

Title:
Evidence of Transformation Process

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Session Title:
A Transformative Vision for Health: Promoting Nursing Colleges
Slot:
D 08: Friday, 28 July 2017: 10:45 AM-12:00 PM
Scheduled Time:
11:25 AM

Keywords:
Assessment Strategies, Health Promotion and Standards of Practice

References:
Brito, I. & Mendes, F. (2009). PEER-IESS. Instituições de ensino superior salutogénicas. Retrieved from: http://www.esenfc.pt/site/?module=esenfc&target=outreach-projects&id_projeto=236&id_ps=9&tipo=APS

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Marchand, P. & Ratinaud, P. (2012). L'analyse de similitude appliquée aux corpus textuelles: les primaires socialistes pour l'élection présidentielle française. In: Actes des 11eme Journées Internationnelles d'Analyse Statistique des Données Textuelles. JADT 2012, p. 687-699

American College Health Association (2012). Standards of Practice for Health Promotion in Higher Education. (3th ed.), Hannover. Retrieved from:

http://www.acha.org/publications/docs/Standards_of_Practice_for_Health_Promotion_in_Higher_Education_May2012.pdf

Springett, J. & Ledwith, M. (2010). Participatory practice: Community-based action for transformative change. (1st ed.) Portland, OR: The Policy Press.

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Abstract Summary:
The evaluation of results is one of the moments of the PRECEDE-PROCED model. With this presentation, we intend to demonstrate the results after the implementation of PEER-IHE model in a college of nursing.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to design assessment strategies in participatory health research	Assessment planification Assessment instruments Data analysis
The learner will be able to check the transformative process that occurred in a nursing college after the implementation of PEER-IESS model	Results discussion

Abstract Text:**Purpose:**

The transformative process of a nursing college institution in a health promoting higher education institution, by applying a model bottom-up, participatory health research PEER-IESS (Brito & Mendes, 2009), promotes socio-environmental performance, cultural, political, ethical and deontological, scientific and continuous quality improvement, and requires the involvement of the academic community, helping students to acquire personal skills for the exercise of the future profession. Based on these assumptions we formulated the following research question:

How the involvement of a "seed group" in a participatory health research process mobilizes a community of higher nursing education to implement a health promoting context and increases the skills for the profession?

To answer the research question, we defined the following objective: To evaluate the process and the results of the transformative process using the PEER-IESS model from the perspective of representatives of school management boards, the degree course coordinator, student leader and local community leader.

Methods:

We intend to validate the use of PEER-IESS intervention model. This model is a bottom-up intervention that mobilizes and activates the academic community to promote salutogenesis in the educational context. It should be noted that participatory health research should be understood as an empowerment so that is "transformative participation" (Springett and Ledwith, 2010, p.189), which must implicitly mean that all people can perform a self-awareness (Freire, 2001), culminating in reflection and willingness to change behaviour. Scientific knowledge is generated action and experimentation in context, democratic and social learning participation.

PEER-IESS develops in a sequential process to mobilize academic communities, focusing on dialogic procedures and creative ways to engage the community, from a "seed group", and was based on the quality criteria of participatory health research and based on the PRECEDE-PROCEED model developed by Green and Kreuter (1991).

To evaluate the process and the result of participatory health research, a semi-structured interview guide, based on the indicators defined by the American College Health Association (ACHA, 2012), the Standards of Practice for Health Promotion in Higher Education was built. The researchers interviewed the representatives of school management boards, the degree course coordinator, a student leader and local community leader, in a total of seven participants. The interviews were transcribed *verbatim* by researchers and was created a document computed in IRAMUTEQ (Interface de R pour les Analyses

Multidimensionnelles de Textes et de Questionnaires). IRAMUTEQ is a GNU GPL (v2) licensed software that provides users with statistical analysis on text corpus and tables composed by individuals/words. It is based on R software and on python language.

We performed a classic lexicographical analysis. Which allowed us to identify and format text units, turns texts into textual segments and identifies word frequencies, medium frequency and hapax (words with frequency=1), searches for vocabulary and reduces the words to their primary lexical units (reduced forms) creates the reduced forms dictionary, identifies active and supplementary forms.

Then a specificities and correspondence factor analysis was performed, and this analysis associate texts with variables and allows us to analyze texts according to the characterization variables.

Another analysis performed to the data is named as method of descending hierarchical analysis (DHA). The IRAMUTEQ clustered the text segments according to their vocabularies and distributed according to the reduced forms frequencies. Using matrices that cross reduced forms with text segments, the DHA method allows us to obtain a definitive classification. A dendrogram was displayed showing clusters relations between the text segments and the participants variables. The software calculates the descriptive results of each cluster conforming to its main vocabulary (lexic) and words with asterisk (variables) and provided us with another way of presenting data, derived from a correspondence factor analysis, because based on the chosen clusters, the software calculates and provides the most typical text segments of each cluster, giving context to them.

The similarity analysis is based on graph theory, and it is often used by social representations researchers. It allows to identify the words cooccurrences, providing information on the words connectivity thus helping to identify the structure of a text *corpus* content. It also allows to identify the shared parts and specificities according to the descriptive variables identified in the analysis (Marchand & Ratinaud, 2012). The results are also presented as word clouds, because IRAMUTEQ aggregates words and organizes them graphically according to its frequency.

Results:

The results are aligned with Standards of Practice for Health Promotion in Higher Education (American College Health Association, 2012). In the standard 1 alignment with the missions of Higher Education, the results show that health promoting, student, transformative process and empowerment were the words more frequent and were in central core representation. In standard 2 socioecological-based practice, the semantic representation of the core is coincident in participants. The similarity analysis shows a strong relation between the representations of the different participants. In standard 3 collaborative practice, results demonstrate that the peer network and the health promoting practice are central in the discourse of the participants. For the 4th standard, cultural competency, the analysis showed that inclusion, cultural competence, cultural sensibility, PEER-IESS were the main words of the discourse of the participants. For the standard 5 theory-based practice, peer-education, bottom-up strategies and health promotion were in the central core representation of all the participants. Aligned with this results, is also the results of the analysis of standard 6 evidence-informed practice. The last standard, the 7th is related with continuing professional development and service. The question of this standard was only addressed to management bodies and to the coordination because of its specificity, and the answers are related to the ethical principles, professional development in clinical supervision, peer-feedback and in clinical simulation.

Conclusion: The analysis of these results allows us to conclude that participants are aware of the ACHA standards, they value the institution's transformative process in a health promoting higher education institution and we were able to validate the PEER-IESS model.