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Development, implementation, evaluation and validation of a haemophilia nurses’ education program in South Africa

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Chapter 4

Epistemological, Theoretical, Conceptual

and Methodological Considerations

4.1 Introduction

This chapter discusses the epistemological position in which the research is located. Next, theoretical and conceptual frameworks pertinent to the research are considered. Whereas, theoretical frameworks are supported by known theories germane to specific research, conceptual frameworks connect the concepts that could be related but have not been tested (Borbasi, Jackson, & Langford, 2008). The literature reveals that some researchers discuss theoretical and conceptual frameworks as interchangeable, while others treat them differentially (Polit & Beck, 2010). In the present research, the two are considered independently but with the understanding that they are nevertheless connected by the aims of the study.

4.2 Epistemological position

Epistemology is “the study of knowledge and justified belief” related to “creation and dissemination of knowledge in particular areas of inquiry” (Stanford Encyclopaedia of Philosophy, 2005). Crotty (1998) defined epistemology succinctly as “a way of understanding and explaining how we know what we know” (p. 8). The epistemological position adopted in the present study is one of constructionism. In the constructionist view, meaning is not so much discovered as created. As Crotty (1998) pointed out, “meanings are constructed by human beings as they engage with the world they are interpreting” (p. 43). The world is constructed by humans as they interact with it and develop an individual
understanding of what they perceive. Such a perspective finds its genesis in the work of Jean Piaget (1936; 1957) who coined the term “accommodation” for this process of devising personal “schemas” of reality. Constructionism is subjective in nature and is thus congruent with the qualitative approach to research. Accordingly, the researcher endeavours to be closely aligned with the participants so that the data collected is based on individual understandings. It is essential therefore that the study is conducted close to where the participants live and work so that the context of the data can be closely scrutinised.

4.2.1 Phenomenological perspectives.

Phenomenology was originally considered a philosophy until the German philosopher Husserl introduced modern-day phenomenology, which studied the lived experience of people. Such a perspective was seen as an alternative approach to positivism and the world of science. Whitehead (2007) described Husserl’s phenomenology in the following way that humans “were subjects in the world of objects and that phenomenology was the study of the consciousness of those objects” (p. 109). Whitehead (2007) further described Husserl’s contributions: He introduced the methodical analysis of consciousness and objects by advocating the detachment of moods, thoughts, memories and emotions from the the conscious awareness of objects, known as “bracketing”. Husserl aimed to reach an understanding about intuition and judgement to arrive at the truth or the “essence” of things that define the consciousness of humans (Whitehead, 2007). This approach is known as descriptive phenomenology, essentially asking the question “what do we know…?” (Polit & Beck, 2010, p. 268). In the present research, and as Bednall (2006) advised following the interpretive phenomenological analysis imperative, the researcher was aware that she needed to “bracket” or “suspend” her own experience so as not to compromise data objectivity.
Heidegger disagreed with Husserl about the association between objects and consciousness and thus helped to found the alternative branch of phenomenology. Known as interpretive phenomenology, it is based on an ontological approach which seeks the nature and meaning of “what is being….in the world” (Polit & Beck, 2010, p. 268). Heidegger believed it was important to study the human experience in the context in which people exist and the conditions necessary for them being in their worlds, stressing understanding and interpretation of the data rather than merely describing it. Heidegger held the view that people are aware of their own existence and questioned what it means to be them in their world. This is related to the individual’s concept of self and correlates to a wider context of their community and world, namely, people can reflect on their different worlds and make comparisons to those around them (Whitehead, 2007). The Heideggerian approach is a close parallel to the philosophical requirements of the evaluation of the HNEP where the phenomenon to be studied (haemophilia) could be seen as “subspecialty education” for nurses in situ in developing countries. The researcher is interested in the experiences of nurses who participated in the HNEP and who are using the knowledge learned to manage PWH (“what is being”) in their workplace (“in their world”). Heideggerian phenomenology affords a means of research which centres on the individual and the context in which they are placed.

Mackey (2004), a nurse educator, indicates that phenomenology is not only a methodological framework that is frequently used in nursing research but as previously discussed, a philosophy with epistemological and ontological branches. As Cresswell (2013) pointed out, there is a requirement for researchers to discuss the concepts and methodological processes underpinned by the philosophy. Mackey’s discourse addresses this topic in the context of nursing research using Heidegger’s interpretive phenomenology,
which consists of four concepts: Being-in-the-world; Fore-structures; Time; and Space. These are considered in what follows.

Being in-the-world was a term Heidegger used to highlight that the object and subject were indivisible and that humans cannot exist unless they are situated within an embracing world. Heidegger (1996/1962) believed that the most important way of being-in-the-world was an awareness of oneself, by exploring one’s own existence which he called “dasein” (p. 143). Mackey (2004) suggested that phenomenological nurse researchers using Heideggian’s approach need to involve both descriptive and interpretive writing. Descriptive writing is employed to relate the description of the participant’s experience of the phenomenon and interpretive writing is used to describe the researcher’s interpretation of these experiences, including identifying themes within the data. The researcher in the present research was aware that while gathering data from the HNEP participants, there was a risk of simply describing the data, and that an interpretation of the these descriptions needed to be undertaken to identify common experiences and feelings from the RNs.

Fore-structures refers to the interpretation already in existence of the phenomenon and recognises that interpretation requires articulation. Mackey (2004) cites van Manen (1990) who suggested a methodological technique of applying heurisnencical phenomenological writing. By utilising a circular activity of writing and re-writing the researcher can clarify and reflect upon the writing, thus arriving at a more profound understanding of the phenomenon. In this regard, the researcher was aware that there was a tendency to assume that the findings would reflect what was already known about nurse education. However, the context of the HNEP that is, situated in a developing country, and the absence of literature about requirements for a haemophilia nurse education program to use as a benchmark, ensured that there were few preconceptions about the topic.
Time is a basic configuration of human existence and according to Mackey (2004), Heidegger’s phenomenology of understanding, through interpretation, cannot be arrived at without taking into account the importance of time. Heidegger referred to the awareness of time by experiencing being in time, which he called temporality. Temporality allows the convergence of past, present and future which become one entity, thus the experience of the past, aligns with the experience of the present and will be experienced in the future. This understanding is important to the nurse researcher as the participant’s descriptions of their experience of the phenomenon places them in the world situation including in the context of time. Accordingly, the researcher needed to take into account how the experience of the phenomenon has impacted on the participant in the past, present and in the future. In this study, the researcher explored the past experiences of the participants’ experience with PWH, inquired about the present experiences and asked about how they see the future.

Space is the fourth component of Heidegger’s hermeneutic phenomenology. By being-in-the-world, the participant is not only established in time but in space, or a setting, because everything has its place in the world (Heidegger, 1962; Mackey, 2004). To Heidegger, the spatial component meant the concerns and cares of an individual in their world, thus illuminating their state of being in the world. By interpreting, analysing and reflecting on the participant’s care and concern about the phenomenon, the researcher connects the phenomenological method and philosophy of phenomenology. Phenomenology facilitates acceptance of human experience as a legitimate source of knowledge and is suitable to nursing research due to its alignment with nursing ideals. In the case of the HNEP, the RNs were experienced nurses who were able to apply their skills of compassion for the patient to understanding and empathy for the PWH once they understood the problems haemophilia caused. Heidegger’s phenomenology helps to reveal the multifaceted aspects of the human experience in context. By conducting the research for
Part One in SA, the researcher explored the experiences of the participants in the setting of their own country.

More recently, and in line with previous understandings, Crotty (1998) advanced the following definition of phenomenology.

Phenomenology suggests that if we lay aside, as best can, the prevailing understandings of … phenomena and revisit our immediate experience of them, possibilities for new meaning emerge for us or we witness at least an authentication and enhancement of former meaning (p.78).

As Crotty emphasises above, insights gained from study of the topic are used to interpret the experience and inform future action. In the present study, the researcher is interested in the values and beliefs that the nurses who participated in the HNEP have about the health of PWH, and whether they believe that they contribute to positive health outcomes.

Phenomenology is one of the most common research approaches used by nurses and recognizes the influence of the phenomenon rather than making assumptions about the phenomena as in quantitative research. Phenomenology is congruent with nursing research because it allows questions that are important to nurses and reflects values and beliefs that are compatible with the nursing profession (Whitehead, 2007). It facilitates an understanding of an individual’s experience in a holistic manner and helps to understand phenomena that do not align well with quantifying, controlling or comparison (Whitehead, 2007). Phenomenology, has been chosen as best hermeneutical approach suited to Part One of the study as it most accurately reflects the views of the RNs and their opinions about the effectiveness of the HNEP in their workplace.
4.2.2 Interpretivism and pragmatism.

The interpretive model has its basis in the human sciences such as history, philosophy and anthropology. Holloway and Wheeler (2013) describe interpretivism as being linked to Weber’s “Verstehen” concept which means understanding something in its context, that is, embracing reflective construction and interpretation of the behaviours of those under study. Crotty (1998) stated that interpretivism was developed in contrast to positivism (quantitative research) to help understand “human and social reality” (p. 66). Interpretivism looks for “culturally-derived and historically situated interpretations of the social life-world” (Crotty, 1998, p. 66).

The philosophical position of pragmatism was adopted for research into Part Two of the present study. Creswell and Plano Clark (2011) considered that pragmatism stresses the importance of the research questions, the value of experiences and outcomes, and the appreciation of phenomena. Pragmatism seeks inspiration from many sources, appreciating both objective and subjective viewpoints and adopting “what works” (Cresswell & Plano Clark, 2011, p. 43). This approach can be implemented by using mixed methods research. Cresswell and Plano Clark agree with Teddlie and Tashakkori (2011) that a pragmatic approach aligns well with a mixed methods research. The present research effects a pragmatic emphasis within a mixed method approach. Contextually, the researcher was familiar to the nurses interviewed because she had acted as an instructor when the RNs participated in the HNEP and as a nurse herself, held similar values to the participants.

Qualitative research in nursing is premised on the values of compassion; respect for the dignity of the individual and humankind; truth and integrity; a preference for dealing with words rather than numbers; a belief in effective communication; a strong belief that nursing is a honourable profession; a robust conviction that caring for the carer takes the
profession of nursing to a higher dimension; and a belief that education is a respectful and effective way to help others as well as oneself. Such convictions align well with those of the researcher who also has an interest in the culture of other races and ethnic groups and identifying how similarities and differences are expressed and influenced by context. The researcher lived in Papua New Guinea for almost a decade and has visited countries in South-East Asia, Sub-Saharan Africa, Western Europe and North America, thus experiencing a variety of cultures and ways of living. Fifteen visits to SA over as many years to contribute to, and participate in the HNEP, gave the researcher insights into the country of SA, particularly its challenges, cultures and diversity.

4.3 Theoretical framework

Four theoretical viewpoints were selected to guide the study. Two theories are nursing theories based on the concept of “caring”: Leininger’s Culture Care Theory and Watson’s Theory of Caring. Knowles’ Adult Education Theory is the third theory adopted and the fourth theory is an evaluation theory borrowed from business and commerce known as Kirkpatrick’s Four Levels of Evaluation. These four theories were harnessed to assist with the intricacy of describing and explaining nursing education in a society of eleven languages and of various cultures. These are now discussed in detail.

4.3.1 Leininger’s Cultural Care Theory.

As far as the researcher could ascertain, Leininger’s Theory of Culture Care is the only nursing theory based in culture. Leininger recognised that recurring behavioural patterns in children were based in culture and saw a lack of cultural knowledge as the missing link which prevented holistic care to patients to enable compliance, healing and well-being. Leininger (1997) asserted that culture means “the lifeways of an individual or
group with references to values, beliefs, norms, patterns and practices” (p. 95) and further 
maintained that culture is learnt by group members and transmitted to other group members 
or transferred from generation to generation. She held the view that traditional 
characterisations of culture usually include shared values, beliefs, ethno-history, language 
and behaviours which in turn govern values and actions of its members in a considered 
manner. Law and John (2012) agreed, but argued that transcultural nursing theory can be 
applied to cultures beyond the narrow view of ethnicity.

Leininger, a RN who also held a PhD in cultural and social anthropology, identified 
several areas of commonality between nursing and anthropology. From this identification, 
Leininger developed concepts, a theory and practices suitable in transcultural nursing 
(1994). A follow-up book (1995) paved the way for transcultural nursing in practice. Figure 
4.1 presents Leininger’s Cultural Care (Sunrise) model, which evolved from her research.
It can be seen from the Culture Care model, which Leininger labelled an “enabler” (2002, p. 92), that the diagrammatic form resembles a sunrise. The social and cultural dimensions contain seven elements that influence the delivery of holistic health, illness and dying. The focus is on individuals, families, groups, communities and institutions. There are complex issues associated with the variety of cultures in SA, for example, the vast differences between Zulu and Africaans. By recognising this diversity, the developers of
the HNEP acknowledged that haemophilia nursing interventions are likely to be more effective if the complexities of cultural values are taken into account. The Theory of Cultural Care guided the structure and development of the HNEP curriculum, which was aimed at maximising learning. The researcher was specifically interested in the three circles located at the base of the diagram describing how transcultural decisions and actions in health are made: generic care, nursing care practices and professional care-cure practices (Leininger, 2002). The researcher recognised that for the HNEP to be successful, receptivity on the part of the PWH, appropriate nursing care, and cooperation from medical staff were essential.

Leininger’s understandings became the basis for the phenomenon of transcultural nursing and the development of the Theory of Cultual Care: Diversity and Universality (Sitzman, Wright & Eichelburger, 2011). Leininger (1995) defined transcultural nursing as:

a substantive area of study and practice focused on comparative cultural care (caring) values, beliefs, and practices of individuals or groups of similar or different cultures with the goal of providing culture-specific and universal nursing practices in promoting health or well-being or to help people face unfavourable human conditions, illness or death in culturally meaningful ways (p. 58).

The theory resides within the qualitative paradigm and is based on the following assumptions:

1. Nursing is based within the concept of “caring”;
2. Caring is an essential component of nursing, therefore there can be no “curing” without caring;
3. Nursing is a transcultural and scientific discipline whose purpose is to serve all of humankind;
4. Every culture has generic care knowledge and practices;
5. Culturally harmonious nursing care can only be applied when the nurse is sensitive to cultural values as these apply to the individual patient;

6. Patients who encounter nursing care that ignores their cultural beliefs may become stressed and noncompliant. (Welch, Alexander, Beagle, et. al., 2011).

The assumptions underpinning the Culture Care theory are relevant to the present study because of the wide variety of cultures existant in SA, all with specific behaviours pertaining to healthcare, illness and dying. Therefore, when developing the HNEP, the teachers were required to take into account several barriers which impact on the delivery of haemophilia care. Firstly, the isolation of some PWH, both geographical and with regard to telecommunication. Secondly, the two-tier health system operating in SA where the majority of individuals are from poor socio-economic groups who are not well-serviced; and thirdly, illiteracy in some populations in SA requiring alternate means of communication other than the written word.

4.3.2 Watson’s Theory of Human Caring.

First published in 1979, Watson’s Theory of Human Caring continues to evolve to remain relevant to the changes in society and healthcare. Watson believes caring is the essence of nursing practice and is related to moral behaviour rather than a task-oriented act; with the goal of safeguarding human dignity and compassion in healthcare. Watson supports nursing education that draws upon the humanities and sciences to present a human caring process between nurse and patient which surpasses time and space and encompasses spiritual elements (Cara, 2003). Watson’s Theory of Human Caring shares commonality with Leininger’s Culture Care Theory, so providing the researcher with increased awareness of the learner in the particular context of the research.

Watson’s theory of the caring process between nurse and patient accentuates the encounter for both parties in recognising the mind-body-spirit connection (Cara, 2003).
significant feature of Watson’s model is the emphasis on the competencies of caritas (Lt. Christian love of humankind). Her insights have been succinctly summarised by Wagner (2010) and are presented in Table 4.1. The Table shows how humanistic-altruistic values interface with the instillation of hope to result in a nurse-patient encounter which operates at an essential level of understanding regarding what it means to be human. The Table then provides examples of behaviours, or what Watson terms “caritas literacy competencies”, for facilitating the relationship between the nurse and the patient.
### Table 4.1 Evolution of Jean Watson’s Carative Factors/Caritas Processes Over Time.

|-------------------------------|--------------------------------|---------------------------------|
| **Formation of humanistic-altruistic system of values** | Practicing loving-kindness and equanimity within context of caring consciousness.  
Wording of other systems using Watson’s theory: Embrace altruistic values and practice loving kindness with self and others.  
Practice acts of kindness. ([Hebrew Rehabilitation Center](HRC)) | **My respect for this patient (others) allows me to be available to him/her:**  
- Opens to connectedness with self, others, environment, universe;  
- Models self-care and caring for others.  
- Validates uniqueness of self and others.  
- Acknowledges acts of kindness.  
- Honors own and others’ gifts and talents.  
- Recognizes vulnerabilities in self and others.  
- Treats self and others with loving kindness.  
- Listens respectively with genuine concern to others.  
- Accepts self and others as they are.  
- Demonstrates respect for self and others.  
- Listens to others.  
- Treats others with kindness.  
- Pays attention to others.  
- Respects others.  
- Honors human dignity of self and others. |
| **Instillation of faith-hope** | Being authentically present and enabling and sustaining the deep belief system of self and one being cared for.  
Wording of other systems using Watson’s theory: Insist faith and hope and honor others  
Instill trust and hope by being available to meet the needs of others. ([HRC]) | **By listening, I was able to honor this patient’s (other’s) belief system and enable him/her to feel his/her own sense of faith/hope:**  
- Creates opportunity for silence/reflection/pause.  
- Promotes intentional human connection with others.  
- Views life as a mystery to be explored rather than a problem to be solved.  
- Able to release control to a higher power.  
- Interacts with caring arts and sciences to promote healing and wholeness.  
- Incorporates other’s values, beliefs, and what is meaningful and important to them into care plan.  
- Utilizes appropriate eye contact and touch.  
- Calls others by their preferred name.  
- Helps others to believe in themselves.  
- Learns about and supports others’ beliefs.  
- Supports others’ sense of hope.  
- Encourages others in their ability to go on with life.  
- Views person as human being and not object. |

Wade and Kasper (2004) wrote that when student nurses’ educational experience is set in a caring environment they learn a professional way of being which parallels the nurse-patient relationship. Following a meta-analysis of 130 studies of caring in nursing students, Swanson (1999) determined that their caring demonstrated heightened clinical discernment,
an increase in skills and knowledge, an increase in empathy and a love of nursing. By infusing “caring” into the management of PWH through education, the HNEP teachers demonstrated the carative concept of caring to the participating nurses.

4.3.3 Knowles’ Adult Education theory.

Knowles’ Adult Education theory (1975, 1980) argues that adults learn differently to children and suggests that adult learners prefer to be self-directed in their learning. Knowles’ theory is compatible with health education and has been used as a framework for teaching nurses, patients and other health professionals (Bastable, 2008). The participants involved in this present study were adult learners and came from a variety of work settings, bringing with them a diversity of nursing experience and skills. Adult learning theory is a good fit for this study as the RNs are all adults and participating voluntarily in a sub-specialty nursing program that enables their thinking to be challenged with regard to how PWH is managed. Accordingly, Knowles’ adult learning theory was used to guide the methodology and teaching strategies utilised to develop the HNEP.

Knowles was mindful of the fact that there are two major divisions in education studies, namely, the education of children (pedagogy) and the education of adults (andragogy). As the present study is concerned with educating adults, andragogy is of greatest significance. Androgogy has already been considered (Section 3.8.3) and repetition here is not warranted. Suffice it to reiterate that Knowles’ (1990) theory finds its basis in the following assumptions:

1. learner independence and self-direction;
2. the influence of life experiences;
3. benefits of and consequences of not undertaking the learning;
4. learner readiness to participate;
5. content relevance; and
6. personal motivation.

Knowles based his assumptions on the belief that adult learners are independent, self-motivated, have experience and are most interested in solving problems. He therefore appreciated that adult learners were capable of setting goals, choosing how to learn, searching out resources and appraising their own progress. Being mindful of this premise, it was deemed appropriate to include a wide variety of teaching strategies and resources in the creation and implementation of the HNEP.

4.3.4 Kirkpatrick’s Four Levels of Evaluation.

Kirkpatrick’s Four Levels of Evaluation was first presented in the late 1950s and has continued to evolve and provide educators and trainers in many disciplines with a means of evaluating the effectiveness of programs (Kirkpatrick, 1975; McCallum, Curran-Smith, Wojnar, & Williamson, 2002; Menix, 2007; Yardley & Dornan, 2012). Kirkpatrick’s Four Levels of Evaluation was selected to evaluate the effect of the HNEP on the participants as the theory has been successfully used to evaluate related healthcare education programs (McCallum, Curran-Smith, Wojnar & Williamson, 2002; Sandhusen, Rusynko & Wethington, 2004; Yardley & Dornan, 2012). The four levels of the Kirkpatrick model include:

1. Satisfaction: which assesses the students’ opinions of the course immediately upon completion;
2. Learning: encompassing an increase in knowledge and skills and change of perceptions;
3. Behaviour: which identifies how the education/training has changed the performance of the student in the workplace;
4. Results: which express how the education/training has impacted on the organisation or department.
Return on Investment (ROI) is a fifth level proposed by Phillips (2003), which assesses the cost/benefit of training undertaken and supported by the company or organisation. In recent years Kirkpatrick (2009) adopted a similar fifth level which he named ROE (Return on Expectations).

Level 1, Satisfaction, pertains to past evaluation responses from participants who attended previous HNEPs. These comments were used by the lecturers to help decide which components of the program should be retained and which should be modified or discarded. Level 2, Learning was assessed by the results of tests which are held at the end of each HNEP to assess whether learning has taken place. Level 3, Behaviour, was assessed in this study by analysing the data collected in the focus groups and interviews which asked the nurses how their behaviour has changed when caring for PWH. Level 4, Results, which measures the effect on the organisation, has been included to provide a more complete picture of the model. Although the impact of the HNEP on an organisation was not assessed in this study, it may be of prospective benefit to others wishing to build on the present research. Level 5, ROI, assesses the financial metric of the programme against the benefit of the programme. There were no financial figures to include in the study but non-financial benefits have been identified. These are known as “intangibles” or “soft benefits” and cannot be converted to financial figures (Phillips & Phillips, 2009). Some examples of ROI of the HNEP include impact on patient care and job satisfaction. The overall model, as described, is presented in Figure 4.2.
Figure 4.7 Kirkpatrick’s Four Levels of Evaluation + Return on Investment.

4.3.5 Theoretical framework summarised.

Knowles’ Adult Learning Theory, Leininger’s Culture Care Theory, Watson’s Caring Theory and Kirkpatrick’s Four Levels of Evaluation + ROI guided the framework for this study. The four theories provided the researcher with pathways to encompass teaching strategies suitable for the South African cultural context, utilising caring strategies to demonstrate the act of caring in nursing, respecting the preferred learning of adults and
evaluating the programme in such a way that it would be useful for others to emulate. How the theoretical framework is envisaged, based on the four models identified, is presented in

![Theoretical framework for the HNEP](image)

*Figure 4.8 Theoretical framework for the HNEP.*

### 4.4 Conceptual framework and the HNEP

Concepts and correlations that have been substantiated by research can be the basis for the development of theory, which in turn must be tested by additional research. As such, concepts and theory inform any research. Concepts frame the research, theory guides it, and research in turn evaluates the theory and provides grounds for the development of new theories, thus broadening the scope of the research (Borbasi, Jackson, Langford, 2008, Polit and Beck, 2010).

Nurse educators and researchers such as LoBiondo-Wood and Haber (2006) classify a conceptual framework as a set of concepts which are the important elements of a theory and express the abstract ideas within the theory. The conceptual framework is unique to each study and plays a fundamental role in establishing the relationship between the various
components under investigation (Punch, 2005) and specifies the design and organisation of the study. A conceptual framework, usually displayed as a diagram known as a conceptual model, is a depiction of the main concepts of the study. Such a model, considered suitable within the context of action research method utilised in the present research, has been developed by McNiff, Lomax and Whitehead (2002) and is presented as Figure 4.3.

![Figure 4.9 HNEP conceptual framework. After McNiff, Lomax and Whitehead (2002).](image)

The conceptual framework complements mixed methods research well. The initial task conceptually is to be aware that there is a problem. McNiff (2002) asks these questions which could be posed as “what am I concerned about?”, “can I improve the area of concern?” and “what can I do about it?”. These were questions that the three South African
haemophilia coordinators asked themselves when regularly confronted with preventable deaths and poor outcomes after bleeding events in PWH. Their knowledge of haemophilia management made them aware that simple, timely interventions during a haemophilia bleeding event could save a limb or even a life. The realisation dawned that by educating nurses about haemophilia management, the incidence and severity of bleeding events could be reduced. This was the stage at which the researcher was invited to participate in the creation of the teaching program, now known as the HNEP.

The next stage of the cycle was to fact-find. Although there existed a database of PWH in SA, it was unreliable and the nurse coordinators were forced to rely on anecdotal evidence to support their ambitious teaching program. The researcher undertook an extensive literature review seeking information about nursing education programs which explained the recognition (diagnosis) and management of PWH. Unfortunately, as there was a paucity of information that advised nurses specifically about haemophilia, it quickly became obvious that the four experienced nurses initiating the research would need to design and write the curriculum for the HNEP. Other aspects to be organised such as advertising, recruitment, selection of venue and catering were undertaken by the SA nurses while the researcher returned to Australia to write the HNEP lectures.

Upon completion of the curriculum, the HNEP was rolled out to the first group of RNs. At the end of the first course, participants’ perspectives were sought regarding the usefulness and potential efficacy of the curriculum. From this point the course was regularly, albeit informally, monitored and evaluated, with adjustments being made on the basis of feedback received. These survey evaluations and one-to-one interviews, where practicable, were retained. It was at this point and in line with points 4-7 of the conceptual framework, that it was decided to engage in a more formal evaluation to test the robustness
of the HNEP and to provide it with greater overall credence. To add further weight to the process, seven expert nurse educators who had experience in teaching nurses in developing countries, were asked to evaluate the existing HNEP curriculum.

4.5 Methodology

The methodology chosen for the study is that of action research supported by mixed methods. In action research, the emphasis is on the circular nature of the action (termed “action steps” in Fig 4.3) that could be repeatedly applied until a satisfactory solution is obtained (Holloway, 2008). Developed mainly by academicians in education, action research has also been utilised in management and organisational studies and social and healthcare research (McNiff, 2002). Webb, Turton and Pontin (1998) suggested that action research should be viewed as an approach to research that can incorporate a variety of methodologies. This is the case in the present study where focus groups, one-on-one interviews, and questionnaires were employed to gather data. Grundy and Kemmis (1981) saw action research in education as a sequence of activities that can be applied to curriculum development, improvement of school programs and systems planning. Burns (1990) suggested that there are four basic features of action research, these are:

- Situational: the problem is recognised and attempts to solve it are within the specific setting;
- Collaborative: the researchers and the practitioners work together to solve the problem;
- Participatory: as team, members participate in the implementation of the research;
- Self-evaluative: modifications are evaluated continuously.

In nursing, the immediate aim of action research is to change practice, if necessary, by assessing the data and acting on the findings of research to modify processes. The ultimate aim of action research in nursing is to assist patients to improve their circumstances.
and to augment practice in context (Holloway, 2008). Accordingly, action research was an appropriate methodology for the evaluation of the HNEP, as it aligns very well with the conceptual thrust of the present study.

The traditional approach of action research methodology is most strongly applicable in the initial action steps, being the creation and implementation of the HNEP prior to the decision to undertake the study. Nonetheless, action research methodology remained relevant as an approach during the action steps of evaluation, monitoring by experts, revision to curriculum and reflection on future possibilities (Figure 4.4).

4.6 Chapter summary

The epistemological, theoretical, conceptual and methodological aspects of the study have been considered in this chapter. The introduction describes the differences between the theoretical and constructual frameworks and how they are applied. The epistemological position is constructionism which aligns with qualitative research. Part One and Part Two are supported by phenomenology and interpretivism and Part Three by pragmatism. Pragmatism is linked to mixed methods research which values both qualitative and quantitative methods to undertake research. The theoretical framework combines the following theories: Leininger’s Cultural Care Theory; Jean Watson’s Theory of Caring; Knowles’ Adult Education Theory; and Kirkpatrick’s Four Levels of Evaluation to guide the study. To establish the relationship between the components being studied and to guide the organisation of the study, the conceptual framework utilises the methodologies of action research for Part One and Part Two and mixed methods for Part Three. The next chapter describes the study design and how that design was applied to research into the HNEP. The research questions to be addressed are presented and the method used to collect and analyse the data explained.