

# Exploring Ubuntu Values through Appreciative Inquiry: A Workshop-based Engagement with Health Care Professionals at a South African Higher Education Institution

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<p><sup>1,5</sup>Department of Nursing Science, University of Limpopo, Sovenga.</p>	<p><i>The Ubuntu philosophy, rooted in the values of community, care, respect, hospitality, and human interconnectedness, has increasingly been acknowledged as a vital framework for transforming education, particularly within the African context. Originating from Southern Africa, Ubuntu has influenced global discourses, resonating with similar philosophies in Asia and Europe, and championed by influential figures such as Nelson Mandela and Desmond Tutu. This study explores how Ubuntu values can enhance teaching, learning, and practice in higher education through a workshop-based engagement with healthcare professionals at a South African Higher Education Institution in Limpopo Province. Using a qualitative approach grounded in Appreciative Inquiry (AI), the study aimed to uncover the potential of Ubuntu in rehumanising education and patient care amid prevailing neoliberal and colonial education systems. A one-day workshop involving thirty-two participants (26 health educators and six facilitators) was conducted, focusing on Ubuntu values in patient care through scenario-based discussions. Participants were purposively sampled from the Faculty of Health Sciences, representing disciplines such as Nursing, Pharmacy, Dietetics, and Optometry. Data were collected through focus group discussions and were analysed thematically using Braun and Clarke's six-step framework in ATLAS.ti. Four major themes emerged, corresponding to the AI phases: Discovery (important values in healthcare), Dream (collaboration and teamwork), Design (overlooked Ubuntu values), and Destiny (values not specific to healthcare). The findings highlight the relevance of Ubuntu in enhancing humanised care and call for the integration of indigenous philosophies into academic curricula. The study advocates for systemic efforts to train educators in Ubuntu values to foster inclusive and culturally grounded higher education.</i></p>
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## Introduction

The **Ubuntu** philosophy—derived from the linguistic and cultural traditions of the Bantu peoples of Southern Africa—is widely Recognised as an African ethical framework centred on relationality, communalism, hospitality, care, and respect. Ubuntu, often encapsulated in the phrase “*umuntu ngumuntu ngabantu*” (a person is a person through other persons), represents a profound articulation of human interconnectedness and social responsibility. As Bolden (2014) emphasises, Ubuntu’s core values elevate the significance of collective well-being, arguing for a humanised existence where individuals thrive through mutual respect and care.

Historically, Ubuntu has played a significant ideological role in post-apartheid South Africa. Leaders such as Desmond Tutu, Nelson Mandela, and Chris Hani used Ubuntu as a foundation for building democratic values and national healing. They framed it as part of the **African Renaissance**, calling for a cultural reawakening grounded in traditional African values (Bolden, 2014). Tutu (in Bolden, 2014) famously described Ubuntu as the “gift that Africa will give to the world,” situating it as not merely a local philosophy but one with global moral resonance. This universal dimension of Ubuntu is affirmed by its conceptual parallels in other cultural traditions, such as *Jen* in Confucian thought, *Loob* in Filipino psychology, and *Obschina* in Russian communal practices. Western philosophers like Emmanuel Levinas and Paul Ricoeur have likewise echoed Ubuntu-like themes, particularly in their explorations of relational ethics and the responsibility to the Other.

Ubuntu is increasingly gaining attention in global higher education as a decolonial and humanising educational framework. According to Binga and Ngibe (2021), despite ongoing challenges faced by African scholars due to neoliberal and recolonising trends in academic institutions, the Ubuntu philosophy fosters resilience, agency, and a renewed sense of academic identity. The authors argue that Ubuntu-oriented pedagogies encourage students to reconnect with Indigenous knowledge and engage with their education in holistic and humanising ways. Academic institutions, through workshops, training sessions, and curriculum reform, are beginning to integrate Ubuntu-informed methodologies into teaching and learning. Ngubane, Makalela, and Ndlovu (2021) further argue that Ubuntu pedagogy can be used as a form of social justice praxis to decolonise South African universities by transforming knowledge systems and dismantling epistemic violence.

This transformation is evident in how Ubuntu is applied in educational technology and curriculum studies. Bekele (2023) contends that Ubuntu, in conjunction with the Islamic concept of *Asabiyya*, supports inclusive and cooperative technology integration in African universities. In contrast to the competitive individualism of Western paradigms, Ubuntu encourages collaboration, empathy, and ethical digital citizenship. Likewise, Hlatshwayo and Shawa (2020) propose the concept of **Ubuntu currere** as a form of curriculum reform that embraces reflexivity, lived experience, and collective voice in reimagining the university classroom. Their work illustrates how Ubuntu can serve as a counter-hegemonic force against colonial curriculum structures by emphasising dialogic engagement and cultural affirmation.

Furthermore, Ubuntu is not only shaping educational content but also contributing to ethical leadership, democratic participation, and civic responsibility. Etieyibo (2017) asserts that Ubuntu is instrumental in fostering democratic values, including human rights, participatory governance, and community-building in alignment with the South African Constitution. Despite these promising developments, Etieyibo also notes the persistence of Eurocentric and colonial educational frameworks in South Africa,

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which continue to obstruct the full incorporation of Ubuntu values into formal curricula. One significant barrier is the lack of Ubuntu-based training for teachers and lecturers, many of whom were educated in systems that excluded Indigenous philosophies.

As Ubuntu becomes a focal point of epistemic resistance and curricular innovation, its relevance in higher education continues to grow. Ali (2020) emphasises the potential of Ubuntu-inspired epistemologies to reshape the foundation of African education systems, particularly in Ethiopia, by rooting them in Indigenous worldviews rather than imported Western models. Similarly, Chingombe and Major (2024) highlight Ubuntu ethics as central to moral development and character education in Southern African pedagogy, arguing for its formal inclusion in educational policy and teacher training.

This article contributes to the growing body of literature that seeks to centre Ubuntu in higher education by investigating how Ubuntu values can transform learning and teaching. Using an appreciative inquiry approach, the study explores Ubuntu-based engagement with healthcare professionals at a South African university. It examines how such engagements can address ongoing challenges in education by fostering inclusivity, critical reflexivity, and a return to ethical, community-centred values.

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## Research Methodology

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The study employed a qualitative design centred around the principles of Appreciative Inquiry. Appreciative Inquiry is a strength-based collaborative approach that seeks to identify and build upon what works well within the group or an organisation. The methodology was chosen to foster a positive dialogue and the collective learning among the health care professionals during the workshop based on the Ubuntu philosophy.

### Study setting

The study was conducted at the selected South African Higher Education Institution in Limpopo Province of South Africa. The HEI is situated in the suburban setting of Mankweng, a large town in the Limpopo Province of South Africa. Its main campus is in Turfloop, which is about 30km east of Polokwane. The institution has a branch campus in Pretoria, which is Medunsa. The institution has a mix of natural surroundings and modern infrastructure. It is a multilingual institution that offers various programs in African languages that are composed of Indigenous African languages, including Northern Sotho (Sepedi), Xitsonga, and Tshivenda. Other languages that are widely used are English, IsiNdebele, isiXhosa, isiZulu, and Sesotho. The university has a student enrolment range from 15000 to 19999 students with the academic staff of 1500-1999 members.

As a result, the Ubuntu booklets with designed scenarios were used to bring in valuable information to health care professionals during the training workshop. The training programme included the Ubuntu Community Model, the Philosophy of Ubuntu that includes all values related to the Ubuntu principles. The workshop was designed for the health care professionals educating them about the best nursing care practices with the infusion of Ubuntu principles.

### Population and sampling.

The study population consisted of a diverse group of health educators who are healthcare professionals, including nurses, optometrists, pharmacists, and dietitians. Participants were selected through purposive sampling to gain insights from individuals directly involved in student education, patient care, and organisational processes. This non-probability sampling approach aimed to gather rich, relevant data on patient care within the spirit of Ubuntu. All participants, drawn from the Faculty of Health Sciences, were enrolled in the workshop and represented departments such as Nursing, Pharmacy, Dietetics and Optometry. The sample of twenty-six participants included both male and female participants and was organised into four focus groups, each comprising of six to seven members.

## Recruitment

Participants were recruited from the selected university of Limpopo Province. The meeting was arranged with the academic staff members from the faculty of health sciences. The academic staff members linked the Ubuntu facilitators with the health care staff members from the department of optometry and the nursing department, who arranged all the recruitment for workshop and linked them to the researchers. Participants were given a thorough explanation with Ubuntu facilitators, sharing information about the study and to secure the informed consent from the study participants. The purpose of the study and the procedures involved were explained to the participants and informed decision making was given to them.

## Data collection

Data collection was done at the selected higher education institution in Limpopo Province. A one-day workshop was conducted with an exploration of health care professionals regarding their experiences on the care of patients using the Ubuntu principles and values. Data was collected by Ubuntu facilitators using focus-group discussions that were conducted using scenarios. The focus group interviews were conducted in the health care science building within the university premises using English as the language of instruction. The questions that were used were guided by the 4-D of Appreciative Inquiry. The 4-D cycle of Appreciative Inquiry (AI) focuses on the Discover, Dream, Design, and Destiny phases. In the discovery phase, participants were asked to share their responses based on the given scenarios and to respond to the questions as outlined in the scenario. In this phase, the health care professionals reflected on their experiences as the providers of care, what had happened, and the forces that made it possible. The purpose of this phase was to identify the strengths and achievements of the group. In the dreaming phase, the following question was asked: “*What would be the best Ubuntu values given to the patient regarding the Ubuntu values?*” Participants were asked to imagine the future of the health care professionals and share the change and growth they wish for the future. They were encouraged to envision new and different functions and share what they saw in terms of purpose, values, ways of working, and the working relationships. In the designing phase, the participants were asked the following question: “*What are your three wishes in order of priority that would make improvements in providing good nursing care to the patient in reality?*.” In this phase, participants were asked to create or design the best nursing care for the patient based on Ubuntu values. In the destiny phase, the participants were asked to share how they would monitor the imagined progress of basic nursing care of patients and sustain it.

A hand diagram was also added to gain more responses regarding the Ubuntu values. Participants signed the written consent forms before the commencement of the workshop. The participants were provided with marking pens and flip charts to respond on the interview questions based on scenarios. During the interviews, researchers were taking field notes and audio recordings, and the voice recorder was only used with the consent of the participants.

## Data analysis

Data were analysed thematically using ATLAS.ti8, following Braun and Clarke’s six-step framework. The researcher led the initial familiarisation process by repeatedly reading the transcripts and field notes. A combination of deductive and inductive coding was applied. Coding was conducted in ATLAS.ti to organise, label and link text segments and memos across transcripts. The researcher team reviewed and refined the emerging themes to ensure interpretive rigour and mitigate bias. The differences in interpretation were addressed through discussion until a consensus was reached. Special attention was given to negative cases to bolster the credibility of the findings. The final themes were thoughtfully defined and named to accurately capture the participants’ experiences and interpretations of the Ubuntu values on nursing care.

## Trustworthiness

Trustworthiness was achieved by using the four criteria of credibility, transferability, dependability, and confirmability. Credibility was maintained when conducting the interviews through prolonged engagement allowing researchers to build rapport with the participants and gain understanding of their positive experiences. Confirmability was maintained through the researchers' use of bracketing their thoughts and ideas to prevent contaminating the findings of the study. Transferability was maintained through purposive sampling to recruit members of the health care professionals. To ensure dependability the researchers had fully described the methodology followed to conduct the study.

## Ethical considerations

The study obtained ethical approval from the University of Pretoria, Research ethics committee approval number: 297/2020 and the participants gave informed consent to participate in this study. The ethical principles used by the researchers were: the principle of beneficence and the principle of justice. The researchers ensured that there was no harm caused to the participants and they were treated with fairness and equality. Participants were informed that they could withdraw at any time if they felt uncomfortable with the research process.

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# Results

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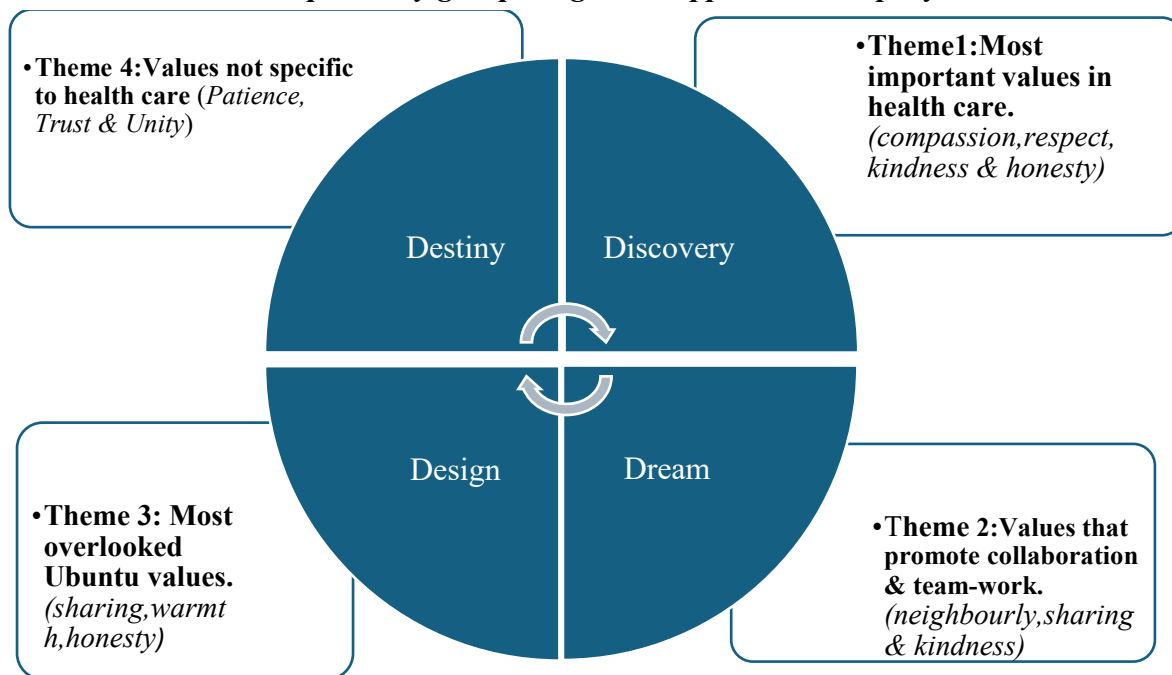
## Demographic characteristics of participants

The results indicate that a total of thirty-two individuals, twenty-six health educators and six facilitators—participated in an activity focused on clarifying the values of Ubuntu. Among these participants, the majority were female (18), while eight were male. This suggests a gender imbalance with greater female representation, which may reflect the gender distribution within the healthcare education field or the specific departments involved. The involvement of both educators and facilitators highlights a collaborative effort in exploring Ubuntu values, potentially enriching the process through diverse perspectives and roles.

## Presentation of themes and sub-themes

From the workshop, four main themes and their corresponding sub-themes emerged, as illustrated in Figure 1. These themes are organised according to the Appreciative Inquiry (AI) framework, which was fully represented in the collected data. The first phase, *Discovery*, is reflected in Theme 1, which highlights the most important values in health care. The *Dream* phase is captured in Theme 2, emphasising values that support collaboration and teamwork. The *Design* phase corresponds to Theme 3, where participants identified Ubuntu values as the most overlooked. Finally, the *Destiny* phase is represented by Themes 4, values not specific to health care.

**Figure 1: Ubuntu values reported by groups aligned to appreciative inquiry.**



### **Theme 1: Most Important Ubuntu Values in Healthcare (Discovery)**

Participants identified several core values which were compassion, respect, kindness, and honesty as fundamental to their understanding of Ubuntu within a healthcare context. These sub-themes were acknowledged and embraced, with participants expressing that they naturally demonstrate these values in their daily care practices. These principles are seen as essential for fostering ethical and relationship-centred care, reflecting Ubuntu’s focus on dignity and shared humanity.

#### ***Sub-themes: Compassion, Respect, Kindness, Honesty***

The values expressed by participants strongly reflect the core principles of *Ubuntu*—the African philosophy encapsulated by the phrase, “*I am because we are.*” This worldview emphasises interconnectedness, mutual respect, and shared humanity, which resonate deeply with the foundations of patient-centred care. In the context of healthcare, these values align closely with ethical practice and the interpersonal dynamics essential to both clinical settings and professional education. Qualities such as compassion and respect highlight emotional intelligence and a deep regard for human dignity—traits that are vital in fostering meaningful relationships between healthcare providers and patients.

The emphasis on relational ethics and the creation of a more humanised healthcare environment suggests that participants already hold these values in high regard. Rather than needing to be introduced, these positive core values should be Recognised, nurtured, and amplified within healthcare systems and training programs. By centring education and care on these principles, we move closer to a model of healthcare that not only treats illness but also honours the shared humanity of all involved. This information was supported by the following quotes.

*“In Recognising the humanity of others, we restore our own. Ubuntu teaches us that care begins not with treatment, but with connection. Compassion and kindness are not just actions; we live them every day and teach our students to do the same. They*

*must treat their patients like family because Ubuntu reminds us that our humanity is shared." Group 1*

*"Compassion and respect are not extras in healthcare—they are evidence of emotional intelligence and the heart of ethical practice." Group 3*

Another group added by reporting that:

*"Respect and honesty build trust with patients. Ubuntu teaches us that healthcare is not just about medicine but about treating people with dignity and integrity." Group 4*

*"A humanised healthcare system does not just save lives; it honours them. The strength of care lies in the strength of our relationships." Group 2*

## **Theme 2: Ubuntu value that promotes collaboration and teamwork (Dream)**

Participants envisioned ideal futures shaped by the Ubuntu philosophy, highlighting key sub-themes such as neighbourliness, sharing, and kindness. They noted that, as healthcare professionals, they have learned the importance of teamwork—sharing ideas and treating colleagues with kindness is seen as essential. These values reflect Ubuntu's role in promoting teamwork and interprofessional collaboration, where healthcare workers share patient information to ensure continuity of care. Furthermore, these values are instilled in students training to become future healthcare professionals, encouraging them to embody Ubuntu principles in their clinical placements and future workplaces. *The sub-themes are presented in Figure 1 above.*

### **Sub-themes: Neighbourly, Sharing, Kindness**

Through the lens of **Appreciative Inquiry (AI)**, specifically the **Dream phase**, which envisions the organisation or team at its best, these values represent strengths that can be harnessed for future development. **Neighbourliness** was redefined from a passive social nicety to an active contributor to group cohesion. Participants associated being neighbourly with mutual respect, informal support, and collaborative effort all key to a high-functioning team. Participants reported that being neighbourly in a healthcare education context as well as in the clinical area involves more than friendliness; it is foundational to respect, support, and teamwork. This was supported by the following quote: *"Neighbourliness is not just about proximity; it's about participation — showing up for one another, sharing responsibility, and building trust through everyday acts of care." Group 3.*

**Sharing** was linked to team cohesion and trust. It reflected not only the exchange of resources or ideas but also a culture of openness and mutual investment. Sharing, in this context, became a symbol of collective responsibility and interdependence. This was supported by this quote; *"Within interprofessional healthcare teams, sharing goes beyond information exchange, it reflects a culture of trust, openness, and mutual respect. It signifies our collective responsibility to one another and to the people we care for, strengthening both collaboration and care outcomes." Group 1 & 2.*

**Kindness** emerged as the emotional anchor of peer support. It was described as a driving force behind positive team dynamics, creating a safe and inclusive environment that encourages vulnerability, empathy, and cooperation. This was supported by this quote; *"In health care, kindness is more than a virtue, it's the emotional anchor of peer support. It fosters trust, invites vulnerability, and transforms teams into safe havens where empathy and cooperation thrive." Group 4.*

## **Theme 3: The most overlooked Ubuntu values (Design)**

The most overlooked values were reported by all the three groups as they were instructed to write this on their middle finger. As shown in Figure 1 above, the design phase of the appreciative inquiry highlighted that the most overlooked values were indicated as sharing, warmth, and honesty. These findings revealed a gap between the values participants aspire to and those currently practiced. In clinical and academic settings, warmth and sharing are often undervalued. To ensure these values are

acknowledged and integrated, planning systems and processes must be developed to support their implementation.

***Sub-themes: Sharing, Warmth, Honesty***

Together, these sub-themes highlight the existence of "silent values" important, yet under-Recognised human elements that contribute significantly to wellbeing and collaboration but are not formally acknowledged or reinforced within systems.

The participants reported that honesty, while recognised as important, is not consistently practiced. This indicates a disconnect between what people value and what is happening in their environments implying potential barriers to open communication or a culture where full transparency may not feel safe or supported. This was supported by the following quote. *"We say we value honesty, but sometimes it feels like telling the full truth could get you in trouble. So, people just keep things to themselves."* Group 4.

*Warmth and sharing emerge as emotionally driven behaviours that support connection and mutual care. However, their presence seems understated or taken for granted, particularly in formal or institutional contexts where emotional expression and reciprocity are often secondary to structure and procedure. "In healthcare settings, warmth and sharing function as emotionally driven behaviours that foster connection and mutual care. Yet, these human elements are frequently underemphasised, often subordinated to institutional structures and procedural priorities."* Group 2.

**Theme 4: Values not specific to health care (Destiny)**

There was a perception among participants that some Ubuntu values were "too general" or lacked practical relevance within healthcare settings. These views could present barriers to embedding Ubuntu into institutional culture unless the values are reinterpreted or contextualised. Participants identified specific values such as Patience, Trust, and Unity as indicated in Figure 1 above. Despite being seen as general, these values are vital to healthcare practice. Trust among healthcare workers fosters reciprocal trust and openness from patients, while Unity is essential for effective collaboration within multidisciplinary teams to deliver high-quality nursing care. As a result, value clarification of Ubuntu principles was necessary during the workshop for health care workers to change their perspectives. The related sub-themes are outlined in Figure 1.

***Sub-themes: Patience, Trust, Unity***

Together, Patience, Trust, and Unity under the theme of Destiny show how individuals rely on timeless human values to cope with uncertainty and meaning making. These values help people frame experiences not just as random events, but as parts of a greater plan, encouraging endurance, faith, and togetherness in the face of life's challenges.

Patience reflects the value of enduring hardship or waiting for outcomes without resistance or frustration. Within the context of destiny, patience is seen as acceptance of the natural flow of events, even when outcomes are uncertain or difficult. Individuals may believe that things happen in their own time, and this mindset allows them to remain calm and composed during adversity. This was supported by the following quote from two groups:

*"Patience is not the absence of action, but the presence of trust—trust that in the quiet unfolding of time, destiny is shaping a path far greater than we can yet see."*  
Group 2 & 1.

Trust, in this context, often relates to a higher power, fate, or the belief that life unfolds according to a predetermined plan. It reflects the value of surrendering control and having faith in something beyond

oneself. This trust supports emotional resilience, as people believe that whatever happens, good or bad, is meant to be.

*"In healthcare, trust is not only placed in science and skill, but also in the unseen, a quiet faith that every outcome, whether healing or hardship, is part of a greater design. This belief sustains emotional resilience and helps patients and providers alike find peace in uncertainty." Group 2.*

Unity highlights the importance of connection with other health care workers, although this value is widely used and applies in other sectors, including family, community, or humanity in facing shared destinies. It reflects values of solidarity and collective strength. Through unity, our patients develop trust in us, as they will see that we are speaking with one voice when we care for them. Individuals may find comfort in shared experiences and feel supported in the belief that they are not alone in navigating life's path. In their presentation, group one reported that:

*"Unity among health care workers fosters trust in patients, who see strength and compassion when we speak with one voice." Group 1.*

Group 3 concurred and added that unity is also required in the community as it brings comfort to those who shared similar are challenges.

*"In both care and community, unity offers comfort—reminding us that through shared experiences, no one walks alone." Group 3.*

## Discussion

The findings from the Appreciative Inquiry (AI) workshop reveal a rich tapestry of Ubuntu values that healthcare professionals both embody and aspire to integrate more fully into their practice. These value; compassion, respect, kindness, honesty, sharing, warmth, trust, and unity are not only culturally resonant but also essential for ethical, collaborative, and human-centred healthcare (Behavioral Scientist, n.d.; Helpful Professor, 2023; PsychologyFor.com, n.d.)

The Discovery phase highlighted that values such as compassion, respect, and honesty are already deeply embedded in participants' professional identities (Curtis, 2014; Sinclair et al., 2016). These values align with Ubuntu's emphasis on shared humanity and relational ethics, reinforcing the idea that ethical care is not merely procedural but deeply interpersonal. Nyandeni et al. (2024) found that Ubuntu-based maternal and child health projects in South Africa enhanced solidarity and ethical engagement among healthcare workers, leading to improved health outcomes.

In the Dream phase, participants envisioned a healthcare environment where neighbourliness, sharing, and kindness is central to teamwork. These values were not abstract ideals but practical tools for fostering collaboration and psychological safety. Udah et al. (2025) argue that Ubuntu's relationality and collective responsibility can transform professional cultures by promoting inclusivity and communal accountability. Kindness was described as the emotional anchor (Macklin et al., 2024) of peer support, creating a safe and inclusive environment that encourages vulnerability and empathy, key ingredients for effective interprofessional collaboration.

The Design phase revealed a disconnect between aspirational values and institutional realities. Values such as warmth, honesty, and sharing, though recognised as important were often under-practiced due to systemic constraints. Participants' hesitation to practice honesty due to fear of reprisal suggests a need for safer, more transparent communication cultures. This aligns with critiques of healthcare systems that prioritise efficiency over empathy, often sidelining the emotional labour (Sinclair et al., 2016) essential to caregiving.

Themes 4 emerging from the Destiny phase, revealed that values like trust, patience, and unity were perceived as either less relevant or too general for healthcare. However, rather than being genuinely irrelevant, this impression can result from a lack of contextual framing. For example, trust is fundamental to interprofessional collaboration as well as patient-provider interactions (Curtis, 2014). When appropriately framed, the Ubuntu concept can assist in redefining these ideals as crucial elements of resilience, cohesiveness, and long-term care results.

### **Implications for Health care Practice**

To effectively incorporate Ubuntu principles into healthcare, several key areas must be addressed. First, curriculum development should embed Ubuntu values into training programs by emphasising relational ethics, emotional intelligence, and community engagement. Second, healthcare institutions need to cultivate organisational cultures where honesty, warmth, and sharing are not only encouraged but also structurally supported. Third, leadership and policymaking should reflect Ubuntu values, with healthcare leaders modelling these principles in their daily interactions and decisions. Fourth, Ubuntu can provide a cohesive framework for fostering interprofessional collaboration among diverse healthcare teams. Lastly, Ubuntu's focus on interconnectedness naturally aligns with and strengthens community-based care models, making it a powerful foundation for meaningful community engagement.

### **Conclusion**

This study affirms that Ubuntu values are not only culturally resonant but also essential for ethical, collaborative, and human-centred healthcare. Through the Appreciative Inquiry framework, participants were able to articulate both the strengths and gaps in their current practice, offering a roadmap for future development. The findings suggest that Ubuntu is not merely a philosophical ideal but a practical guide for transforming healthcare systems into more compassionate, inclusive, and resilient spaces.

### **Recommendations**

To promote a more compassionate and culturally grounded healthcare system, several strategic actions should be implemented. Health curricula should integrate Ubuntu by developing modules that explicitly teach its values through case studies, simulations, and reflective exercises. Institutions should institutionalise Appreciative Inquiry (AI) as a routine tool for team development, policy review, and organisational learning. Safe communication channels, such as anonymous feedback systems and peer support groups, must be established to foster honesty and emotional expression. Recognising the importance of emotional labour is essential, and this can be achieved by including emotional intelligence and relational care in performance evaluations and reward systems. Finally, healthcare interventions should be co-designed with community members to ensure cultural relevance, strengthen trust, and promote long-term sustainability.

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### **Author contribution**

P wrote the introduction, KJ wrote the methodology, TI wrote the layout of the manuscript, wrote the findings, J wrote the discussions, TI and KJ wrote the abstract, FM and RT wrote and revised the findings and discussion. All authors reviewed the manuscript.

### **Declaration of conflict of interest**

The authors declare no competing interests.

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### **Ethical approval and informed consent statement**

The research involving human participants in this study was undertaken in accordance with the 1964 Declaration of Helsinki. Participants were informed about the study and were asked to participate. Written consent forms were provided by participants prior to participation in the study. All participants signed informed consent for participation in the study. Ethics approval was obtained from the University of Pretoria, Research Ethics Committee Number: 297/2020.

### **Data availability**

Derived data supporting the findings of this study are available from the first author, TIR on request.

### **Disclaimer**

The views and opinions expressed in this paper are those of the participants and are the product of the workshop. It does not necessarily reflect the official policy or position of any affiliated institution, funder, agency, or of the publisher. The authors are responsible for this paper's results, findings, and content.

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