gesundheitliche Chancengleichheit) (https://www.gesundheitliche-chancengleichheit.de).

[3] The Coordination Centre for Equity in Health (Koordinierungsstelle Gesundheitliche Chancengleichheit Hamburg (KGC)) is affiliated with the Hamburg Association for Health Promotion (Hamburgische Arbeitsgemeinschaft für Gesundheitsförderung e.V. (HAG)). The KGC functions as a specialist department for promotion-of-health participants for and with people in difficult life situations. Rothenburgsort was selected as a model site for an IMS within the scope of the national prevention strategy "Pakt für Prävention" and is sponsored and supported by the Authority for Health and Consumer Protection (Behörde für Gesundheit und Verbraucherschutz (BGV)).

of the network declared their goal to be the promotion of a healthy environment supporting the development of children aged 0-10 and their families through the setup of an IMS. The IMS in Rothenburgsort has centered on coordinating support programs for children, youths, and their families in the areas of health, education, social work, and physical activity. A major focus has been on periods of family transition, for example when children begin daycare or when they leave daycare to attend elementary school.

The IMS in Rothenburgsort was embedded in both Hamburg-wide and nationwide strategies, programs, and projects. Rothenburgsort was therefore not the only one involved in setting up an IMS, but rather part of a nationwide learning process. This includes participation in the research project KEG. KEG stands for Municipal Development of Health Strategies (*Kommunale Entwicklung von Gesundheitsstrategien*) and is part of the multisite participatory health research consortium PartKommPlus, which is financed by the Federal Ministry of Education and Research (http://partkommplus.de). The goal of KEG is the (further) development of IMS approaches. We – the Hamburg Association for Health Promotion (*Hamburgische Arbeitsgemeinschaft für Gesundheitsförderung e.V.*) (HAG), the Authority for Health and Consumer Protection (*Behörde für Gesundheit und Verbraucherschutz*) (BGV), the district of Hamburg-Mitte, and the University of Applied Sciences in Esslingen – formed a research team focusing on how IMS are developed, including the cooperation within the stakeholder network, by conducting a case study in Rothenburgsort. At the beginning of the research project, the stakeholder network was in crisis: The cooperation between the stakeholders had ground to a halt due to numerous changes. The network had been integrated (with their consent) into the Rothenburgsort Regional Conference, a coalition of social service organizations working in the district. The reason for the integration was to avoid the replication of structures and services, to save on personnel and institutional resources, and to revitalize the process (GÖLDNER & HOFRICHTER 2019).

3 Description of the research team

In participatory health research, a research team is defined as a collaboration of various interest groups, such as local citizens; representatives of civil society; experts in health, social services, or education; academic researchers; and others who come together in order to mutually plan and manage a research process. Not only the academics are referred to as researchers, but all members of the

research team (VON UNGER 2014a; WRIGHT 2013). According to BERGOLD and THOMAS (2012):

> [In research teams] the differences between the academic world view and the world view of the research partners [...] should serve the research process. It is about mutual curiosity about what the other side can do and knows and what one can learn from them. This gives all participants new roles and tasks, which clearly differ from those of 'classical' research. (p. 13).

In KEG, the core of the research team was formed already during the grant application phase. The HAG and the university as the primary partners mutually developed the focus for the case study, in communication with the Authority for Health and Consumer Protection. The intention was to identify and incorporate the concerns of the residents; to understand the setup and growth of an IMS with regard to its phases, dynamics, and the conditions which promote and hinder its success; and to generate recommendations for the city of Hamburg for establishing IMS.

During the beginning phase, we encouraged all members of the network "Growing Up Healthy in Rothenburgsort!" to take part in the research team. In contrast to conventional research projects, KEG strived to include various experts and local actors as well as district residents as peer researchers. The research team was intended to be a forum for dialog, a *communicative space* (BERGOLD & THOMAS 2012), in which new knowledge is developed and social change is made possible in interactive processes of exchanging and negotiating perspectives (SPRINGETT, WRIGHT & ROCHE 2011; TUCKERMANN & RÜEGG-STÜRM 2010). The strength of such a research team in the context of our case study lies in recognizing the interests of district residents (bottom-up) and public authorities (top-down) in a parallel process, relating them to each other (LAVERACK & LABONTE 2000). We describe this approach as a pathway between top-down and bottom-up (WIHOFSZKY 2015). In concrete terms, this means, for example, using existing municipal health and social demographic data, while also motivating residents to become active in a research process to produce new knowledge.

As we have already described, the network "Growing Up Healthy in Rothenburgsort!" had merged with the existing Regional Conference. This led us to modify our approach with the research team. During our process, employees of the HAG, the Authority for Health and Consumer Protection, the Hamburg-Mitte district office, including the coordinator of the network, and academic researchers from the university were involved. We could not recruit additional stakeholders from the network for the research team because their areas of activity, their priorities, and their participation in the

network activities had changed during this period. Currently, the core of the research team consists of three employees of the HAG and two academic researchers from the university in Esslingen.

During the AI process, the research team formed the main hub and met at regular intervals, planning and implementing the research project (COOK, ATKIN & WILCOCKSON 2018). We agreed on a division of labor. For example, the academics assumed the task of training all partners in conducting AI interviews and they prepared the collected data for participatory data analysis. It was the responsibility of the HAG to support area residents on the topics of health and health promotion, to recruit interview partners, to promote KEG in the regional committees and district institutions, and to implement surveys of the network. The data analysis, the formulation of recommendations, as well as the transfer of the research results into practice were the responsibility of all members of the research team.

During the course of the AI process, we were also able to recruit residents of the district as additional peer researchers, augmenting the work of the core research team members. These peers surveyed residents of Rothenburgsort on health issues, utilizing the AI method, especially families with children under 10 years of age. The commitment of the residents as peer researchers, later even taking part in meetings of the core research team, happened later in the process: A volunteer from an agency in the district, who originally wanted to participate as a peer researcher for interviewing network members, instead strongly identified with the viewpoint of the *residents* and saw herself as their representative. By incorporating her and two other residents into the team we were able to also explore the perspectives of the residents, adding information to the data collected by way of the network questionnaire using AI.

In the scope of this article, we are solely focusing on the network questionnaire, which was at the center of our work. More information on how the findings of the resident questionnaire influenced the transfer to practice can be found under 4.3.4.

4 Method

In Rothenburgsort, the setup of an IMS began with a spirit of optimism. The willingness of local stakeholders to participate subsided over time, however, and we asked ourselves how we could revitalize the network.

For our analysis, we chose the Appreciative Inquiry (AI) method (ZUR BONSEN & MALEH 2012) because it seemed most suitable to help with the revitalization. The research team worked through the phases of the 4D cycle, as described above (COOPERRIDER, WHITNEY & STAVROS 2008). In the following, we present our approach, which we divide into preparation (4.1), data collection (4.2) data analysis, and transfer into practice (4.3).

4.1 Preparation

4.1.1 Appropriateness of the research question

Like all participatory (health) research projects, KEG pursues two interconnected levels of objectives. Changes are to be initiated and advanced, while at the same time gaining knowledge into what makes these changes possible (VON UNGER 2014a). This is not research *about*, but rather *with* people (COOK 2012). In KEG, the research team decided to examine the cooperation within the scope of the IMS in Rothenburgsort in the form of dialog. The research team asked itself the question of how new configurations of cooperation could work (again) after the merger of the network into an existing structure. We translated this interest into the practical question: How can we get the IMS moving in the district (again)? On the level of more generalizable (academic) knowledge, we wanted to know how stakeholders can work together successfully within the scope of such municipal strategies; what is necessary for the success of such collaborations; and what limiting factors prevent such success. Both levels of knowledge intermesh with one another. The interest shared by everyone on the research team is to make a contribution toward changes in how IMS are created and established.

AI is, as already explained, a method, which originated in organizational development (COOPERRIDER et al. 2008). In this context, appreciative inquiry means using positive experiences in organizations and the cooperation of people as a basis. As the network we examined represents a form of organized cooperation, the application of AI was suitable for our research context. The method promotes the telling of positive stories in order to discover existing resources and the potential of an organization. The cooperation in Rothenburgsort had already functioned well. Revitalizing it now required knowledge of the factors that contributed to the former success.

For this reason, we did not ask about deficits and mistakes that were made, but rather about what has been experienced as positive in the network and what expectations those interviewed had of the network at the time of the analysis.

In addition, an important part of AI is the formulation of desires and visions for the future of the organization or the collaboration (ZUR BONSEN & MALEH 2012). This method is intended to initiate a change process in the direction of these desires and visions. Such a change was also a goal for the merged network. A principal goal of participatory research is change, making AI an appropriate choice (REED 2007). The strengths of AI are also congruent with participatory health research in terms of promoting the development of resources, empowerment, and dialogue (REED 2007; VON UNGER 2014a).

4.1.2 Finding the key themes

In accordance with the *discovery* phase, we prepared the AI process in the research team by means of two training workshops. The workshops were designed and facilitated by the academic partners. We addressed methodology principles, such as the 4D cycle, as well as the appreciative mindset. One major step during the *discovery* phase is the creation of so-called *key themes*, which are utilized in the further course of the survey (REED 2007; ZUR BONSEN & MALEH 2012). Key themes are defined as those themes that a group considers very important for the future. According to REED (2007, p.70), key themes should also be relevant for as many of those who are participating in the process as possible (*inclusivity*) and enable a search for positive aspects for future changes (*focus on the positive*). The key themes identified in this phase determine the direction in which the process can develop. The fact that finding key themes is not just a simple step in the *discovery* phase is confirmed by TRAJKOVSKI et al. (2013):

> The choice of an affirmative topic may appear to be an easy task. However, in practice, this may create difficulties for a novice AI researcher, as the starting point for most research begins with identifying and framing a problem. AI requires the researcher to move away from the traditional problem orientation to an appreciative approach. (p. 1225-1226).

In order to determine appropriate key themes, pairs of members of the research team interviewed each other within the scope of the first training workshop. The academic researchers did not participate in the exercise so as not to interfere with their task of facilitating and

observing the process. We used the basic guidelines suggested by ZUR BONSEN and MALEH (2012) as a basis. The guidelines include three groups of themes: questions regarding how the organization is experienced; questions regarding the finding of key themes; and questions regarding how those involved in the process imagine the future of their organization. We adapted the guidelines to the case study; instead of focusing on a company or an organization, we asked about the network upon which the IMS in Rothenburgsort was based. With this approach, we wanted to generate stories from which the key themes could be derived. In the workshop interviews we intended to practice the appreciative mindset while generating narratives and engaging in self-reflection (HELFFERICH 2011; VON UNGER 2014b).

We documented the content of the interviews using cards pinned to a bulletin board, grouping the cards to identify possible key themes. Based on this, the research team agreed on a single key theme as the main focus of the AI inquiry: The restart of the IMS in Rothenburgsort after the merger of the network into existing structures.

4.1.3 Development of the interview guide

Guidelines for conducting interviews using appreciative principles can be traced back to the founders of AI. These have been adapted by projects and research teams to fit their context. For example, QUAINTANCE, ARNOLD and THOMPSON (2010) used nine narrative-generating questions to further develop physicians' training. The questions were directed at the genesis of stories about experienced professionalism. SCERRI, INNES and SCERRI (2015) posed eight questions in order to collect positive experiences about dementia care in a geriatric hospital and to develop quality criteria based on these experiences. In one study, REED, PEARSON, DOUGLAS, SWINBURNE and WILDING (2002) used AI interviews to examine and further develop the discharge practices of hospitals. SALYERS, FIRMIN, GEARHART, AVERY and FRANKEL (2015) worked with peer researchers to record narratives for identifying factors associated with successful practice in psychiatric facilities. They used only two questions in their study, one regarding a positive experience and one regarding the ideal future of the psychiatric facility.

In KEG, we used the basics guideline suggested by ZUR BONSEN and MALEH (2012), dividing the interview into three groups of themes. As already described under 4.1.2, this approach helped us to identify which themes were most important in the study. The topic for the interviews was the restart of the IMS in Rothenburgsort after the merger of the network. The themes of the interview corresponded to the first two phases *discovery* and *dream* of the 4D cycle. Combining these two phases is a common approach in AI (TRAJKOVSKI et al. 2013). Our interview guide specified the following:

- With regard to the *discovery* phase, the first group of themes dealt with

setting up the IMS. It focused especially on the early period of the network, because this period was remembered by the members of the research team as being very successful. Interview partners were asked to recount a particularly positive experience in the network, thus highlighting the benefit of the network on various levels and the associated contributing factors.

- The second group of themes was also a part of the *discovery* phase and focused on cooperation in the merged network. Opinions regarding the new cooperative structure and ideas for a successful cooperation were discussed.
- In the third group of themes, the interview transitioned into the *dream* phase. The respondents were encouraged to imagine a possible future for the network. This group of themes focused on imagining the ideal situation, including ideas about goals that the network could pursue. This portion of the interview laid the groundwork for the d*esign* phase of the 4D cycle.

Table 1 lists the three groups of themes and the narrative prompts.

Groups of themes	**Theme and introductory narrative prompt**
Perception of the network	Early period of the network Let us begin with the early period (2012/13) of the network when setting up the IMS. If you were not there at the beginning, we can talk about the time when you became part of the network. Please tell me how and when you came to the network. Etc.
	An especially positive experience When the network was setting up the IMS, there were probably many highs and lows. Please tell me about one event or phase in the work

	that was a high point for you. This was a time when you were excited, when you felt motivated, and when you perhaps were able to contribute most significantly to an accomplishment of the network. What exactly did you experience? Etc.
	What do you especially value about your involvement Without being too modest, what do you think was your most valuable contribution to the network in setting up the IMS? Etc.
	Contributing factors You have already told me about an important positive experience in the network and about what made this experience possible. Now let's talk about the factors that make the network lively and strong. What are the most important factors? Etc.
The key theme	Supporting cooperation within the IMS and after the merger of the network The cooperation of all participants is important for a needs-based coordination of health promoting services for children, youth, and their families in the district. Up until approximately one year ago, the network was the body responsible for this coordination. In order to ease the burden on everyone, the network was integrated into the Rothenburgsort Regional Conference. How can cooperative working relationships be maintained and supported now? Etc.
The future	When everything is as it should be... Imagine waking up in the morning and finding everything as it should be: The IMS in Rothenburgsort is very successful. The people in the district, the members of the network, and other participants are elated. What has changed overnight to make this possible?
	Goals What should be the goals of the IMS (for the residents of the district, for the participants, for society in general, etc.)? What would the network need to look like so that you would want to continue being involved?

Tab. 1: Interview guide based on ZUR BONSEN & MALEH (2012)

The members of the research team pretested the interview guide in their work contexts. It was difficult for the interviewers to use the suggested wording, so it was agreed that the questions would be used flexibly to promote an open dialogue, as is common in other forms of qualitative interviews (HELFFERICH 2011).

4.2 Data collection

4.2.1 Sampling and recruitment

The composition of the interview sample was decided in the research team. Current and former members of the network were to serve as interview partners. By interviewing people who were involved in the beginning of the network but had left, we sought to establish points of reference from the early period. The HAG and staff from the district were instrumental in the recruitment process, given their knowledge of the network members, past and present.

The research team members from Hamburg had access to several interview partners through their professional roles. One member of the team was herself a part of the network. She publicized our study in a network meeting. Members of the team also made personal and/or telephone contact with potential interview partners.

The resulting sample was composed of nine persons from seven different institutions. In all, fifteen people were approached, of which six declined for various reasons (lack of time, personnel shortages, maternity leave, etc.). The sample included two former network coordinators, five participants from organizations working in the district, and two employees of the district administration.

4.2.2 Ethics and confidentiality

Various measures were undertaken by the research team to ensure confidentiality and to fulfill other ethical standards. The academic researchers drafted a letter describing the project goals, the data to be collected, and the procedure used in the research process. The letter was approved by the research team and distributed to all interview partners before the interviews. Immediately preceding the interview, a conversation was held to clarify any questions on the part of the interview partners (VON UNGER 2014a) and informed consent was obtained in writing (HELFFERICH 2011).

We later obtained additional consent for the production of a video on the project and the results of the AI interviews. In the video, film footage from the research process was used, as well as photos of the participants and the original soundtracks from the interviews. The video was intended for use beyond the project time period, and to provide feedback and show our appreciation for people in the district. In creating the video, we prioritized empowerment over strict anonymity (VON UNGER 2014a; VON UNGER & NARIMANI 2012). Like NARIMANI (2014), we consider informed consent to be a process in the context of a researcher project. The first people to view the video included ourselves and those who were filmed. This gave the participants the opportunity to request changes. The video met with overwhelmingly positive feedback.[4]

We obtained formal ethics commission approval only during the second promotional phase of the project, as was required and is becoming a more common practice in this form of research in Germany (VON UNGER 2014b).

4.2.3 Conducting AI interviews

The data collection phase spanned two months. The length of the nine interviews conducted varied between 20 and 70 minutes (mean: 40 minutes). The interviews were conducted solely by the Hamburg partners of the research team. Seven interviews took place in the office of the interviewees and two in the offices of the interviewers. Professional contacts were used to obtain access. Dates were agreed upon by email and telephone.

Directly following (or during) each interview, the peer researchers filled out data sheets and created memos using the templates provided. The research team used the data sheets and memos for initial feedback regarding the status and progress of data collection, thus beginning the participatory data analysis process.

All interviews were recorded and sent to the university team in encoded form to be prepared for the later data analysis.

[4] The video can be viewed on the homepage of the research consortium PartKommPlus: http://partkommplus.de/teilprojekte/keg/gesund-aufwachsen-in-rothenburgsort/.

4.3 Data Analysis and transfer into practice

The literature contains few reference points for the systematic analysis of AI interviews. The analysis process is usually adapted to the research context. In a study by QUAINTANCE, ARNOLD and THOMPSON (2010), for example, medical students conducted interviews with instructors regarding the issue of professionalism. The students wrote narratives based on the interviews and reflected on the content. In an iterative process consisting of open coding and subsequent discussion, the researchers analyzed the narratives and reflections of the students. DEMATTEO and REEVES (2011) chose an inductive approach. First, they analyzed the interview material in order to find key themes in inter-professional projects. Then, the results were discussed in the research group. SCERRI and colleagues used a form that is typical for AI (2015). The participants identified themes found in the narrative interviews in order to generate a future vision as well as concrete suggestions for the improvement of dementia care. A similar approach is found in other studies (CARTER, CUMMINGS & COOPER 2007; FARRELL, DOUGLAS & SILTANEN 2003).

We were inspired by these and other forms of data analysis in the field of participatory research, developing a data analysis strategy that was appropriate to our context. We describe our approach below in the spirit of making a further contribution to the AI literature, particularly in the interest of further developing the practice of AI in German-speaking countries.

4.3.1 Preparation of the interview data

The voice recordings were transcribed word for word by the university team. A rough draft of a reader containing the transcripts was created (using pseudonyms to protect the participants and sensitive data) and provided to the research team. We decided to use the raw data instead of first categorizing the material so that we could exercise the greatest possible openness in searching for possible interpretations through mutual dialogue (COOK 2012). To make this possible, it was necessary for all members of the research team to have complete knowledge of the transcripts. Through this collaborative process, we wanted to bring to light different, multifaceted viewpoints, a central principle of participatory research (BERGOLD & THOMAS 2012; VON UNGER 2014a).

The members of the research team were asked in advance of our discussion to mark text passages that they saw as being of particular importance for answering the pragmatic question central to the research: How can we get cooperation in the network moving again? In addition, passages were to be marked that triggered an emotional reaction for the peer researchers. We assumed that such passages often have a high level of relevance and that they should therefore be given consideration in the analysis. Text passages in which questions remained unanswered were also to be marked. The transcripts were divided among the research team. However, all members were free to process additional interviews to those assigned.

4.3.2 Dialogical data analysis with the research team

The data analysis process began with a two-day workshop and was completed at an additional one-day workshop. We used the transcripts as prepared by the academic researchers. The goal was to identify the various possible interpretations in the interest of answering the central research by taking into account the perspectives of the peer researchers (TUCKERMANN & RÜEGG-STÜRM 2010). We followed the following steps:

1. The interview partner and the atmosphere in the interview were described by the peer researcher who conducted the interview. The corresponding data sheets and memos served as a conversation starter.
2. The peer researcher who prepared the transcript for the discussion presented the text passages that she had marked and explained what she associated with these passages.
3. All group members contributed their insights and interpretations over the course of a group discussion.
4. We displayed the points on a bulletin board that, in the opinion of the participants, were most relevant for answering the research question.
5. Finally, we collected initial ideas on how to make concrete use of (operationalize) our findings and on what to learn from these.

After the first workshop, the members of the research team received from the academic researchers a summary of the analysis of the first four interviews. This summary made clear the mutual process of data analysis in which all had participated. In the second workshop, the remaining five interviews were analyzed using the same steps.

4.3.3 Categorization of the results and creating a text

The university team took on the next step in the analysis. The team developed categories inductively from the workshop results and assigned them to the passages from the transcripts that had been identified in the workshops. Additional passages from the transcripts were identified that matched the respective categories and these were encoded. This step was based on a content analysis procedure using the software MAXQDA (KUCKARTZ 2014). A document was created with definitions, written summaries and pertinent passages for all categories. The ideas of operationalizing the findings were also assigned to the categories identified.

The results of this step were discussed in the research team. All agreed upon changes were integrated into the document summarizing the findings of the analysis. This document was the basis for developing ways to disseminate the findings, including various products and events such as the abovementioned video. In the following section, we will show how we use our empirical findings from the AI survey for the development of a consulting tool and to promote changes in practice as recommended in the *destiny* phase of the 4D cycle.

4.3.4 Transfer of the results in the form of a consulting tool

Based on our findings, the research team developed the consulting tool "**R**eadiness for Establishing and Expanding **I**ntegrated **M**unicipal **S**trategies of Health Promotion" (RIMS). A workbook for using the tool was also produced.

RIMS is suitable for assisting local actors who wish to initiate a new IMS in their community or to expand an existing IMS. It helps them to identify the factors needed for success. These factors are:

- Having key social and health indicators for the residents
- Setting goals
- Limiting the IMS to a manageable scope
- Obtaining an overview of the network structures
- Exploring how to coordinate the IMS, including the possibility of establishing a coordinating office in the geographical area of the IMS, addressing the challenges of coordination, and identifying the strengths and potential of the coordinators

- Identifying potential resources
- Knowing who is interested in participating

"Goal-oriented work" was very important to the network members we interviewed. The goals should be ongoing, achievable, and regularly monitored. The IMS needs to have visible results that can be measured and documented. Two quotes from the AI interviews underscore the importance of goal-oriented work for the setup and expansion of IMS.

A practitioner from Rothenburgsort:

> I found it important that we formulated goals and evaluated at certain points what was important to us and what we wanted to prioritize. The goal was to expand health services and to be more interconnected. I liked this, because it was very concrete and practical and we knew what we were working on. We rolled up our sleeves and went right to work from the beginning.

A staff person at the district administration:

> There are visible success stories, such as the city map, which is something tangible. And then, I think, there is output that cannot be directly measured. That the experts communicate with one another, work better with one another. Naturally, this also has an effect on the population in the district.

We found that decision-makers and practitioners must be sensitized to how they can promote the setup and expansion of an IMS. Two aspects are important: First, the users of an IMS must have a voice and be heard, and their suggestions should be implemented in a collaborative process with decision-makers and practitioners in a timely fashion. In this way, bottom-up and top-down perspectives can come together successfully (WIHOFSZKY 2015). Second, capacity building is needed for local actors in the form of training, outside consulting, and coaching. RIMS serves this purpose.

RIMS is not only based on our research, but also draws form the theoretical model *community readiness* (TRI-ETHNIC CENTER FOR PREVENTION RESEARCH 2014). *Community readiness* describes the phases of introducing innovations in municipal settings. Only when a certain "readiness to act" or "social maturity" has been reached in a district, is it worthwhile to take the next steps in planning and implementation (BRAND, GANSEFORT, FORBERGER, UBERT, BRÖRING & ZEEB 2017;
REIS-KLINGSPIEGL 2009). The model identifies various dimensions that make it possible to assess this readiness. Based on our research findings, we modified the dimensions of the model in developing RIMS.

In addition to helping local actors determine their initial readiness, RIMS can be used to provide support over an extended period. To this end, we formulated suggestions for continuous self-monitoring and evaluation, based on our research.

RIMS is suitable for the Hamburg context as it addresses the terms set for the regional implementation of the national Prevention Law by way of promoting IMS. RIMS supports directly the consulting and continuing education work of the Hamburg Association for Health Promotion (HAG) in their capacity building role in the city's districts.

5 Discussion

In using AI, it is important to consult the literature of the method's founders (COOPERRIDER, WHITNEY & STAVROS 2008). We made use of additional literature primarily from English-speaking countries in which the application of AI in research projects is described (REED 2007; TRAJKOVSKI et al. 2013). Literature from the area of organizational development proved to be most relevant in deciding how to implement AI in our project (ZUR BONSEN & MALEH 2012). Based on the literature, we developed and tested a research design that was appropriate for our context, as detailed above. Here we reflect on our process (5.1); examine the benefits of AI from different perspectives in the research team (5.2); and consider points of criticism and possible limitations to the application of the method (5.3).

5.1 Reflections on using the AI method

It was important to understand the appreciative stance that is unique to AI. To this end, we conducted training workshops in our research team to learn and practice a focus on the positive. We learned about the effects that appreciation can have. As reported by the research team, the appreciative, narrative-generating method of asking questions led to people identifying with one another and eased conversation. Talking about strengths led to a lively telling of stories. Overall, the research team found that interviewing using AI strengthened relationships. These experiences match those of other AI researchers (BUSHE 2007; DEMATTEO & REEVES 2011).

But the consistent positive stance in asking questions using AI also led to difficulties. Some interview partners found it rather difficult to focus on positive experiences. It was more common to focus on difficulties that had arisen and to search for suitable solutions. It was important to point out at the beginning of the interviews that criticism also has its place. As one a peer researcher put it, "Yes, but…" is also a possible answer.

The question of visions and goals – in AI terminology often asked in the form of "the miracle question" in the *dream* phase – had the effect of (re-) igniting motivation and stimulating action, as was also observed by DEMATTEO and REEVES (2011). The interviewers often observed that they and the interviewees realized that they were already working on achieving the desires and goals as they answered the question. The term "visions" (German: *Visionen*) was seen by some peer researchers as being culturally unsuitable, coming across as being overly idealistic. For this reason, the research team agreed to use the term "goals" instead in asking a question regarding the desired future.

Overall, the interview was seen to be a corrective to what had previously taken place, uncovering many different points of view and making new possibilities visible. Even if the interviewers initially had the feeling that they were repeating themselves, they noticed that the questions differed slightly in important ways. One member of the research team described this as "laying bare" the issue, gradually bringing new aspects to light.

Regarding data analysis in AI studies, we were not able to find detailed descriptions in the literature, as also observed by CARTER, CUMMINGS and COOPER (2007). The lack of guidance was both an opportunity and a challenge. We needed to be creative and to interpret the data in an intensive, dialogical process appropriate to the context and the subject. It was challenging, however, to design a data analysis process that was accessible for all participants. This will likely continue to be a challenge for future AI projects, as AI is adapted to various levels of a problem, to various contexts, and the needs of different groups of local researchers.

5.2 Different perspectives on the benefits of the method

When reflecting upon our process, the research team determined that each of us benefited from AI in different ways. Similar to the two levels of goals pursued in participatory research, knowledge generation and action (VON UNGER 2014a), we identified two levels of benefit in the research.

From the point of view of HAG, the primary benefits of the research project were the evaluation of the start-up and the implementation of the IMS and the activation of a future collaboration within the network. This was made possible by the participatory approach and the application of AI in our project (GÖLDNER & HOFRICHTER 2019). When our project began, the district of Rothenburgsort was suffering from network fatigue

and was facing several important changes. KEG made the further development of health promotion in the district possible. COOK, ATKIN and WILCOCKSON (2018) consider such an effect to be a decisive quality criterion for participatory research projects.

In the opinion of HAG, AI also provided experience with a new method for their capacity building and consulting work outside of the research context, particularly at network meetings, in various interactions between local actors, and in ongoing consultations.

The network coordinator involved in the research team expressed a similar opinion. She stated that the AI interviews had an encouraging and motivating effect. In addition, the project helped the network members to see and acknowledge what they had already achieved. In particular, the film produced from the research results with voices and photos of actual participants from the district made clear the amount of work accomplished and the commitment of the network members, not only to those involved in the research, but also to a larger audience. In addition, some of the research findings on success factors were initiated in the newly merged network.

From the perspective of the academic researchers, the AI process was innovative, being a method of participatory research that was relatively unknown in German-speaking countries. The major benefit of AI is uniquely combining research and intervention. In KEG, it was not only possible for us to study and to understand the topic of cooperation within the scope of IMS, but also to provide concrete support for building cooperation after the merger of the network. According to TRAJKOVSKI and colleagues (2013), the AI process continues after the research projected ends, the results being applied in various practical ways. For the academic researchers this presents a challenge as they want to bring research projects to a close. It is gratifying that RIMS as the primary product of the research is both empirically sound and theory-based. It ensures the transfer of results into the everyday practice of municipal health promotion, and the tool can be further developed in practical use.

5.3 Critical assessment of the AI method

As we have described, the application of AI makes it possible to gain relevant knowledge for making concrete changes in practice. The many positive benefits of the appreciative method were confirmed in our case study, as in the study by DEMATTEO and REEVES (2011). In reference to BUSHE (2007) these benefits can be explained by the generative potential that is inherent in the application of AI. AI promotes optimism and hope in the participants with regard to changing living conditions, strengthening social relationships, and building personal resources such as self-efficacy and locus of control.

However, it should not be ignored that these effects are only possible if certain conditions are met. We agree with the assessment of BUSHE (2007) that simply focusing on the positive and generating stories does not guarantee social change. With reference to GRANT and HUMPHRIES (2006), who call for critical reflection on the conditions in which AI is applied, we are convinced that the ability and power of the participants to act, as well as structural factors limiting possibilities for action, must be taken into account. We want to stress that AI in a climate of oppression cannot achieve its full potential.

Another critical point for the success of AI is the ability to express oneself verbally. This excludes certain groups, such as people with learning difficulties or those with limited mastery of the language in which the study is being conducted (DITTRICH-BRAUNER et al. 2013).

Regarding AI in the context of the district network, there are other specific limitations. A network has a fluid organizational form. In particular, the network we evaluated “Growing up Healthy in Rothenburgsort!” was in the midst of a merger. For this reason, not all of the influential members could be reached for an interview, meaning that our results represent only a subset of the desires and potential for change in the district. Our results can also not be applied directly to other districts and communities. However, the process of reflecting on any local IMS can be supported using the process we employed. It is also important to consider the specific structural characteristics in a municipality with regard to the setup and expansion of IMS, as well as the perspectives of the participants involved.

Participation – particularly the participation of district residents – represents a major quality criterion for health promotion at the municipal level (WRIGHT, VON UNGER & BLOCK 2010). For this reason, we also consider the low level of resident participation in our study of Rothenburgsort as a limitation in our research. The advantage of including residents more intensively in the AI process would have provided a greater breadth of perspectives to be taken into consideration in the future.

6 Looking Ahead

AI is a suitable method for participatory research projects. The consistent appreciative mindset on which the method is based makes it possible to conduct the research from a resource-oriented perspective and to initiate change. In our case, the focus was on municipal health promotion. In future projects it is of special importance to increase the involvement of residents in the AI process – not only because community involvement is important for health promotion, but also because AI functions well as a method for large groups (DITTRICH-BRAUNER, DITTMANN, WINDISCH & LIST 2013). Because AI is still relatively unknown as a research method in German-speaking countries, we hope to have inspired others to adopt AI by providing a detailed description of our application of the method. In future AI projects, we recommend that a stronger emphasis be placed on the issue of the impact the research has on the issue under study and on those involved.

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