

CHAPTER FIVE

RESEARCH METHODOLOGY

INTRODUCTION

The study was designed to explore the motivations and expectations of home based carers caring for chronically and terminally ill patients, (mostly HIV positive), in the patients' own homes. This was done through participatory action research with a group of home based carers enrolled in the Community Outreach Centre, St Mary's programme. This Chapter outlines the methodologies used during the study and focuses on the research design, sampling strategies, and the data collection tools that were used. It discusses the ethical considerations and concludes with a discussion on the validity and reliability of the study.

5.1 RESEARCH DESIGN

In this study the research facilitator was interested in understanding and exploring the home based carers' experiences and motivations at the Community Outreach Center, St Mary's. A research design is a logical strategy for gathering evidence about knowledge desired. It must be efficient, in order to yield the sought after knowledge (De Vos, 1998). A qualitative research approach was chosen for the following three reasons. Firstly, it typically relies on observations, informal interviews, and the researchers own experience of events and processes (Rossman and Rallis, 1998). The research facilitator interacted with home based carers over a period of three years and through her observations and discussions with volunteers, created opportunities for the development of in-depth insight

and understanding into the reasons that motivate them to volunteer, as well as their expectations as volunteers. Secondly, it allows for the use of multiple data gathering techniques and tools (Cornwall and Jewkes, 1995), to provide a more comprehensive perspective of the home based carers' experiences at the COC. In this study semi-structured interviews, focus group discussions and case studies were used. Thirdly, it allows for flexibility in the use of these techniques (Cornwall and Jewkes, 1995; Rossman and Rallis, 1998). This study was conducted in two parts: a pilot exploratory study that later was followed by a participatory action component. The study used focus groups facilitated by nominated home based carers, semi-structured interviews, focus group discussions, and case studies were used as research tools. These were consistent with the theoretical framework that guided the study, namely, person- centered and participatory learning, as discussed in chapter two. The purpose of qualitative research is to understand social life and the meaning people attach to it (Rossman and Rallis, 1998). The study sought to examine what the motivational factors and expectations of the home based carers of COC are, and how these can be sustained by the COC to ensure that chronically and terminally ill patients, who are largely HIV/AIDS infected, will continue to receive holistic care.

As mentioned, this study unfolded in two parts: stage one which was a pilot exploratory phase and stage two, which followed a participatory research framework, encompassing semi-structured interviews, focus groups and reflection sessions in the form of case studies.

5.1.1 Stage one - Pilot exploratory study:

A pilot study can be defined as a trial run of the study, using questions and participants, similar to those in the final study (Landman, 1988). This part of the study was exploratory in nature. Exploratory research looks for patterns, ideas, or hypothesis rather than trying to test or confirm hypotheses (Babbie, 2001). A group of home based carers were randomly selected for the pilot study. A non-probability availability sample was used. The criterion for selection was the expressed intention of the home based carer to join the pilot study. The research facilitator met with them as a unit. 25 home based carers volunteered to be part of the pilot group. The research facilitator facilitated discussions around their motivations to volunteer as home based carers and explored their expectations in this regard. Two focus group discussions were held with the pilot group, each lasting one and half hours. The research facilitator developed a tentative semi-structured interview schedule. The limitation of the pilot study was its top-down, 'elitist ownership' approach and as such meanings could have been lost in the study. It was useful in that it provided the research facilitator with patterns and themes regarding the motivations and expectations of home based carers which were very important in the absence of literature on the topic.

5.1.2 Stage two - A participatory component was then introduced

Participatory research can be defined as a participative, person-centered inquiry that does research with people, not on them or about them (Heron 1996). According to Tandon (1988) participatory research attempts to present people as researchers themselves in

pursuit of answers to the questions of their daily struggles and survival. The research facilitator, in the participatory method of data collection, trained five co-research facilitators to facilitate focus group discussions. They were further encouraged to spend more time in informal analysis and observation of home based carers; to make field observations and recordings; and to bring these for discussion to the research team meetings. Focus group discussions, facilitated by the co-research facilitators, were held with five groups of home based carers to make sense of their experiences in the COC programme.

A focus group can be defined as a discussion that is carefully planned and designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment (Kruger in Greef, 2002). The focus group discussions were guided by the semi-structured interview schedule, developed in the pilot study. The purpose of the semi-structured interview schedule was to establish themes amongst the home based carers' responses and to gain a deeper insight into some of the issues that emerged. The research facilitator traced literature concerning the motivations and expectations of home based carers caring for HIV/AIDS patients. This was shared with the co-research facilitators at the research team meetings.

The research facilitator also held interviews with key stakeholders and informants in the home based care field, the purpose of which was to explore their insight and experiences around the topic. These interviews spanned a period of one year as the key stakeholders and informants are contemporaries in the home based care field, and often meet on

related issues. The organizations were: Sinosiso Home Based Care Programme, The Dream Centre, Hope and Family Life Foundation, and St Clements Home Based Care Programme. None of these organizations had conducted any formal research into the needs, motivations and expectations of their home based carers. Information elicited was from the project managers' and staff's personal observations and informal discussions that were held with their respective home based carers that were gathered over a period of time. Their views were integrated with the focus questions of the semi-structured interview schedule. They confirmed that there was a need for such research. They shared their perceptions and why their home based carers volunteered, based on their own observations and informal discussions with their staff and home based carers.

Case studies were explored in the context that these case studies were situations that already existed naturally, and were not artificially generated for the purpose of the study (Denscombe, 1998). Babbie (2001) describes a case study as an exploration or in-depth analysis of a system bound by time and/or a single or multiple case/s, over a period of time. The research facilitator undertook to use case studies to further explore the motivations and expectations of the home based carers of the Community Outreach Centre, St Mary's and in so doing, captured their experiences and expectations.

5.2 RESEACH PROCESS

This study used the participatory research framework where the research facilitator utilized focus group discussions, semi-structured interviews and case studies as a qualitative method of data collection. The process unfolded as follows:

5.2.1 Reflection phase

At a larger meeting of all home base carers of the COC, the research facilitator discussed the idea of the study and its aim, emphasizing that the study was participatory in nature, and therefore required home based carers that would be selected by the home based carers themselves, who would be trained as co-research facilitators and would subsequently form a research team. As the study was participatory in nature, the roles of the co-research facilitator and the research participants were discussed. In deciding who would occupy the role of co-research facilitator, the home based carers were given the choice of either self- volunteering, nominating and voting for the election of the home based carers to join, or relying on the research facilitator to randomly select the co-research facilitators. The home based carers decided to elect the co-research facilitators whom they felt were capable and eloquent enough to act as their representatives. The selection criteria decided upon were seniority in the programme, ability to communicate well, and the belief that the co-research facilitators would best represent their perceptions. Five co-research facilitators were nominated and elected unanimously.

5.2.2 Action phase

The research facilitator, in the spirit of participatory research, then trained the five co-research facilitators, with special emphasis on generating focus groups discussion, further shaping the semi-structured interview schedule, and the development of recording methods and procedures of data collection. The following techniques were taught and

role-played and the co-research facilitators were encouraged to use any techniques, or a combination of techniques, to encourage group discussion during the focus groups:

- **Brainstorming:** Brainstorming can be defined as suspending our judgement by allowing anything related to the focal issue to come into our heads, without us criticizing it (Collins, 1998). The terms: volunteer, home based carer and the question: why did I volunteer as a home based carer, were brainstormed. Five minutes were allocated for each question at the end of which each co-research facilitator took turns to announce their thoughts. These thoughts were recorded on flip charts. The research facilitator led the group until a conclusion was reached.

- **Nominal group techniques:** Zuber-Skerrit (1997) suggests the following outlines, which the research facilitator adopted.
 - *Individual brainstorming* – on focal issues. The co-researchers were encouraged to ‘say what comes to mind’ when presented with terms such as ‘volunteer’, ‘home based carer’, ‘motivations of home based carers’, ‘expectations of home based carers’.
 - *Comparing and discussing ideas in pairs* – the above ideas were then discussed in pairs.
 - *A round robin collection of ideas.* Each co-research facilitator took turns to give an idea until all had shared their ideas.
 - *Clarification of statements and discussions.* The research facilitator facilitated this process and assisted in clarifying grounds

for conclusions. Overlapping ideas were combined and themes numbered. An example of this was that amongst the home based carers motivations to volunteer were: 'love for God's work', 'I am God's servant', 'I am a good Christian, and good Christians help each other'. These were combined into the theme of 'Religious Reasons'.

- **Ranking.** All participants were asked to rank their ideas according to the importance they had for them. This was done in writing.
 - **Group results.** Each co-research facilitator displayed the ranked results, which were then captured by a scribe on flip-charts in tabular form. This gave them instant and visual feedback of the session. These charts were brought to the research team meetings and discussed.
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- **Semi-structured interview schedule:** a tentative semi-structured interview schedule was developed by the research facilitator shaped on by the critical questions of the research as outlined in Chapter One. During the focus groups discussions with the co-research facilitators, the semi-structured interview schedule was further developed and finalized. The co-research facilitators used this schedule to guide the focus group discussions. **(See Appendix Six for the semi-structured interview schedule).**

- **Focus group discussions with groups of home based carers:** the co-research facilitators used brainstorming and nominal group discussions with a sample of home based carers in their COC service areas. Five focus groups were held with six participants each. Two focus group meetings were held with each group, lasting one and a half hours each. The co-research facilitators met as a research team with the research facilitator to: consolidate the responses; receive refresher training on conducting focus groups (where necessary); and record keeping. These research team meetings took place after each focus group discussion, and thereafter, when necessary.
- **Case studies:** at this stage of the group's existence, home based carers were comfortable and open with each other, their discussions often reflected personal situations: E.g. a home based carer in Group Two expressed her motivation for joining the Palliative Care training as:

*My daughter had AIDS. I knew, but I did not want to believe. She died. I cried.
If I had this training before I could have helped her to die with dignity. Now I
help her by helping other people.*

The home based carers were encouraged to write down and discuss cases which they believed provided substantial and credible reasons why people volunteer, and how they were able to fulfill the role of carer. This task was optional, and not all

of the home based carers provided case studies. The co-research facilitators presented case studies, which will be discussed in detail in Chapter Six.

- **Research team meetings:** the research team met after each focus group meeting to consolidate focus group discussions; to identify the main themes that emerged; to review field notes; and to discuss any challenges faced. The research team also used this forum to update its self on new literature.

The strength of the approach adopted in this study was that the research was conducted by the home based carers, on the home based carers, and they took ‘ownership’ of the process. It was hoped that by involving the co-research facilitators, rather than the COC manager, to conduct the research, the home based carers would be less inclined to portray COC favourably and subsequently, their responses would be more honest and reliable. The other strength of this approach was the fact that both the participants and the co-researchers were Zulu speaking and shared the same culture. Participatory research, using focus groups as the primary data collection tool, calls for effective group facilitation and group work skills. The fact that the co-research facilitators were elected by the home based carers themselves, and that the sample group had been meeting as a home based care unit over a long period of time, (other than for this research study), suggests that they were comfortable with each other, had developed some form of rapport with the home based carers, and had been exposed to some group work skills, which is essential for group work. Additionally, the co-research facilitators were trained in group work and focus group facilitation. They were trained over a period of two weeks. They met as a

research team, after each focus group, to consolidate the responses, receive additional training in areas they felt they needed, and to record their findings. There were minimal group difficulties especially with regard to trust, openness and confidentiality.

5.3 SAMPLING METHOD

Populations tend to be very large and for this reason, researchers rarely study every element in the population. Rather, they select a portion of the population for study – that is defined as the sample. For this study, the research facilitator took a sample of 30 of the total population of 352 home based carers from the Community Outreach Centre, St Mary's. A sample therefore, is a subset of the total population and involves 'determining who will be the participants in the study' (Marlow, 1993:134). A sample is studied in an effort to understand the population from which it was drawn.

For the pilot study, the research facilitator used a non-probability availability sample. She met with all the home based carers of the COC to discuss the intention and purpose of the study. The option to be part of the study was open to all the home based carers. Twenty five home based carers volunteered to be part of the pilot study. Voluntary participation is advantageous as it lends itself to commitment and dedication on the part of the participants. Its disadvantage is that the responses of the participants are not necessarily reflective of the total population as those who volunteered may have been friends thus sharing similar views, and those who did not volunteer, may have had important, opposing information to share, which could have enhanced the study.

Five co-research facilitators were elected by the home based carers based on: their seniority in the programme; ability to communicate and represent their ideas; and the trust the home based carers had in them. A nominating and voting process was used.

The sample for the focus groups was determined as follows:

Due to the fact that the population for this study was relatively homogenous, the research facilitator used a stratified sampling technique, which is a probability sample. Probability sampling, also known as random sampling, occurs when the probability of including each element of the population can be determined. Probability sampling can be defined as a technique that is used to ensure that every element in a sample frame has an equal chance of being incorporated into the sample. A random sample is selected on some planned basis to ensure that every element has the same opportunity of being selected. It is thus possible to estimate the extent to which the findings based on the sample are likely to differ from what would have been found by studying the whole population, that is, the accuracy of generalization from the sample to the population (Bless and Higson-Smith, 1995).

In a stratified sample (also called a stratified random sample), the population is divided into strata or subgroups by population characteristics. A simple random sample is then drawn for each stratum or subgroup (Mark, 1996). In stratified sampling, the research facilitator controls the relative size of each stratum, rather than letting random processes control it, without compromising the representativeness within a sample (Neuman, 2000).

For this study five strata or subgroups were identified among the volunteers of the Community Outreach Centre, St Mary's, and were accordingly named Group One, Group Two, Group Three, Group Four, and Group Five. (See **Appendix Two**). This was done according to the specialized training they had received while volunteering at COC. One co-research facilitator was appointed to each focus group. These are as follows:

- **Group One:** Volunteers who are general home based carers. Six female participants, four between the ages of 20 to 30 years and two between the ages of 31 to 40 were part of the group.
- **Group Two:** Home based carers trained further in Palliative Care. Six female participants, five between the ages of 20 to 30 years and one between the ages of 31 to 40 formed this group.
- **Group Three:** Home based carers who had trained further in Child Care. Six participants were in this group and all were female. One was between the ages of 20 to 30 years, four between the ages of 31 to 40 years, and one between the ages of 41 to 50 years.
- **Group Four:** Community Facilitators (home based carers who were selected on merit and work performance and were trained further as Community Facilitators, to supervise other home based carers). All six participants were female. Three were between the ages of 20 to 31 years and three were between the ages of 31 to 40 years.

- **Group Five:** Home based carers still practicing as such, but are in employment, some at the COC. Six participants made up this group with four being females and two males. The two males were between the ages of 20 to 30 years and the four females were between the ages of 31 to 40 years. Despite being employed they continue to render home based care services to the patients in the Mariannahill region.

Selection within each stratum occurred randomly, meaning that the desired number of persons was selected proportionally within each of the different strata. Furthermore, the sample was drawn proportionally from the volunteers who were enrolled at the COC, based on the following characteristics: gender; different age groups – from young to older volunteers; and home based carers who had had a minimum of six month's enrollment as a home based carers at COC.

The co-research facilitator made use of systemic sampling. For the purpose of this study, a list of all the home based carers of each subgroup was drawn up and the first home based carer was randomly selected by placing all their names in a hat, and selecting one. The subsequent home based carers were selected in intervals of five until six home based carers were chosen per subgroup.

5.4 DATA COLLECTION TOOLS

The data was collected using five qualitative methods: Literature review, key informant interviews (KII), focus groups discussions, semi-structured interviews, and case studies. These will be defined and described in detail, below:

5.4.1 Literature review

A literature review is a critical look at the existing research that is significant to the work that one is carrying out. It provides the context for research by looking at what work has already been done in a particular research area. It gives an overview of the field of inquiry highlighting what has already been said on the topic, which the key writers are, what the prevailing theories and hypotheses are, what questions are being asked, and what methodologies and methods are appropriate and useful. The research facilitator studied relevant literature on the topic and collected empirical data to support the study. Chapters Two and Three support this statement. The reviews were then discussed at the research team meetings. While there is an abundance of literature on *volunteers* and *HIV/AIDS*, there is a paucity of literature exploring the motivations and expectations of home based cares, caring for HIV/AIDS patients in the South African context (Akintola, 2004). This study aims to fill some of that gap.

5.4.2 Key informant interviews (KII)

Unstructured informal and semi-formal interviews were held initially with key informants such as the project manager and staff of other home based care projects, networking with the COC. The participants selected for KIIs were targeted because they utilized home

based carers in service delivery, and agreed that not much thought has been given to understanding the motivations and expectations of their volunteers, and, as NGOs and FBOs, they were faced with similar challenges such as limited resources and lack of funding. This study aims to address some of those gaps. Unstructured interviews were considered to be best suited for eliciting such information because the questions are not predetermined but allow the interviewee to determine the flow of the conversation since there is little information about those issues (Shears, 2002). The information obtained was also used to design questions for focus group discussions and the semi-structured interview schedule.

5.4.3 Focus groups discussions

Focus group discussions rely on the interactions within the groups to add to the information solicited by the research facilitator. Discussion techniques range from structured questionnaires to open-ended conversations (Grinnell, 1997). A distinct advantage of using focus groups is that it saves time and money (Babbie & Mouton, 2001). Krueger in Greef (2002) defines a focus group as a discussion that is carefully planned and designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. Morgan in Greef (2002) states that focus groups is a research technique that collects data through group interaction on a topic that the researcher determines. The co-research facilitators facilitated focus groups discussions. Five focus groups were identified according to the five categories of training offered by COC. Six home based carers formed each focus group. In total 30 home based carers of COC made up the sample population. The focus group discussions were guided by a

semi-structured interview schedule. During the focus group discussions, the sessions were captured on flip chart paper, and the co-research facilitators recorded field notes, which were discussed, after each focus group session, at a group meeting of the research team. Two group meetings were held with each focus group. Each meeting lasted approximately one and a half hour. Attendance was good, with all participants attending all meetings.

5.4.4 Semi-structured interview schedules

Grinnell (1997) believes that, on a general level, interview schedules can be structured, semi-structured, unstructured, in-depth or ethnographic. Greeff (2002) states that semi-structured interviews are suitable for gaining an in-depth picture of the participant's beliefs/perceptions about a particular topic. This method provides both the researcher and participants much more flexibility.

In this study the semi-structured interview schedule was initially developed in the pilot study and further shaped by informal interviews with the key informants interviewed. The semi-structured interview was subsequently 'tested' at the co-research facilitator training group session, and further modified. It was then utilized to facilitate group discussion in the focus groups, with very minimal modification. This method enables the researcher to have a set of predetermined questions on an interview schedule, but the discussions will be guided by the schedule and not dictated by it. Questions are nearly always open-ended (Greeff, 2002). Grinnell (1997) states that once data have been collected in the field, the researcher (in this study, the research and co-research

facilitators) reads the data. Interesting ideas and patterns should begin to emerge and more questions may be asked. More data may be collected to fill in the gaps of the prior data.

5.4.5 Case studies

Refers to the collection and presentation of detailed information about a particular participant or small group, frequently including the accounts of subjects themselves. A form of qualitative descriptive research, the case study looks intensely at an individual or small participant pool, drawing conclusions only about that participant or group and only in that specific context. In order to appreciate the context in which these home based carers live and to obtain a more comprehensive idea of what motivates them to volunteer, case studies were done on ten of the sample population. The information gathered for the case studies was drawn from stories each home based carer volunteered to write about, on what motivated him/her to volunteer and what keeps him/her committed to continue volunteering.

Case studies give depth of meaning and provide richness of life/personal experiences. Acknowledgement must be given to the fact that, while case studies are a rich source of information, they are limited in terms of their wider application – case studies presented by the participants of this study highlighting their reasons for volunteering as home based carers at COC, cannot be generalized to other such volunteers of similar organizations.

5.5 DATA ANALYSIS

In this study, one of the first steps in analyzing the vast quantities of information obtained during the data collection phase entailed the co-research team having to record and transcribe the data from focus groups discussions. This was done so that the data could be approached in an objective, unbiased manner on the part of the research team, so that specific meanings and themes could be picked out (Krueger, 1994). The co-research facilitators recorded all focus group discussions on newsprints capturing thoughts and ideas of their case studies. In addition, they made field notes.

Collins (1998) suggested that their researchers follow the stages as outlined below:

5.5.1 Classifying data into categories

The research facilitator and co-research facilitators kept field notes that were compared and discussed after each focus group session and/or key informant interview. The focus group discussions were in Zulu and the research team meetings took place in English and Zulu, to accommodate the research facilitator who has limited knowledge of Zulu. The data was categorized according to themes and care was taken to ensure that all responses were included that were important to the focus of discussion/key informant interviews. Missing data was also identified at this juncture for exploration at subsequent focus group meetings/key informant interviews.

5.5.2 Visual representation of data

At the co-researcher team meetings, all focus group data were presented by the co-researchers and subsequently captured visually (flip chart) to help develop patterns and relationships. For presentation in the final study report, graphs and tables were used. E.g. the most common themes describing the motivations of the home based carers was depicted on a bar graph as shown in Chapter Six.

5.5.3 Representing and visualizing:

The research report bears evidence to the analyzed data and provides a visual account of the findings.

5.6. RELIABILITY AND VALIDITY

- **Reliability** is the consistency of the study measurement, or the degree to which an instrument measures the same way each time it is used under the same condition with the same subjects (Cook and Campbell, 1979). In short, it is the repeatability of the study measurement. There are two ways that reliability is usually estimated: test/retest and internal consistency. Internal consistency estimates reliability by grouping questions in a questionnaire that measure the same concept. Based on the information from key informants and the pilot group, the semi-structured interview schedule was developed. This was used as the basis of the focus group discussions. The findings from all five focus groups revealed that the home based carers of COC had similar motivations and expectations for volunteering. The co-research facilitators made field notes during the focus group discussions, which

were consolidated at the subsequent researchers' team meetings. This enabled the research team to assess the extent to which the responses were fulfilling the aim of the study. The receptiveness (test/retest) of the common themes among the focus groups further enhanced the reliability of the study. According to Smith (1981:51) **reliability** answers the question, "Will the same methods used by different researchers and/or at different times produce the same results?" Creswell (1994) maintains that the uniqueness of a study within a specific context mitigates against replicating it exactly in another context. Accordingly, the context of this study precludes the possibility of another researcher arriving at exactly the same results as this study was a very specific investigation on the motivations and expectations of a locally specific group of volunteer home based carers serving people with HIV/AIDS in the Mariannhill region. This limitation is acknowledged. The research facilitator is confident that the careful documentation of the study's design, tools and process may assist in replicating the process in similar settings.

- **Validity:** is the strength of our conclusions, inferences or propositions. More formally, Cook and Campbell (1979) define it as the "best available approximation to the truth or falsity of a given inference, proposition or conclusion. In short, did we measure what we said we were going to measure?" In studying motivations and expectations of people, it is difficult to categorize them into 'right' and 'wrong' compartments. However, the accuracy of the findings can be used to test the validity of the study. This was borne in mind when the research

facilitator and co-research facilitators recorded the responses from the focus group discussions, and other key informants. To avoid personal biases being introduced into the study, co-research facilitators were encouraged to clarify 'unclear' issues so that they were not left making assumptions on behalf of the home based carers in their focus groups. This further enhanced the accuracy of the study.

There are two main types of validity: internal and external. According to Creswell (1994) **internal validity** addresses the accuracy of the information and whether it matches reality. To safeguard internal validity, the research facilitator used on-going feedback with the co-research facilitators and this minimized the distance between the researcher (facilitator) and the informant (Creswell, 1994), and added a level of credibility to the study. The **external validity** of the study, as described by Creswell (1994), is the generalisability of findings from the study. Qualitative research does not seek to generalize findings as it aims to make an interpretation of unique circumstances and events. In order to address the breadth versus depth tradeoff in sampling (Patton, 1980), the researcher facilitator chose a reasonably small sample to achieve depth. In qualitative research a broad range of information from a smaller number of people is preferable to a small amount of information gathered from a large number of people (Patton, 1980). In this study it was recognized that depth of information was vital to gain insights into the motivations and expectations of the home based carers of the COC. As with internal validity, generalizations formulated from this detailed information were

checked via consultation with the co-research facilitators, relevant literature and the key stakeholders/informants.

SUMMARY

The study was designed to analyze and interpret the motivations and expectations of home based carers who care for chronically and terminally ill patients, mostly HIV positive patients, in the patients' own homes. This was done through participatory action with a group of home based carers enrolled in the Community Outreach Centre, St Mary's programme. A qualitative research approach was used. It is also consistent with the theoretical framework guiding the study, namely, person- centered and participatory learning, as discussed in Chapter Two. This study followed a participatory research framework that encompassed semi-structured interviews, focus groups and reflection sessions in the form of case studies. This study unfolded in two parts: a pilot exploratory study and a more empirically stringent participatory action research project. Twenty-five home based carers volunteered to participate in the pilot group. Five home based carers were elected, through an election process, as co-research facilitators by the group of home based carers. They were trained to assist the research facilitator in this participatory study. Using stratified random sampling, the focus groups were selected according to the different category of trainings the home based carers received at the COC. Five focus groups were identified consisting of six home based carers per focus group. Each focus group was selected using systematic sampling. Two group meetings were held with each focus group.

By adopting the participatory method, the orientation of sharing was developed and the aims of the study were defined by the people involved. People who were the subjects were also the researchers in this study. A total of thirty home based carers participated in these discussions. Chapter Six highlights the findings and outcomes of the study.