

CHAPTER THREE

EMPIRICAL STUDY

“Despite the power of tradition, new knowledge appears everyday. Quite aside from our own personal inquiries, we benefit throughout our lives from new discoveries and understandings produced by others. Often acceptance of these new acquisitions depends on the status of the discoveries”

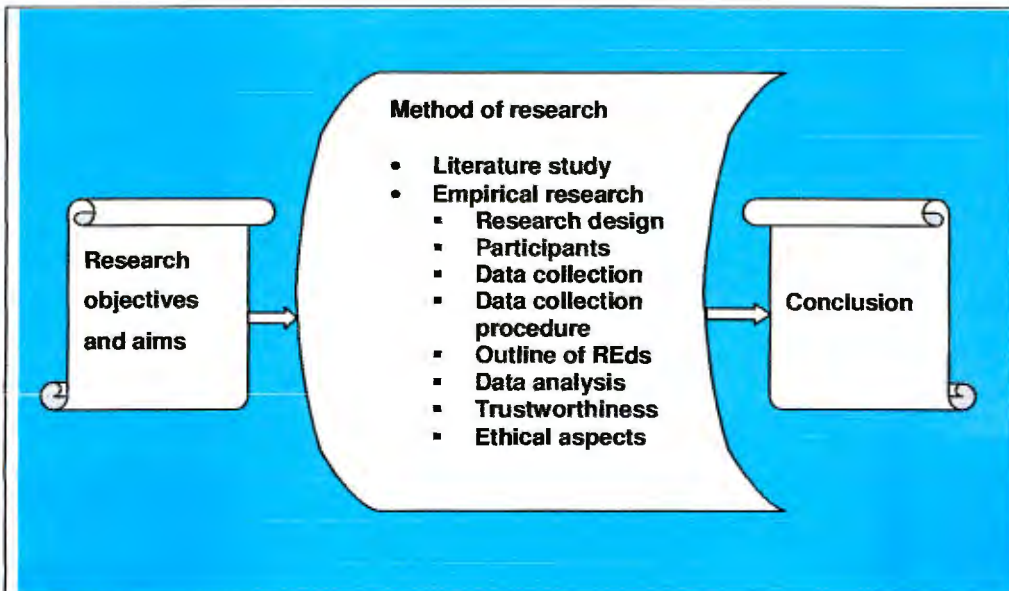
Babbie (2004: 7)

3.1 INTRODUCTION

This chapter will look at the empirical study which I followed to answer my research question: How effectively can primary school educators in the Thabo Mofutsanyana district who are affected by the HIV/AIDS pandemic be supported towards coping resiliently with the hardships of the pandemic, using REds?

Figure 3.1 below summarises the contents of Chapter Three.

Figure 3.1: Overview of Chapter Three



3.2 AIM

The main aim of this study was to gauge how effectively educators in primary schools in the Thabo Mofutsanyana district (Free State province) affected by the HIV/AIDS pandemic could be supported to cope more resiliently with the pandemic's challenges, using REds.

This aim was supported by the following sub-aims:

- Implementation of REds, using one group.
- Assessment of how resiliently (*Cf.* Table 1.2) participants cope with the challenges of the HIV/AIDS pandemic before and after the implementation of REds.

3.3 RESEARCH DESIGN AND METHOD

The study was conducted in two phases.

3.3.1 Phase 1: Literature study

A literature study was conducted. Primary and secondary literature sources as well as reliable internet resources were studied to gather information on the following topics:

- The incidence of the HIV/AIDS pandemic (globally, in Sub-Saharan Africa and in South Africa).
- The pandemic's impact on education in general, especially dealing with the impact on the education profession, educators, learners and the subsequent needs and resilience of educators.

The results of the literature research were documented in Chapter One (*Cf.* Table 1.2) and Chapter Two. I used the literature research to interpret the data collected in my pre-experimental study (de Vos, 2005c: 392; Fouché & de Vos, 2005: 134). In other words, the literature study provided a framework for me to understand how the pandemic is challenging teachers (*Cf.* Chapter

Two) and what the indicators of resilience are when teachers cope resiliently with these challenges (*Cf.* Table 1.2).

3.3.2 Phase 2: Empirical Research

Empirical research was conducted as summarised in Table 3.1 below,

Table 3.1: Summary of aims and methods

Aim	Method chosen
Implementation of REds	Pre-experimental research: One group pre-test –post-test design
Assessment of how resiliently (<i>Cf.</i> Table 1.2) participants coped with the challenges of the HIV/AIDS pandemic before the implementation of REds and how resiliently they cope thereafter.	Results of the pre-experimental (one group pre- and post-test) design using mixed methods of data collection: <ul style="list-style-type: none"> • Qualitative pre- and post-tests • Quantitative pre- and post-tests • Interpretation of data to answer research question

As indicated in Chapter One, my study is part of the larger REds study that looks at how effective REds is in supporting educators affected by HIV/AIDS towards acquiring the type of resilience outlined in Table 1.2, and so intervention research frames the study (Theron *et al.*, 2008: 84). For this reason I briefly discuss intervention research before looking at the specific design of my study in more detail.

3.3.2.1 Intervention Research Design

Intervention research is used as an example of applied research in the social sciences. It developed from the collaboration between two pioneers, Thomas and Rothman (as reported by de Vos, 2005c: 392) in the field of developmental research and aimed to make a difference to research in

professions such as medicine, nursing, social work or psychology (de Vos, 2005c: 394). Basically, intervention research studies how well interventions in these professions empower the people who participate in them.

Intervention research contributes to finding, creating and refining supportive interventions to promote positive behaviour of human beings (de Vos, 2005c: 392). It aims at getting first-hand information from the participants. It helps the researchers to redefine the research problem and therefore enables researchers to design and develop programmes and/or interventions which will help people to cope better with difficult life circumstances or events (Babbie & Mouton, 2007:345; de Vos, 2005c: 393; Ivankova *et al.*, 2007: 261; Mouton, 2008). In a similar way, the REds programme was developed as a response to the urgent call to empower educators affected by the HIV/AIDS pandemic (Coombe, 2003; Hall *et al.*, 2005:25; Shisana *et al.*, 2005: 135; Theron, 2005: 56; Theron, 2007: 175).

REds therefore aimed to intervene in order to help educators who are affected by the pandemic to be more resilient (*Cf.* Table 1.2). However, the programme needed to be developed and then evaluated (de Vos, 2005c: 395). Intervention research includes specific phases to do this:

- **Problem analysis and project planning (Phase One)**

Problem analysis is the phase during which the research problem is identified and analysed (de Vos, 2005c: 396). The problem on which REds research was founded is that many educators who are affected by the HIV/AIDS pandemic struggle to cope. They report that they receive insufficient support to cope with the challenges of the HIV/AIDS pandemic, including having to teach orphans and vulnerable learners in overcrowded classes and dealing with grieving learners and educators, among others (*Cf.* Chapter Two). These negative impacts caused some educators to want to leave the teaching profession (Hall *et al.*, 2005: 1). To support educators to cope better with the challenges of the pandemic, the need for the REds programme was identified (Theron *et al.*, 2008: 83).

- **Information gathering and synthesis (Phase Two)**

In this phase, the researcher needs to understand the problem underlying the suggested research. To understand the problem clearly, relevant information needs to be gathered by means of a literature review and from the people who are affected by this problem (in this study that means educators affected by HIV/AIDS). The researcher must gather the necessary information required, so that an intervention can be planned and developed (de Vos, 2005c: 398). In the larger REds study, information was gathered from literature to understand how educators were affected and from affected educators themselves (Theron, 2005: 56; Theron 2007: 175).

- **Design (Phase Three)**

Design, as defined by Mouton (in Fouché & de Vos, 2005: 132) is a blueprint for how research will be conducted. In other words, it is a logical plan that directs the research process. In intervention research, it directs how the intervention will take place.

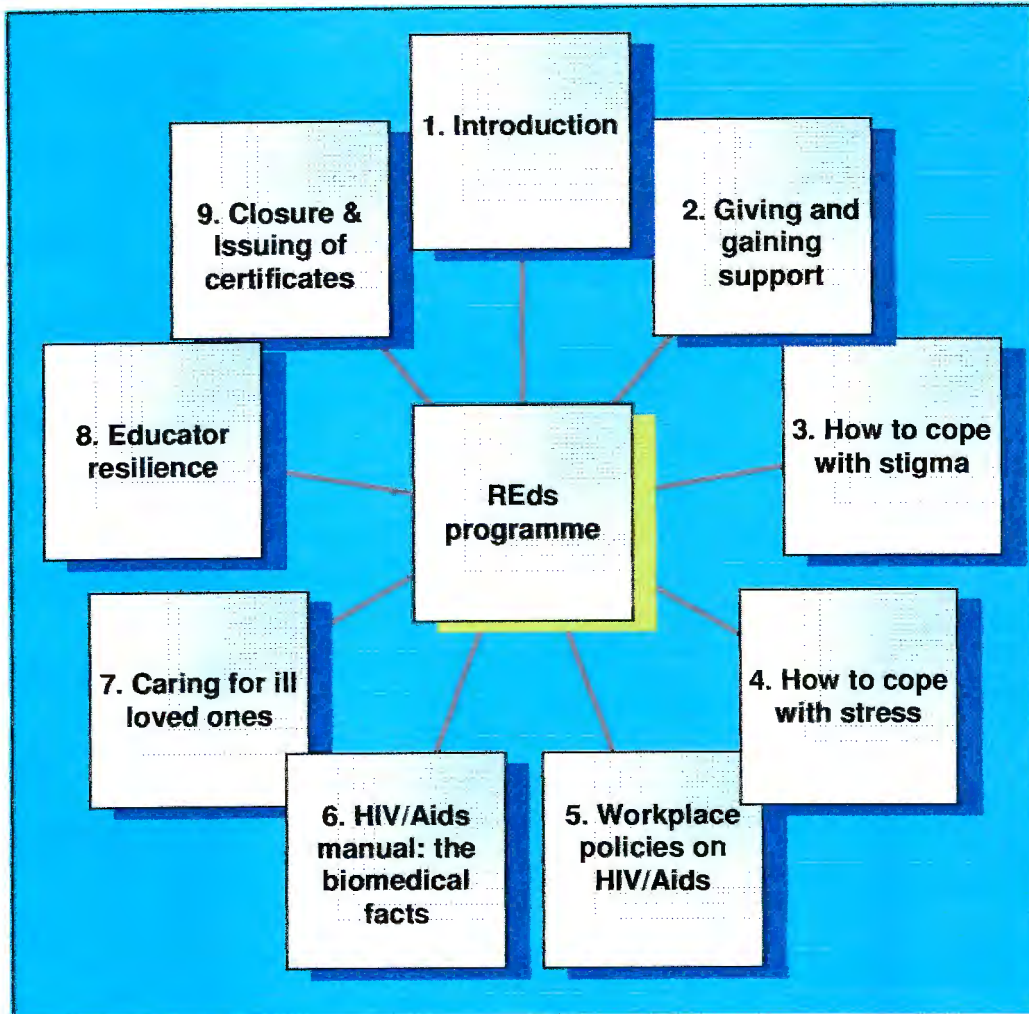
The REds programme was initially designed by a multidisciplinary team of specialists to empower educators affected by HIV/AIDS with skills and knowledge to cope resiliently with and respond positively to the challenges of the pandemic in their respective areas of work (Theron *et al.*, 2008: 84). Such challenges include educators becoming social workers, counsellors, health care workers, and even becoming guardians to orphans and vulnerable learners due to the pandemic (Coombe, 2003; Theron *et al.*, 2008: 84).

The contents of REds were gathered from various available resources such as government documents, NGO publications, articles and textbooks, and it was written in English (Theron *et al.*, 2008: 84). The programme consisted of nine sessions (ideally, one per week) and relied on group interaction (eight to ten participants). Themes included psychosocial support, stigma and discrimination, coping with stress, health promotion, the psychosocial impacts of the HIV pandemic on educators and learners, HIV-related policies, and resilience (Theron *et al.*, 2008: 84) (see Figure 3.2 below). These themes comprised exploring facts and myths around HIV/AIDS, tips on using local,

provincial and national resources, social networking, nursing people with AIDS- related illnesses, giving and gaining support, grief and counselling, support for grieving learners, stress management, HIV-related policies in the workplace and strategies to cope resiliently (Theron *et al.*, 2008: 84).

The REds programme was designed to be implemented by postgraduate students from the North-West University, University of Pretoria and Nelson Mandela Metropolitan University. Students were trained as REds facilitators. Following this training, each facilitator recruited suitable participants and implemented REds. The participants were encouraged to share their experiences of the pandemic, and to give regular feedback on the REds programme. These inputs and recommendations were used towards the improvement of REds (Theron *et al.*, 2008: 84).

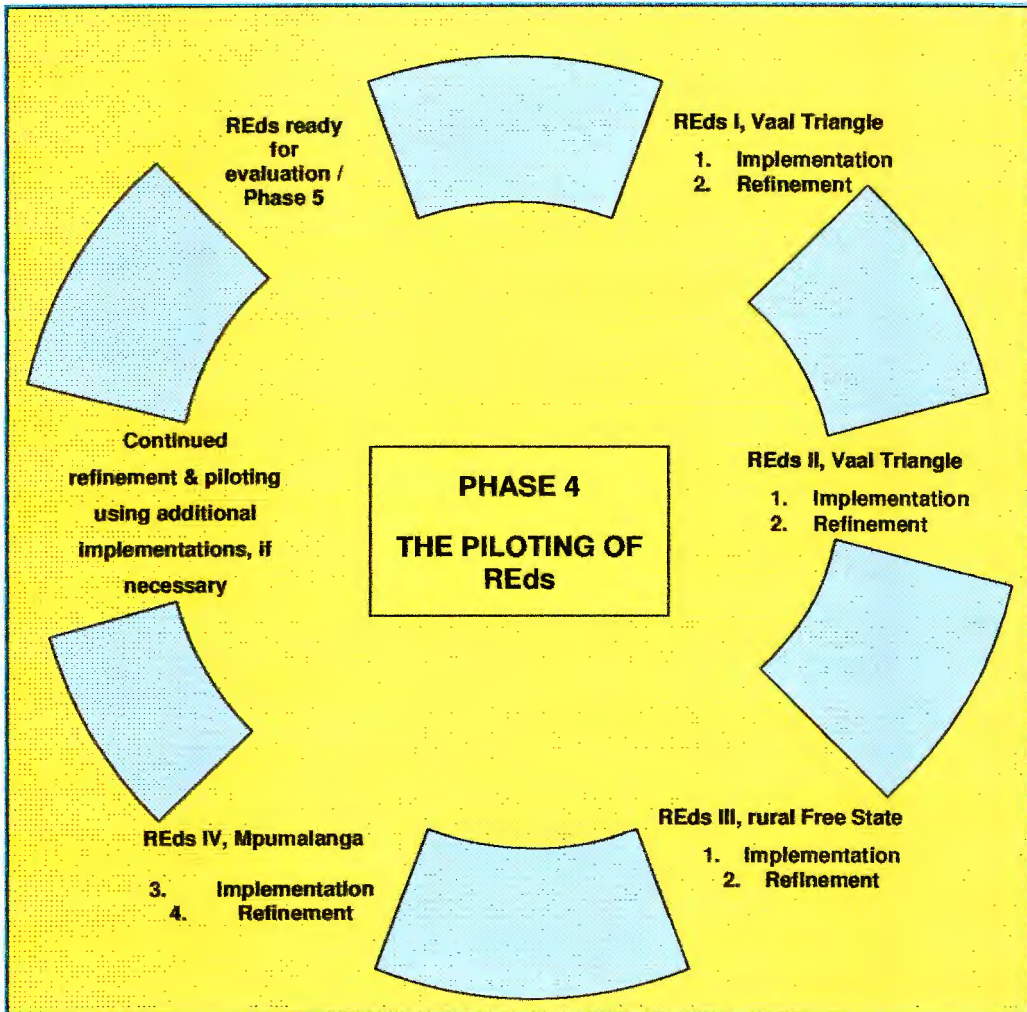
Figure 3.2: Themes used in the REds programme REds manual (Theron, 2006)



- **Early development and pilot-testing (Phase Four)**

During this phase, the intervention was piloted (de Vos, 2005c: 402). In REds, this included multiple pilots to ensure that it was well critiqued by the people it was intended for, and/or to test how well REds enabled teachers to be resilient, before advance development and evaluation (Phase Five) were to be considered (Theron *et al.*, 2008: 78). Figure 3.3 summarises the pilots which were conducted in the piloting phase (Phase 4) of the REds programme. My study (REds) fits into this phase.

Figure 3.3: Pilot testing followed (Theron, 2007)



This phase included the early piloting of the REds programme (REds I and II), conducted in May – October 2006 by Stef Esterhuizen (Esterhuizen, 2007) and Masai Mabitsela (Mabitsela, 2009) in the Vaal Triangle. The initial results suggested that the programme was efficacious in supporting educators affected by the HIV/AIDS pandemic to cope more resiliently (Esterhuizen, 2007; Mabitsela, 2009; Theron *et al.*, 2009: 127). However, both of these early pilots were with urban educators in the Vaal Triangle and so the project leaders believed REds also needed to be piloted with rural educators in the

Free State. As mentioned in Chapter One, the project leaders invited me to implement REds in the Free State and I accepted with enthusiasm.

The specific design that I followed is discussed in 3.3.2.2 below.

- **Evaluation and advanced development (Phase Five)**

In order to further evaluate and refine REds, further implementation was necessary. Fellow-researchers involved in this field of study implemented REds further using true experimental designs and commented on the effects of the programme. This was done in 2009 (de Vos, 2005c: 404), and the data are in the process of being interpreted.

- **Dissemination (Phase Six)**

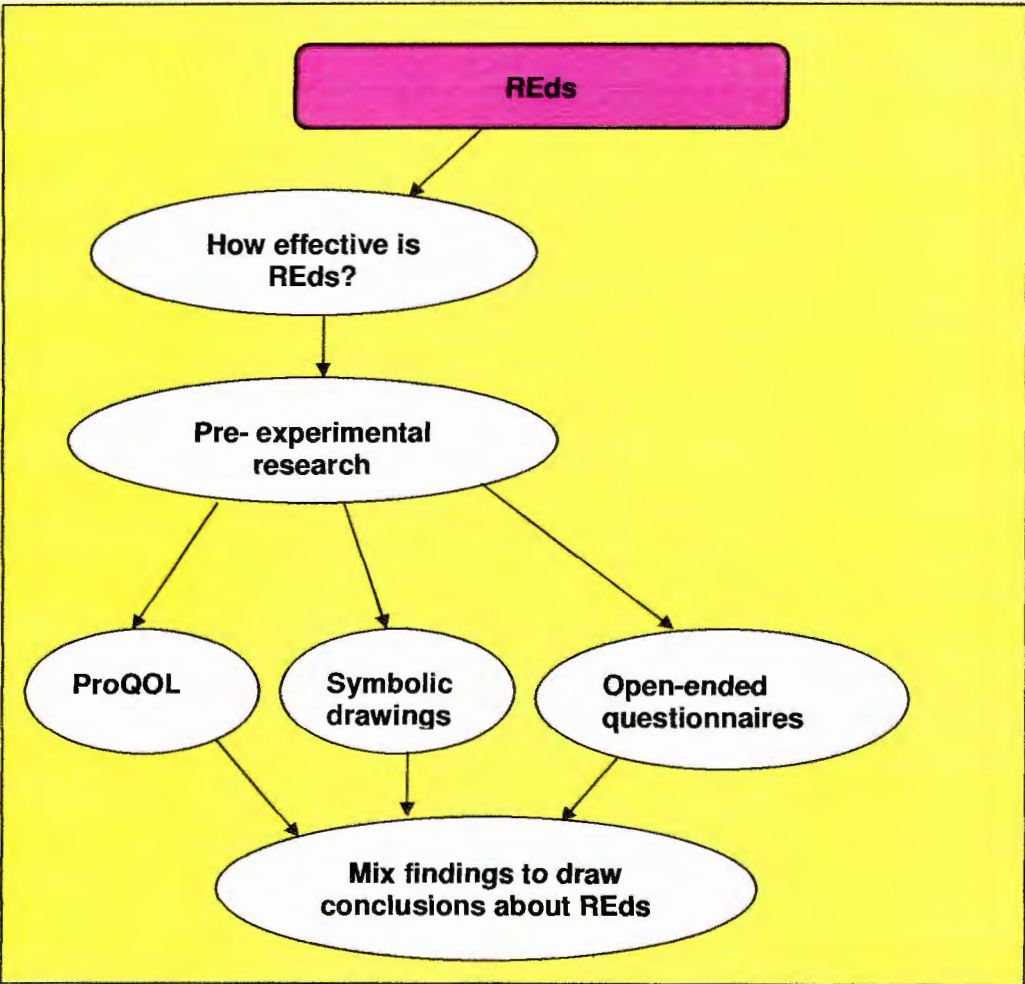
Dissemination is defined as the phase where intervention has been field-tested and evaluated and shared with the community organisations and other stakeholders targeted (de Vos, 2005c: 404). The dissemination of the REds programme is planned for late 2010.

3.3.2.2 The design of my REds study

As indicated above, my study falls into Phase 4 of the larger REds study's intervention research design (Theron *et al.*, 2008: 84).

To test how REds helped educators to cope resiliently with the pandemic, I used a **pre-experimental pre-test-post-test design, with no control group** (Leedy & Ormrod, 2005: 224-224) (see Table 3.1). The REds design followed in my study is summarised in Figure 3.4 below:

Figure 3.4: REds design followed: pre- experimental group, pre – test, post – test design (Leedy & Ormrod, 2005: 223-224)



In pre-experimental research, it is not possible to show cause-and-effect relationships, because no control groups are included (Leedy & Ormrod, 2005: 223). No control group was added because participants were volunteers, and I believed it was not fair to assign someone who had volunteered into a control group. What made me feel strongly about this is that in the QwaQwa area from which my participants came, there are very few supports for teachers. I knew that I would not have the resources (e.g. petrol money, time) to repeat REds later with the control group and so I only worked with the one group. Pre-experimental designs are helpful only for forming

speculative hypotheses that should be followed up with more controlled studies (Leedy & Ormrod, 2005: 223). This means that when I interpreted the data contained in Chapter Four, I would be careful not to make conclusive comments about how REs had empowered the participants.

3.3.3 Participants

The participants were educators affected by HIV/AIDS. If they were not affected and not educators per se, they were not eligible to participate. In other words, I used purposive sampling (Maree & Pietersen, 2007: 178; Strydom, 2005b: 202). Educators are affected when they have loved ones, colleagues or learners who are HIV-positive; or when their loved ones, colleagues or learners have died from AIDS-related diseases; or when they teach AIDS orphans and vulnerable children.

Participants were recruited in the following manner: official permission to conduct REs was obtained from the Department of Education and the NWU's ethics committee. Thereafter I sent a letter to the principal of the school where I hoped to implement REs and I consulted with the School Management Team (SMT) of one school to explain my study and give an overview of REs. The SMT arranged for a staff meeting to explain the purpose of REs and asked for eight to ten suitable volunteers (i.e. teachers who were affected) who would like to participate. I then met with the educators to explain further what their involvement would mean. The participants were asked to sign an informed consent form (see Addendum A).

Ten educators (two males and eight females) initially volunteered to take part in the implementation of REs. Participants' ages ranged between 35-50 and they were all primary school educators. The two male educators pulled out during the third session due to personal matters, leaving me with eight female participants. Table 3.2 below provides detailed information about the participants and how they were affected by HIV/AIDS.

Table: 3.2: Detailed information about how participants were affected by the pandemic

Participant	Affected by infected loved ones	Infected learners	Infected colleagues	Affected by deceased loved ones	Deceased learners	Deceased colleagues	Affected by teaching OVCs
1	✓	✓	✓	✓	X	X	✓
2	✓	✓	✓	✓	X	✓	✓
3	✓	✓	X	✓	X	X	✓
4	✓	✓	X	✓	X	X	✓
5	✓	X	X	✓	X	X	✓
6	✓	X	X	X	X	X	✓
7	✓	X	X	X	X	X	X
8	✓	X	X	✓	X	X	✓

From the above table, it was clear that all participants were affected by having ill loved ones and that all the participants taught orphans and vulnerable learners, except one educator who reported not having been affected by orphans as she had never been aware of any of her learners being orphans due to AIDS. None of the participants were affected by learners who had died from AIDS-related illness and only one had lost a colleague to AIDS.

My participants were Sotho-speaking educators originating from one local school in QwaQwa (Thabo Mofutsanyana district). Thabo Mofutsanyana is a very big district with more than 500 schools, including farm schools. The district caters for urban and rural areas. My participants came from a rural school in an under-resourced and conservative part of this district. I chose this school because I was concerned about their lack of resources and because it was convenient for me to access this school: it was quite near to me. However, this did mean that transport arrangements needed to be made for

some participants (I needed to help transport them home because REs took place in the afternoon and consequently they missed their regular transport home).

The dominant language in the area is Sesotho, and my study was conducted in a primary school where the language of instruction was Sesotho. My participants, like other ethnic groups, have strong cultural beliefs which influence their behaviour. Among other things, their cultural beliefs made it difficult for them to participate freely in any discussion on HIV/AIDS, as HIV typically involves transmission via sexual activities. According to participants, sex is private and between two adults (man and woman), and it cannot be discussed in public. My participants were also Christians from various churches; this was evident in the discussion when they were sharing on how they were affected, and how they managed to cope. Most of them believed in God and they referred to God as their source of inspiration.

3.3.4 Data Collection

Data were collected by using both qualitative and quantitative methods. These methods were triangulated (Leedy & Ormrod, 2005: 99; Ivankova *et al.*, 2007: 266), which means I used a triangulated mixed methods approach (Ivankova *et al.*, 2007: 266) in the pre- and post-test.

3.3.4.1 Quantitative instrument: The ProQOL questionnaire

The quantitative instrument used was the Professional Quality of Life scale (ProQOL) (see Addendum B). The ProQOL is an instrument used to measure the professional quality of life among staff at organisations such as hospitals, social welfare, and the police force or schools (Stamm, 2005: 6 & 9). It has three sub-scales, namely: compassion satisfaction, burnout and compassion fatigue/secondary trauma (Stamm, 2005: 9).

According to the ProQOL, the average score range for **compassion satisfaction** is 33-42 (Stamm, 2005:12). Compassion satisfaction refers to the pleasure you experience from being able to do your work successfully (Stamm, 2005: 11). When you have a good interpersonal relationship with

your colleagues, or when you feel that you do your work well, your score in this category will be high (Stamm, 2005:11).

According to the ProQOL manual, the average score range for **burnout** is 18-27 (Stamm, 2005: 11). Burnout is associated with feelings of hopelessness and complications when performing your work (Stamm, 2005: 11). An aspect such as a forever increasing workload which is burdensome or a non-supportive environment could induce burnout.

According to the ProQOL, the average score range for **compassion fatigue** is 8-17 (Stamm, 2005: 13). Compassion fatigue (CF) or secondary trauma (STS) is explained as work-related exposure to extremely stressful events or hearing about trauma. This fatigue can be caused by the same things occurring repeatedly or repeated stories of trauma that affect the listener negatively. This can lead to fear, difficulty in sleeping, and avoiding things that remind one of the event (Stamm, 2005:12).

The questionnaire consisted of 30 questions (see Addendum B) which participants had to answer by making use of a Likert scale (Maree & Pietersen, 2007: 167) in the following manner:

- Never
- Not often
- Quite often
- Often and
- Very often

I used the ProQOL measuring scale due to the following reasons:

1. It is simple, short and easy, and includes only 30 items (Stamm, 2005: 9).
2. It has gained international recognition in measuring satisfaction, burnout and fatigue among health workers, school personnel and family workers (Stamm, 2005: 9).

3. It was used by the study leader in the Gauteng educator survey in 2005 (Theron, 2006) and in the first two REds pilots (Esterhuizen, 2007; Mabitsela, 2009). I used it in my study to provide continuity and consistency.
4. Resilient educators typically do not experience burnout and would be satisfied with their profession (Cf. Table 1.2)

The ProQOL scale worked well in my study because participants were happy to complete these questionnaires, but due to the language used in the questionnaires being English and my participants being Sotho-speaking, some questions needed to be interpreted (i.e. I code-switched) to make sure that all participants understood. It is possible that these language barriers might have influenced the results of the responses.

3.3.4.2 Qualitative methods

Qualitative methods used included:

- Open-ended questionnaire
- Symbolic drawings

3.3.4.2.1 Open-ended questionnaires

Open-ended questionnaires are formulated to encourage participants to give an opinion or share their experience and are useful because they relay a broader understanding than might be the case with a close-ended survey (Colman, 2001: 723; Nieuwenhuis, 2007b: 87; Reber & Reber, 2001: 484). The open-ended questionnaire that I used was used in the previous REds studies (Esterhuizen, 2007; Mabitsela, 2009) to explore how HIV/AIDS affected educators and how resiliently they were coping. It consisted of several questions (see Addendum C). Participants were requested to complete the questionnaires in writing.

Answering these questions was a good exercise as it allowed participants to share their own experiences about how the HIV/AIDS pandemic affected them

socially, emotionally, physically, spiritually and professionally and how they were coping. Questionnaires were straightforward but due to the language used (English), some participants found it hard to express themselves and this may have affected their responses (e.g. they may not have shown their true feelings as they may have misinterpreted the question or were not sufficiently proficient in English to explain in detail).

3.3.4.2.2 Symbolic Drawings

Symbols are defined as the representation of personal wishes or thoughts (Reber & Reber, 2001: 730). When people are asked to make a symbolic drawing, the chosen symbol becomes a representation or projection of their wishes, attitude, thoughts and/or perceptions (de Lange *et al.*, 2006: 49; Lynn & Lea, 2005: 216; Theron, 2008a: 33). In my study, I followed the same pattern used in previous REds studies whereby participants were asked to represent their feelings towards the pandemic by drawing something that symbolised their perception of the pandemic (Esterhuizen, 2007: 98; Mabitsela, 2009: 171-177). The symbols drawn in the pre-test and post-test were used to compare how participants perceived the pandemic before and after the REds programme.

Participants were asked to make a symbolic drawing of any picture that came to mind that would represent their feelings when they thought how the pandemic had affected them. The brief was: "When you think of how the pandemic has affected you, what symbol comes to mind? Write two to three sentences that explain what your symbol means." It was important for participants to explain their symbol as this guided my understanding of what their symbols meant. Their explanations of their symbols (rather than me assuming a meaning) added to the credibility of my data (Nieuwenhuis, 2007c:113).

3.3.4.3 Data collection procedure

Data were collected in two sets as follows:

- Data were collected before REs in the form of a pre-test, which included both quantitative and qualitative data that showed how the participants were affected by the pandemic at that stage and how resiliently they were coping. I used the quantitative and qualitative tools discussed in 3.3.4.1 and 3.3.4.2 to collect pre-test data.
- Data were collected on completion of REs by using a post-test that was the same as the pre-test. The post-test occurred about three months after the pre-test.

3.3.5 Data Analysis

I analysed the quantitative and qualitative data separately and differently, but mixed my findings to answer my research question.

3.3.5.1 Quantitative data analysis

An independent statistician used the ProQOL manual to analyse quantitative data collected from the participants according to the scoring procedure set in the ProQOL manual (Stamm, 2005: 9). Pre- and post-test data were compared in terms of burnout, satisfaction and compassion fatigue levels and they were interpreted by comparing the group's levels to scale averages (Stamm, 2005: 9). Using the SPSS program, the statistician provided descriptive statistics (Grosser, 2009). Although inferential statistics are commonly used in pre-test, post-test comparisons, my group was too small to allow for meaningful inferential statistics (Grosser, 2009). I interpreted the mean scores for burn-out, satisfaction and compassion fatigue to comment on the difference REs made (or not) to each of these. These results are documented in Chapter Four (*Cf.* 4.1).

3.3.5.2 Qualitative data analysis

Nieuwenhuis (2007c: 99-102) refers to qualitative data analysis as an ongoing and interactive process that involves examining and interpreting meaningful and symbolic content of qualitative data . One way of analysing qualitative data is by means of content analysis (Nieuwenhuis, 2007c:101-102).

Content analysis is a systematic approach that identifies and summarises contents that provide a meaningful answer to the research question (Nieuwenhuis, 2007c: 101). It looks at data from different angles in order to understand and interpret the raw data (Leedy & Ormrod, 2002: 155-156; Nieuwenhuis, 2007c: 101).

In order to make sense of the data (i.e. analyse the contents), participants' responses to the open-ended questionnaire and drawings were coded. Coding, according to Nieuwenhuis (2007c: 105) and Gilgun (2007), is referred to as the process of carefully examining the data. In order to code, I worked with smaller pieces of the data (e.g. I looked at the pre-test drawings and then the post-test ones; I examined the responses to the open-ended questionnaires separately from the drawings, (Nieuwenhuis, 2007c: 104-105). I then labelled the data, or to be more precise, I open-coded the data (see Addenda D and E), (de Vos, 2005b: 341).

The labels or open-codes that I chose were influenced by current literature on how the pandemic affects some educators (Coombe, 2003; Hall *et al.*, 2005:25; Shisana *et al.*, 2005: 135; Theron, 2005: 56; Theron, 2007: 175) and by literature on resilience and coping (Fraser, Richman & Galisky, 1999: 136; Schoon, 2006; Theron, 2007: 175; Theron *et al.*, 2009: 131; Ungar, 2004). However, my labels arose out of the data themselves (e.g. children standing next to graves and an explanation that the pandemic caused sadness and death, led me to label that chunk of visual data 'negative emotion'). Because my coding was influenced by the data themselves (i.e. I chose codes that matched what the data were communicating) and were influenced by the literature (i.e. my codes were influenced by what I have read), my coding was deductive and inductive (Merriam, 2008).

The next step in the analysis was grouping segments of the data that had similar codes into themes (see Addenda D and E), (de Vos, 2005b: 341). The theme that I chose related to what the labelled data segments represented (De Vos, 2005b: 341). These themes provided me with the answers to my research question (as reflected in Chapter Four).

3.3.6 Rigour

3.3.6.1 Reliability and validity of quantitative data

The ProQOL is recognised as a valid rating scale also for teachers (Stamm, 2005: 9-10). Its alpha reliabilities are 0.87 (compassion satisfaction), 0.72 (burnout alpha) and 0.80 (fatigue alpha) (Stamm, 2005: 8).

Although it has not been standardised for South African teachers specifically, it was used in previous REds studies (Esterhuizen, 2007; Mabitsele, 2009).

3.3.6.2 Trustworthiness of qualitative data

Trustworthiness refers to how dependable the collected qualitative data are (Leedy & Ormrod, 2005: 100; Nieuwenhuis, 2007c: 113).

Triangulation can be used in qualitative studies to increase trustworthiness (Nieuwenhuis, 2007b: 80). In my study, I triangulated drawings and open-ended responses. Table 3.3 gives a summary of the other tasks I performed to increase trustworthiness (Lincoln & Guba in de Vos, 2005b: 345; Maree & Van der Westhuizen, 2007: 39-40).

Table 3.3: Soundness of qualitative research (Lincoln and Guba in de Vos, 2005: 345; Maree & Van der Westhuizen, 2007: 39-40)

Credibility	<p>Credibility relates to how believable or reliable the data are (de Vos, 2005b: 346; Leedy & Ormrod, 2005: 346).</p> <p>A number of factors helped to make my findings believable: I asked the participants to check the data and how I had interpreted it; I spent a number of weeks working with the participants; I asked a peer (a fellow-REds facilitator who had also implemented REds) to comment critically on my data and interpretations (Nieuwenhuis, 2007c: 114).</p>
Transferability	<p>Transferability relates to whether findings can be generalised to another situation (Lincoln and Guba in de</p>

	<p>Vos, 2005b: 246).</p> <p>To help other researchers decide whether the findings were transferable I had to take care to describe the research context and participants in enough detail. My study was conducted in the Eastern Free State in the Thabo Mofutsanyana district. To allow other researchers to decide if my findings might be transferable to situations in which they do research, I described the context and made it clear how my participants were affected (Cf. 3.3.3 & Table 3.2).</p>
Dependability	<p>Dependability relates to how likely it is that the findings of my study might be found again (de Vos, 2005b: 346; Merriam, 2008; Serero, 2008: 83). For this reason, I had to provide a thick description of the process undergone during the study. A thick description includes clear and detailed information about the decisions, methods and procedures which shaped the study (Serero, 2008: 83).</p> <p>I provide detailed information of methods and procedures used that influenced how REds was conducted in Chapter Four. I also include an audit trail (see Addenda D & E), and rich examples from my data (see Chapter Four).</p>
Confirmability	<p>Confirmability refers to the extent to which the research can be confirmed and supported by others (Lincoln & Guba, 1985: 219). In REds, I got feedback from others (e.g. the fellow student who also facilitated REds), and I used member checking (Nieuwenhuis, 2007c: 114) to confirm my data and interpretations.</p>

3.3.7 Ethical Aspects

According to Maree and Van der Westhuizen (2007: 42), it is essential for the researcher to be familiar with the ethics and policies of the university. I

therefore followed the ethical policy of the North-West University (NWU). My study forms part of the larger REds study which has received ethical clearance from NWU's ethical committee, (NWU-00013-07-A3). In addition I paid attention to the following ethical principles:

3.3.7.1 Protection from harm

The researcher should not expose participants to any action that can harm them emotionally or physically. Participants should be informed in time about the nature of the study they are involving themselves in, and be given a chance to decide whether or not they choose to participate (Leedy & Ormrod, 2005: 101; Strydom, 2005: 58). I explained the aim and process of the REds programme to the participants during the recruitment phase. During REds I avoided saying or doing things that would harm my participants.

3.3.7.2 Informed consent

Strydom (2005: 59) explains informed consent as the procedure whereby all possible and important information on the investigation procedures that will be followed during the investigation is made clear and discussed beforehand, as well as the advantages, disadvantages, harm of any sort and the credibility of the researcher, so that respondents know exactly what is happening, how the research will proceed and what will happen at the end of the research project. The informed consent helps respondents to understand what they are getting themselves into, and to have a choice to agree or disagree to take part without feeling any pressure (Leedy & Ormrod, 2005:101).

Participants took part in the programme voluntarily and signed the informed consent form to confirm that they agreed to take part in the programme and fully understood the possible risk and benefits involved (See Addendum A). Participants were aware that they could withdraw from the programme if they so wished (Leedy & Ormrod, 2005: 101; Strydom, 2005a: 58). Participants were also told about the benefits they could gain from the REds programme among others, knowledge about supporting infected and affected people, including loved ones and learners, dealing with stress, stigma and getting more information about educators' rights regarding HIV/AIDS, and gaining

skills on how to care for infected and dying people. They were warned that they might find discussing sensitive issues like HIV, death and bereavement which may be uncomfortable.

3.3.7.3 Honesty with Professional Colleagues

Researchers must report their findings, raw as they are, in a complete and honest manner. Findings from the participants should not be misrepresented (Leedy & Ormrod, 2005:102; Strydom, 2005a: 60-61). In the study of REds, I explained all the details and procedures that took place in the programme process. Nothing was misrepresented or plagiarised and all the information was presented honestly (Corey & Corey, 2002: 52; Leedy & Ormrod, 2005:101; Strydom, 2005a: 60-61; Waters-Adams, 2006: 21).

3.3.7.4 The right to privacy

The privacy of the participants should be respected (Leedy & Ormrod, 2005:102). The research report should be presented in such a way that no-one may be identified by his or her own name, or anything that may relate to a particular person. Participant identity is treated as confidentially as possible, and no-one should be associated with any responses from a particular participant. Participants may be allocated symbols so that their identity is protected. During the implementation of the REds programme, comments of the participants were kept confidential by reporting in an anonymous way (Leedy & Ormrod, 2006: 101-103; Strydom, 2005a: 67-68; Toseland & Rivers, 2001: 9-10; Waters-Adams, 2006: 21). In Chapter Four I refer to them as "participants" and do not use their names. However, because participants were part of a group, their identities were known to one another. They were aware of this from the outset.

3.3.7.5 Actions and competence of researchers

The researcher must be competent and aware of her ethical responsibilities (Strydom, 2005a: 63). My ability to facilitate REds was enhanced by one-day training received from experienced researchers on the content and methodology of REds. During my implementation of REds I also participated

in two feedback sessions with other REds facilitators and experienced researchers. This helped raise my competence to facilitate REds.

3.3.7.6 Cooperation with contributors

Strydom (2005a: 64-65) explains that research projects are very expensive and that the researcher cannot handle them by himself but requires the support of sponsors with whom an agreement needs to be reached. Contributors to the research should be acknowledged. This research was made possible by the financial contribution of the National Research Foundation of South Africa (Thuthuka programme) and the North-West University (Focus Area 5.1).

3.3.7.7 Publication of findings

When the final reports are released, the researcher must be certain that the findings are accurate, objective, clear and contain all the important information. Plagiarism and other offences should be avoided (Strydom, 2005a: 65-66). In this study, the results or the findings will be published for the reading public and I will ensure the accuracy and objectivity of the results.

3.3.7.8 Debriefing of respondents

Debriefing should be done after the study in order to minimise the possibility of harm to the participants (Strydom, 2005a:66). In the last session of REds, participants were debriefed (there was also short debriefing at the end of each session). From the start they knew that there were only nine sessions and when the last one would be. Even so, participants were reminded that we had come to the end of REds and that another session would be scheduled in three months' time to find out how participants were coping with life after REds. Participants were also given certificates following participation in the REds programme. I reminded them of local support services that they could contact if they needed ongoing support.

3.4 CONCLUSION

This chapter has clearly outlined the intervention framework and pre-experimental research method followed in this study. In the next chapter, I present the pre- and post-test findings and answer my research question.