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Evaluation of the CaringTV® Project at Armila Hospital – Professionals' Point of View

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Laurea University of Applied Sciences **Abstract**
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Development of welfare technology and it's innovative new applications can offer solutions to increasing needs of resources in elderly care world-wide. CaringTV® (HyvinvointiTV®) is an interactive and participative television system, using a safe broadband, through which guidance and support services are given as various participative programmes to improve and promote the capacities of elderly people. It has been developed by Laurea University of Applied Sciences in close co-operation with public-, private- and third sector partners. Learning by Developing method is used to involve students as active research and development partners in planning, implementing and evaluating the CaringTV® programmes, and client driven method of service design and development is used to produce services that respond to the needs of wide variety of different clients.

The aim of this research is to investigate the experiences of health care professionals participating in the CaringTV® project at rehabilitation Ward 3, in Armila Hospital, Lappeenranta, and to use the findings in evaluation of the process of CaringTV® project at Armila. Another aim is to create a visual presentation of Armila project process with participants and their roles. Small Scale Practice introduced by Hall &Hall (2004) and utilisation-focused evaluation (Patton 1997) provide methodological framework for this qualitative inquiry.

The informants (n=6) participated into thematic focus group interview at Armila Hospital in April 2008. The interview was recorded, and the transcribed data was analysed in two steps by using content analysis method. The first step was deductive and produced answers to three main evaluative questions; factors enhancing the realisation of CaringTV® project at Armila, factors inhibiting the realisation of CaringTV® project at Armila, and professionals suggestions for developing the CaringTV® in the future. Second step of analysis was inductive, producing three themes which provide more in-depth information about professionals experiences related to the CaringTV® project. Theme Expectations and Conceptions describes what kind of knowledge professionals have about CaringTV®, and what were their expectations at the beginning of the project. Theme Participation describes how staff and patients participated into the CaringTV® project at Armila. Third theme, Circumstances, contains descriptions about obstacles faced by the CaringTV® project at Armila, and about tackling these obstacles during the project, and in the future.

Findings of this research suggest that there are aspects in the development of CaringTV® to be considered and investigated closer. Obstacles, such as lack of staff resources and demanding patient material, experienced by professionals, do not fully explain the lack of active participation from the behalf of project participants at Armila Hospital. More attention should be paid for education and motivation of all professionals involved, and into investigating the circumstances, prior to introducing CaringTV® into new caring environments. This new innovation presents many possibilities in the future, but it's limitations should be acknowledged as well.

Key words CaringTV®, Armila Project, Evaluation research

Jenni Kippola

Armilan sairaalassa toteutetun HyvinvointiTV® projektin arviointia henkilökunnan näkökulmasta

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Hyvinvointi teknologian ja siihen liittyvien innovatiivisten, uusien sovellusten kehittyminen voivat tarjota ratkaisuja maailmanlaajuisesti lisääntyvään voimavarojen tarpeeseen vanhusten huollossa. HyvinvointiTV® on interaktiivinen ja osallistava, turvallisen laajakaistan välityksellä toimiva televisio, joka tarjoaa ohjaus- ja tukipalveluita ikääntyvien toimintakyvyn tueksi. Se on kehitetty Laurea Ammattikorkeakoulussa yhteistyössä julkisen-, yksityisen-, ja kolmannen sektorin kumppanien kanssa. Learning by Developing, kehittämispohjaisen oppimisen- mallin mukaisesti opiskelijoilla on aktiivinen rooli HyvinvointiTV® ohjelmien suunnittelussa, toteuttamisessa ja arvioinnissa. Asiakaslähtöisyys palvelujen suunnittelu- ja kehittämismallina tuottaa palveluja laajakirjoiselle asiakaskunnalle.

Tämän tutkimuksen tavoitteena on kartoittaa HyvinvointiTV® projektiin Lappeenrannassa, Armilan sairaalan osastolla 3, osallistuneiden terveydenhuoltoalan ammattilaisten kokemuksia ja käyttää tietoa HyvinvointiTV® projektin prosessin arvioinnissa. Toisena tavoitteena on Armila projektin prosessin kuvaus kaaviona, joka yhdistää eri toimijat ja heidän roolinsa. Tämän laadullisen tutkimuksen menetelmällisinä lähtökohtina toimivat hyödynnettävyys-lähtöinen (utilisation-focused evaluation, Patton 1997) ja pienimuotoinen (small scale practice, Hall & Hall 2004) arviointitutkimus.

Tiedonantajat (n=6) osallistuivat temaattiseen focus ryhmä haastatteluun Armilan sairaalassa huhtikuussa 2008. Haastattelu nauhoitettiin ja litteroitu aineisto analysoitiin kaksivaiheisesti käyttäen sisällön analyysi- menetelmää. Ensimmäisessä vaiheessa deduktiivinen analyysi tuotti vastauksia kolmeen keskeiseen arviointikysymykseen; HyvinvointiTV® projektia Armilassa edistäneet tekijät, HyvinvointiTV® projektia Armilassa estäneet tekijät, ja henkilökunnan ehdotukset HyvinvointiTV®:n kehittämiseksi tulevaisuudessa. Toisessa vaiheessa aineistolähtöinen (induktiivinen) analyysi tuotti kolme teemaa; Odotukset ja Käsitykset, Osallistuminen ja Olosuhteet, jotka antavat syvällisempää tietoa henkilökunnan kokemuksista HyvinvointiTV® projektiin liittyen. Odotukset ja Käsitykset -teema kuvaa, millaista tietoa henkilökunnalla on HyvinvointiTV®:sta ja millaisia odotuksia heillä oli projektin alkaessa. Osallistuminen –teema kuvaa potilaiden ja henkilökunnan osallistumista HyvinvointiTV® projektiin. Kolmas teema, Olosuhteet, kuvaa HyvinvointiTV® projektiin Armilassa liittyneitä vaikeuksia ja kuinka niistä selvittiin, tai kuinka niistä tulisi selvitä tulevaisuudessa.

Tämän tutkimuksen löydökset antavat ymmärtää että HyvinvointiTV® :n liittyy näkökulmia jotka edellyttävät tarkempaa harkintaa ja tutkimusta. Ammattilaisten näkemykset estävistä tekijöistä, kuten henkilökunnan resurssit ja vaativa potilasmateriaali, eivät täysin selitä aktiivisen osallistumisen vähyyttä Armilassa. Enemmän huomiota tulisi kiinnittää henkilökunnan kouluttamiseen ja motivoimiseen, ja olosuhteiden kartoittamiseen, ennen HyvinvointiTV® :n käyttöön ottoa uusissa kohteissa. Tämä uusi innovaatio sisältää monia tulevaisuuden mahdollisuuksia joiden mahdollinen rajallisuus tulisi myös tunnustaa.

Asiasanat   HyvinvointiTV®, Armila Projekti, Arviointi tutkimus

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APPENDICES

1 INTRODUCTION

European Union and Finland have been active in financing and developing new technological innovations in the field of health care. Many research and development programmes involving public-, private- and third sector parties have been conducted in the twenty-first century. During the years 2006-2007, two million Euro financing was given by European Regional Development Fund (ERDF) to InnoElli Senior Programme in South-Finland. The central idea of the programme was to create integrated service models that enable public, private and third-sector organisations to adopt new working methods and to provide technology-enabled and cost-effective services. (European Commission 2005) Laurea university of applied sciences (later in the text referred to as Laurea) started developing CaringTV® concept in co-operation with Espoo city, TDC Song Ltd. and Videra Ltd. in 2006. The aim was to produce welfare services for elderly by using interactive TV programmes. A client driven design model has involved a large number of professionals, students and clients into development of this interesting new innovation. (Kotiin-hanke 2008)

Among the several sub-projects of InnoElli Senior programme, a GOING HOME Project was launched at Laurea in 2006. In this project, a concept was developed for providing guidance and counselling via CaringTV® to senior citizens living at home, or being discharged from hospital, and to home care clients with high risk of illness. GOING HOME Project has also been divided into three different sub-projects, and in this research, the focus is on the Going Home sub-project in Lappeenranta. The aim at Lappeenranta was to promote well-being among elderly patients discharged from hospital, and the CaringTV® was tested in three different settings located at public and third sector. (Lehto 2008)

This Masters' thesis is a part of an extensive Research and Development project in Laurea, which aims at development of the Caring TV® as concept and multidimensional service product. The thesis will describe experiences of professionals participating the CaringTV® project at Armila Hospital in Lappeenranta. The qualitative data analysis of the professionals' interview gives insight to the project and guides the researcher in evaluation of the process of Armila project. Another goal of this thesis is to establish an visual image of the Armila project by drawing a picture of different project participants and their roles in relation to CaringTV® development process. Utilisation-focused evaluation (Patton 1997), and small scale practice (Hall and Hall 2004) provide the methodological framework for this research.

Action research methodology and Learning by Developing (later in the text abbreviated as LbD) model have been utilised in the development of CaringTV® in Laurea. In LbD model learning process and research and development process are synthesised into a real-life based, innovative process, which enables students to develop expertise useful in working life, with-

out limitations set by curricula. As result, both, new knowledge and new expertise is created, for the benefit of all participants of research and development projects. (Kallioinen 2008) This is also the path which has lead to the writing of this Master's thesis, giving the researcher many valuable lessons in networking, communication and co-operation.

The focus of this research is best described as situational and personal qualitative inquiry. The findings can not be generalised and they have to be viewed in the context of CaringTV® and Going Home project at Armila hospital. Although the role of the researcher has been more of a neutral evaluator, one has to remember that she is a representative of Laurea and is presenting in findings the experiences described by one group of project participants. In utilisation focused evaluation the researcher plans the evaluation process according to the intended use of the evaluation findings. In this research, the focus group interview as data collection method was planned according to the knowledge on CaringTV® project and action research process. Interview themes and data analysis were planned to support the generation of data that will be primarily used for the further development of the CaringTV® programmes and services by Laurea.

2 TECHNOLOGY AND NEW INNOVATIONS IN HEALTH CARE

In Finland as well as in most of the western world the percentage of ageing of the whole population is continuously growing. The percentage of over 65 year olds in the population has increased from 12.1 % at 1980 to 16.5 % at 2007 and it has been estimated that by 2030 it will be as high as 26% (Tilastokeskus 2008). Our health care system is already struggling to provide services to the growing number of elderly and as public discussion continues to revolve around the same problems, very little change or improvement seems to have taken place during the new millennium. Integrating new technological development with evidence based knowledge in nursing might help us to solve some current and future health care challenges.

Finland already invests heavily in developing its healthcare system and is taking advantage of the opportunities presented by new technology. Governmental and regional authorities, financiers and public and private service providers are working in close co-operation to implement the new operating models as widely as possible. Programmes, such as Tekes' (Teknologian kehittämiskeskus) Finnwell programme act as important financier of this sort of development. (Tekes 2007) Sitra (Suomen itsenäisyyden juhlarahasto), the Finnish Innovation Fund is an independent public fund which under the supervision of the Finnish Parliament promotes the welfare of Finnish society. Sitra's Health Care Programme is looking for new solutions to improve the standard of health services and to make sector even more effective. One of the objectives of this programme is to promote comprehensive use of new technologies and services. (Sitra 2004) European Union has an Regional Development Fund (ERDF) that has been financing extensive programmes for development of different health care services all over the Europe.

2.1 Welfare Technology

Technology, which is used to enhance health, welfare and independence, is defined as welfare technology (Saranummi. 2001) Great variety of different technological solutions related to communication and information technology are used in medicine and healthcare, and the related terminology used in literature is variable and sometimes confusing. It is necessary to discuss the relationship and differences of concepts such as telemedicine, telehealth, telecare and telenursing, in order to understand the significance of welfare technology and the concept of CaringTV® used in this research.

The concept telehealth, defined by Norris (2002) is the use of information and communication technologies to transfer healthcare information for the delivery of clinical, administrative and educational services, is closely related to telemedicine. Telemedicine is the use of informa-

tion and communication technologies to transfer medical information for the delivery of clinical and educational services, defines Norris (2002). Telemedicine experienced a breakthrough during the first Gulf War in 1991, when military used different technological solutions for supporting their front line medical procedures. (Proctor in Barnard and Locsin 2007) Norris (2002) describes that there have been indications of a term telehealth replacing term telemedicine, when for example in Australia the studies have shown a shift on the emphasis of services provided through the telecommunications. The 21st century has shown an increase in telehealth services provided by different health care professionals instead of medical doctors.

Telecare, a concept widely used in literature, it is defined by Norris (2002) as the use of information and communication technologies to transfer medical information for the delivery of clinical services to patients in their place of domicile. CaringTV® concept developed in Laurea, can be defined as a practical application of telecare. Telecare can be, according to Proctor in Barnard and Locsin (2007), also described as supporting carers in their own homes. In literature, telehealth and telecare are sometimes also referred to as e-health services (with e-as reference to electronic), this indicating the different commercial and electronic services related to health care (Saranummi 2001). Terms telematics, or telematic interventions in health, are also used in literature, referring to the global meaning of "tele" as combination of visual, audio and text technologies (Proctor in Barnard and Locsin 2007).

Norris (2002) and Proctor in Barnard and Locsin (2007) use the term telenursing as definition of the nurses' role as care provider in telehealth settings. Thus, telenursing could be defined as providing evidence based nursing interventions via interactive communication devices, such as telephone, television, or internet. Nursing interventions are defined as an act to implement the nursing care plan as part of the nursing process. Nursing interventions can be physician's orders (dependent interventions), helping, teaching, guidance or both physical and emotional support (independent interventions) and collaborations with other health care professionals, such as physiotherapists (interdependent intervention) (Earnest 1993). The variety of nursing interventions indicates that there are endless possibilities for the telenursing applications in various different settings, and practically the only thing that telenursing is not, is the physical face to face contact between the professional and the client(s).

Many attempts to produce more widespread services and actually put telehealth and telemedicine solutions into practice have failed after the initial piloting and research phase. (Saranummi 2001) In their extensive qualitative review of literature published 2007, Broens et al suggest that an inter-organisational multidisciplinary approach would be helpful in developing more successful telemedicine implementations. There are indications that further progress into the twenty-first century will lead to increase in the use of telehealth solutions; a

survey, carried out in the United States in 2005 forecasted a sharp increase in the demand of telenursing experts. Many telehealth applications have originally been financially motivated, and hospitals and health districts have looked for savings in personnel expenses by investigating and launching telehealth services. However, telematics should be used in health only when it is useful solution to all parties, and prior to developing new telehealth or telecare services, a careful research should be conducted among the service providers, professionals and the intended target group, about the contents and the usefulness of this kind of a solution in the intended setting. (Proctor in Barnard and Locsin 2007)

2.2   CaringTV®

CaringTV® (HyvinvointiTV®) is a two channel, interactive and participative TV (television) system using a safe broadband through which guidance and support services are given as various participative programmes to improve and promote the capacities of elderly people living at home. Laurea is responsible for the research and development of CaringTV® concept, and participative content production, while TDC Song and Videra Oy as private companies provide the technology, and the participating municipalities (Espoo, Vantaa, Turku, Laitila and Lappeenranta) the guidance and support services. The interest is in discovering new, technology based solutions which support elderly people in staying at home and improving their quality of life by allowing them to have more control of their own lives. As research programme CaringTV® has been part of EU funded InnoElli Senior programme. (Kotiin-hanke 2008)

In client driven method, the contents of guidance and support services and participative programmes are planned together with clients according to their own expectations and with the supervision of experts. The contents of participative programmes in CaringTV® has been created by analysing client- and focus group interviews. The main categories of virtual services have been identified as health-, mental health-, and nutrition-, rehabilitation-, social- and habitation services. CaringTV® concept consists of improving security, safety and action competencies increasing possibilities for participation in social interaction, and promoting the well-being of care receivers and family care givers. (Raij 2007)

The aim of the different CaringTV® projects has been to gather experiential data from family carers and other operators, as well as research-based evidence of the opportunities for using modern technology in welfare services. Contents of CaringTV® have been developed in GOING HOME project which consists of several sub-projects carried out as developmental action research. The main goal of these projects has been to generate, develop, test and productise TV-based guidance and advice services, and interactive programmes, which will enable the elderly and their caretakers to manage at home. (Lehto 2008)

GOING HOME project has been implemented in Uusimaa, South Karelia and Southwest Finland. In the first stage of the implementation, the expectations of the elderly and their caretakers were recorded with regard to the process of settling elderly people back into their homes, after they have been in an institution. In the second stage, an activity-based research approach was devised and adapted, and guidance and advice services and interactive programmes were tested. The goal has been to produce guidance and advice services and content that can be expanded nationally and even internationally. GOING HOME project has been divided into three sub projects which are called Home Clinic for the Elderly (Supporting senior citizens discharged from hospital), Digame (Digital services to support living at home) and Going Home in Lappeenranta (Promoting well-being among elderly patients discharged from hospital). (Kotiin-hanke 2008)

2.3 GOING HOME Project in Lappeenranta

As part of the GOING HOME Project, CaringTV® was tested in promoting well-being among elderly patients being discharged from hospital. This sub-project was executed in Lappeenranta, a city located in south Karelia, about 220 kilometres from Helsinki. Participating organisations in Lappeenranta were the City of Lappeenranta and the Lappeenrata Rehabilitation and Spa Foundation. The operational environments were located in service blocs of the Lappeenranta Service Centre Fund (called Pajuranta and Kasarminportti), Lappeenranta Spa and its Kuntokartano rehabilitation department, and Ward 3 at Armila Hospital. (Kotiin-hanke 2008)

The aim of this project was to improve the quality of life of elderly and their significant others, and to promote their ability to cope independently. CaringTV® programmes in diverse subjects were broadcasted, including information on volunteer work, family caregivers and the support organisation for disabled war veterans. There were also topics such as mental well-being and happy ageing, and programmes related to rehabilitation. Programmes specifically produced for Armila hospital in Lappeenranta included "preparing for going home" for patients who had undergone hip surgery. (Lehto 2008)

The development of CaringTV® is a cyclical action research process, in which the information gathering is followed by planning and implementation. After implementation, the action is evaluated and the new action phase is planned and implemented. These cycles should produce continuous feedback for the development of the action, which in this case is the CaringTV® and it's programme contents. In GOING HOME project in Lappeenranta, as in all client driven CaringTV® projects, the work began by gathering of data about the needs of the clients. In the autumn 2006/2007, background information about different client groups and their needs was gathered. Focus group interviews were held for the professionals at home-

care, service housing environment, and hospital rehabilitation ward, in order to plan the contents of the programmes. (Lehto 2008)
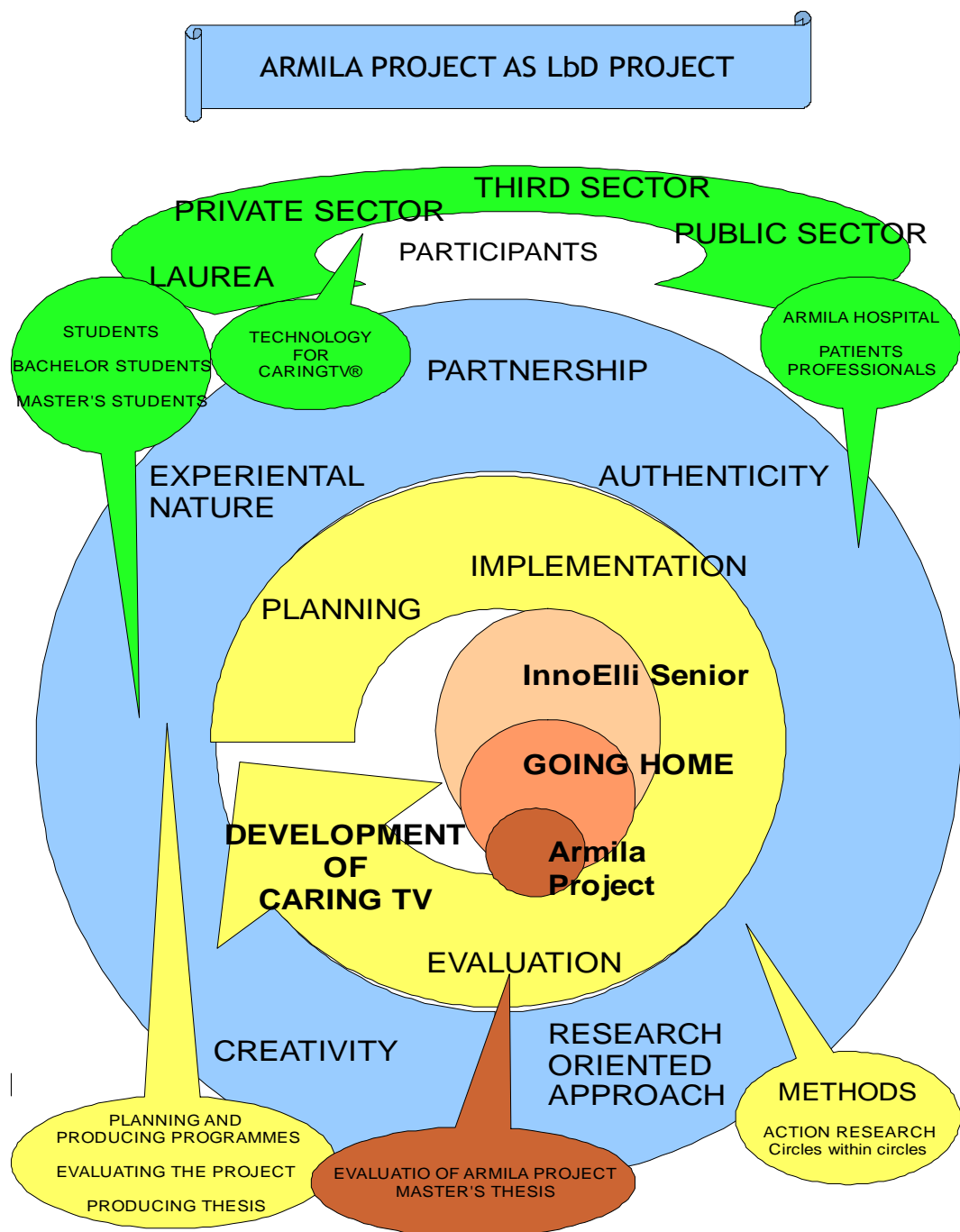
2.4 Armila Project

The process of planning, implementing and evaluating the CaringTV® programmes for hip fracture patients going home from Armila hospital rehabilitation Ward 3 has been unofficially called the Armila Project. The name has been used at least by the Laurea students who have been involved in this process. It is important to distinguish this separate sub-project as it's own process within the extensive action research cycles of CaringTV® development. As part of Going Home in Lappeenranta, which is a part of GOING HOME Project, which again is a part of InnoElli Senior programme, the Armila Project becomes a one cycle within the cycles that aim at testing, developing and producing the concept and contents of CaringTV®. (Lehto 2008)

In Armila project, CaringTV® programmes for supporting the discharge of the hip fracture patients were developed. The participants in the project were the students at Laurea, the professionals and patients at Armila hospital Ward 3 and the organisations involved in developing the CaringTV® and financing the project. The bachelor students of nursing and physiotherapy were planning and producing a variety of programmes according to the background information collected about the needs of the patients. The patients at Armila were generally known to be old and in poor condition, both physically and mentally, with often multiple diagnosed diseases. The hip fracture patients with better medical condition were located at different care settings, such as Kasarminportti and Pajuranta, in Lappeenranta. Usually the patients with more complicated conditions were staying longer at hospital and were placed at Armila Ward 3 for rehabilitation.

The Armila project was an action research process, based on the LbD- model, which is a central model for learning process in Laurea and methodologically consistent with action research. The LbD-model enables development thought systematic evaluation and readjustment of action during the research or learning process. The Armila project can be viewed as LbD-process from the point of view of the individual participants, such as Laurea students or from the point of view of participating organisations or communities. (Kallioinen 2008)

In action research, the cycles of planning, action and evaluation are repeated, and sometimes also overlapped (Bond and Hart 1995). The Figure 1 describes the process of Armila project as an LbD and action research process. The different participants are placed into the cycles that describe the different stages of the project. The purpose and the aim of the project, development of CaringTV®, with the contribution from the project partners, is also included in the figure.

Figure 1

3. PURPOSE OF THE RESEARCH

The purpose of this research was to evaluate the process of Armila Project from the point of view of the professionals working at Armila Hospital Ward 3. The aim of the evaluation is to develop the CaringTV® programmes and their production process. The structured focus group interview of the professionals produced data which was analysed qualitatively by using both, deductive and inductive content analysis methods. The project has been evaluated as a process and the researcher reflects the experiences of the professionals in relation to the planning, implementation and evaluation stages of CaringTV® project at Armila. The qualitative interview data provides valuable insight to the experiences of professionals and findings will benefit all project partners of CaringTV®; the Laurea and its' students, the professionals and patients in Armila Hospital, the financiers, and the third and private sector partners.

First research task was to investigate the experiences of professionals about the CaringTV® project at Armila Hospital and reflect the findings in order to evaluate the Armila project process.

Second research task was to create a visual presentation of the whole Armila project with different participants, their roles and their relation to different stages of the project. This presentation is then used in Figure 1 at the page 13 as part of description and definition of the Armila project.

4. METHODOLOGY

The evaluation is often defined as systematic determination of merit, worth, and significance of something or someone using the criteria against a set of standards (Wikipedia 2009). Evaluation can be divided into summative and formative evaluation. When evaluating a process, such as an action research project, the summative evaluation concentrates on investigating the outcomes and results, whereas formative evaluation explores the whole process of why, how and what has been done. Evaluating the process itself is the core of evaluation in developmental projects. (Eräsaari et.al 1999) The evaluation in this research belongs to the category of formative research; it focuses on the process and instead of examining outputs and outcomes, it can describe how the project happened – or didn't happen – or should have happened.

"Qualitative methods are often used in evaluation because they tell the program's story by capturing and communicating the participant's stories." (Patton 2002, 10) The choice of qualitative data collection and analysis method for this research was self-evident almost from the beginning. The first plans for the evaluation of Armila Project included collection of feedback data that could also have been analysed by using quantitative methods. As the project proceeded the plans had to be changed, and because of the short time frame the different possibilities for data collection were narrowed. The conclusion was to collect as much interview data as possible from one source and to use it for describing and investigating the project process. Qualitative data could then be used for evaluation in variable of ways.

Patton (2002) suggests that there are four reasons, why qualitative inquiry is highly appropriate for studying a process; (1)because it provides detailed information on interactions between people, (2)the experience of process varies for different people and its best to capture their experience in their own words, (3) project is dynamic and situational, and (4) participants' perceptions are a key process consideration. Both improvement-oriented and knowledge-oriented evaluation describe the aims of this research, in which the aim has not been to judge or evaluate the outcomes of the CaringTV® Project at Armila, but to look for possibilities for development through the analysis of the experiences of one group of participants.

4.1 Utilisation Focused Evaluation

Program evaluation has traditionally been defined as evaluation of results, in practice evaluating whether the goals set for the program have been met. Utilisation-focused evaluation introduces a much broader view to the program evaluation, which includes for example examining the implementation and processes of the program. (Patton 1997) This research will examine the participants' experiences and aims at evaluating the Armila project process. The

knowledge of the project process is then further reflected to be used in development of CaringTV® programme services.

Intended use by intended users is the focus in utilisation-focused evaluation, writes Patton (1997) and indicates, that there is a need to move from abstract and general into real and specific; the concrete uses of the evaluation. Grounds of this research are in the development of CaringTV®, and the intended users of the results of this evaluation are the CaringTV® project partners who are developing and producing CaringTV® contents. The key user of the evaluation will be Laurea, along with other CaringTV® partners, but also other participants of the project should be able to use the result for evaluating their role in the Armila project. Utilisation focused evaluation offers a practical framework for doing project evaluation in a way that seems feasible and useful for Masters' thesis.

Evaluating Armila project from the point of view of the professionals gives valuable information on project process and experiences of the participants. Improvement oriented evaluation, such as formative evaluation looks for both strengths and weaknesses of the project in order to use this knowledge to inform an ongoing cycle of reflection and innovation. In knowledge oriented research the aim can be as simple as to find out what participants really experience during the project. Better understanding of the project again enables development. (Patton 1997)

4.2 Small Scale Practice as Data Collection Method

Utilisation-focused evaluation defines general principles of evaluation research used in this thesis and small scale practice defines the more practical framework for the evaluation process. Hall and Hall (2004) introduce small-scale practice as evaluation method especially suitable for project evaluation that is conducted on short time frame and with little resources. This is a method most suitable to describe the realisation of this research, where one particular program is evaluated in collaboration with students and other project participants. Small-scale practice is process evaluation, emphasising the revelation of the whole process by which the program has been delivered, instead of only investigating the impacts of the program. This will produce valuable feedback to participating organisations, especially Laurea, which can use the information for further development and improvement of the CaringTV® concept. Process evaluation applies formative evaluation by using qualitative research methods and gives priority into developing a relationship with practitioners. (Hall and Hall 2004)

Small scale practice, according to its name, is conducted on short time scale, usually over few months, by part-time evaluators. Because monetary resources from organisation are limited the evaluation is usually conducted in only one or two locations, often with small team of

researchers providing feedback on the experience of a program, from the viewpoint of stakeholders. (Hall & Hall 2004) Armila Project has been a collaboration between partners located considerable distance apart from each others. The participants at Laurea have been planning and broadcasting the CaringTV® programmes in Well Life Center in Espoo, about 221 kilometres from the City of Lappeenranta and the Armila Hospital. For this research it was feasible to conduct one focus group interview at Lappeenranta in order to minimise the travelling expenses and problems with scheduling.

Evaluation for development and evaluation for use are the main goals of evaluation in small scale practice. Emphasis is on understanding more of the whole process rather than impact of the project which is mostly due to limited scale of the research. Service improvement is major goal and in this research it means the improvement of services for elderly trough the development of CaringTV® concept. Evaluation is designed to be used by organisation to change its practice or in this case to develop the CaringTV® and CaringTV® programmes. The knowledge produced in this research will benefit all participating organisations by providing them information about their own processes and describing the roles of different participants more concretely. (Hall and Hall 2004)

What is feasible for a student project determines much of the difference between small scale practice and other evaluation theories. Because of limited amount of time and financial resources the evaluation in this research is not systematic but more concentrated into professionals point of view and carried out only at the end of the project. The limited resources also effect the role of an researcher, in small scale practice an evaluator is more an independent consultant with flexibility to become a participant if required. This is in contrast with the classical scientific model, where the evaluator is the objective expert and has the control of the evaluation. Small scale practice is also a developmental model and owes to the ideas of empowerment by recognition of all participants as equal. Everybody should benefit from this evaluation and negotiation and respect to the needs of both, the researcher and the researched should be guidelines in implementation of the research. (Hall and Hall 2004)

In small scale practice evaluation should be learning experience to all partners, with researcher acknowledging the expertise and wisdom of organisational members and them respecting the competence and knowledge of the evaluator. Evaluation is part of a reflective process, with evaluator conducting her work with self-awareness and through regular contact to tutors, remembering that student evaluator has right for regular supervision and support from the organisation. (Hall and Hall 2004) Evaluator's role in this research is both the role of a student who goes trough an experiential learning process, and of a partner who contributes to the realisation of the project, this is in synchronisation with Laureas' LbD-model as participative learning process.

5. DATA COLLECTION

5.1 Informants

The logic of purposeful sampling in qualitative inquiries lies in the in-depth understanding of the chosen phenomenon. It is necessary to focus the selection of the informants into population that is likely to have information that can provide answers to the research questions. The sample of informants in qualitative research can be very small in comparison to sample in quantitative research, the purposefully selected informants can provide large amounts of data to describe and understand the phenomenon that is being researched. (Patton 1997)

When the aim of qualitative research is to evaluate a project, the selection of informants is to certain extend predetermined. This meaning, that the obvious informants in this kind of a research are the participants of the project, in this case, organisations, students, professionals and the clients involved in different stages of planning and implementing the Armila Project. The research question has focused the data collection of this study into professionals working at Armila Hospital in Lappeenranta. More precisely, they are professionals working in the Ward 3, which is a rehabilitation ward where CaringTV® programmes for patients recovering from hip fracture operation were experimented. An open invitation (Appendices 1 and 2) to all professionals in Ward 3 at Armila Hospital, was posted through ward sister, and the aim was to welcome everyone to participate voluntarily to the evaluation, by attending the focus group interview. Since the evaluation was part of the GOING HOME Project carried out at the Armila Hospital, there was no need to apply for a separate research permission for interviewing the participating professionals.

The staff in rehabilitation Ward 3 at Armila Hospital is multiprofessional, and all members of health care staff from ward sister to nurses and physiotherapists, were considered as participants of the Armila project. Due to timing of the interview during the working hours and at the change of the shift, 3 to 10 participants were expected to attend. Eventually, six interviewees (n=6) were present at the focus group interview which took place at the meeting room in Armila hospital on 28th of April 2008. A ward sister, a physiotherapist and four nurses represented the professionals who had been working at Ward 3 in Armila Hospital during the period of CaringTV® project. Some of them had been in a more active role as contact persons for project, and had been well dedicated for the project. More detailed background information about informants, including gender, age and educational background, is not provided in order to protect informants anonymity.

5.2 Focus Group Interview

Choosing data collection method was a result of several months work of planning, reflection and literature research. Both, a questionnaire and interviews were first considered, however it became evident that getting ongoing evaluation questionnaires to Armila and ensuring that they would also be filled and returned, was likely to be unsuccessful due to the considerable geographical distance. There were plans to create a joint virtual working space in internet, where all participants of the project could give feedback and discuss, but mainly due to tight schedule and some issues that rose concerning to the staff at Armila Hospital for being able to access the site, it was abandoned. What was left for researcher to do in order to assure data collection and evaluation from Armila point of view, was to consider interviewing the staff.

According to Rubin and Rubin, qualitative interviewing is an important technique for evaluating a programme or a project, "trough qualitative interviews you can understand experiences and reconstruct events in which you did not participate" (Rubin and Rubin 1995, 1) Focus group is a qualitative research method used for listening to people and learning from them, guided group discussions can generate a rich understanding of participants' experiences and beliefs, and qualitative methods are best suitable at interpretation when the aim is to understanding why things are the way they are and how they got to be that way. (Morgan 1998) Focus group interviews are a form of evaluation, in which groups of people are gathered to discuss potential changes or shared impressions, in order to attempt to learn whether for example new programs, projects or other types of intentional changes, such as new innovations are living up to expectations. Because evaluation research focuses, in part, on what goes wrong with a program or a project, accounts or justifications are typical to this type of interviewing. (Rubin and Rubin 1995)

To obtain high quality information in interviews, researcher is dependent on the co-operation of her interviewees, and an intention to learn about people's feelings, thoughts, and experiences, transforms interview from discussion into delicate research instrument. When researcher encourages informants to talk openly and frankly, she also incurs serious ethical obligations to them; avoiding deception, asking permission to record, and being honest about the intended use of the research, are to be considered in the interview situation. In evaluation interview researcher has an opportunity to learn in depth and detail how those involved view the successes and failures of a program or project. (Rubin and Rubin 1995)

There are many facts for the favour of using focus group interview, but seemingly only few that would suggest it not to be the method of choice in this research. Literature suggested that this is a method most suitable for an experienced researcher and interviewer, which might present the problem mainly in the interview situation itself. (Morgan 1998) As a nurse

the researcher beliefs to have adequate communication skills and from previous studies and working experiences, qualities that will help to generate a focus group interview. However there is a possibility of failing in carrying out the interview situation which is very risky in the case where all data collection is dependable on single interview session. Guidance and encouragement from facilitators and thorough studying of interviewing techniques have helped in tackling this problem and minimising the risk of failure in data collection.

5.2.1 Formulating the Focus Group Questions

The process of formulating the questions or topics for the focus group interview in this research was a challenging task. As an inexperienced researcher and focus group moderator, this involved a long process of literature research and reflection. The previous knowledge acquired about CaringTV®; its effectiveness, and the needs of clients had to be taken into consideration when planning the themes and questions that would help to evaluate the project and encourage the staff to describe their experiences. The major determinant of the focus group themes was the aim of the research to evaluate the process of Armila project. It was necessary to include different stages of action research into the interview themes in order to ensure data that could be used for the evaluation of the whole process.

Two different questioning strategies for focus groups are currently in use, and each approach has built-in assumptions, advantages and disadvantages. The topic guide is a list of topics or issues to be pursued in the focus group, this list consists of words or phrases that remind the moderator of the topic of interest. By contrast, the questioning route is a sequence of questions in complete, conversational sentences. As suggested by Krueger (1998) the method of choice for less experienced moderator would be the questioning route. In this research, the questioning route was developed by using the following categories of questions; opening question, introductory question, transition question, key question, ending question and finally putting the parts together and asking final question (Appendices 3 and 4).(Krueger 1998)

The opening question (Q1.) was planned to act as orientation question to both, the informants and the interviewer. By asking the informants to describe shortly about their day and arrival to the focus group situation the researcher expected to get some background information about the informants and to help them in orientation to the interview situation. The introductory questions (Q2. and Q3.) were planned to lead informants into the subject by defining what they knew and expected from CaringTV®, this acted as an introduction into more thorough descriptions of their participation. In order to get more descriptive information about the CaringTV® programmes, three themes were chosen to focus the question about contents of the programmes (Q4.), into timing, interaction and usefulness of the contents. The next

question (Q5.) was a very direct enquiry about the participation of the both, professionals and clients into the project.

The key questions (Q6., Q7.,and Q9.) were the main themes of project evaluation; negative- and positive experiences, and the points of development, that were expected to be most useful in further development of the CaringTV®. After two more neutral questions the researcher decided to return into the issue about participation (Q8.) by asking informants to describe their personal participation. The question about ideas for developing the CaringTV® (Q9.) was left to the last of the three key questions. In the last question (Q11.) the professionals were guided with an open question to tell if they thought there was something missing from the descriptions they had given about their experiences on the CaringTV®.

5.2.2 Interview at Armila Hospital

While planning the research, a problem rose with arranging the interview session, partly due to a tight time frame for data collection. The CaringTV® project at Armila had been started already when the researcher advanced with planning the evaluation. By the time the questions for focus group were ready and research plan accepted, the project was already close to ending. The renovation works taking place at the Armila Hospital were also effecting the schedules of Ward 3, where the informants were working ,and the ward was to be relocated around the same time that researcher was ready to arrange the focus group interview. With considerable distance between Helsinki and Lappeenranta, it was not a trip to be made every day, but had to be carefully planned to suite the schedules of both the staff in Armila Hospital and the researcher. Whether the distance and the lack of face-to face contact also explains some of the communication problems that rose during the project or if there is some motivational or organisational or other issues affecting in Armila, is left to be enlightened by analysis of the interview data.

90 minutes was reserved for the focus group interview session held at the meeting room at the Armila Hospital in Lappeenranta. All participants received a print of the interview questions at the beginning of the interview. First, the interviewer (researcher) introduced herself and the topic and purpose of the interview. The participants were also given a short introduction about the nature of focus group interview and about how to behave in the presence of a recording device in order to ensure good quality recording for data analysis.

6. DATA ANALYSIS

In qualitative inquiry the data analysis is guided by the purpose of the research. In utilisation focused evaluation the intended use of the evaluation has guided the whole research process, and when analysing the data, researcher must keep clear in mind what the evaluation will be used for. (Patton 1997) The goal of this research is to provide information that can be used for the development of the CaringTV® by different project partners. This information is produced by describing the experiences of the professionals about CaringTV® and evaluating the project process through these experiences. According to Patton (2002) qualitative analysis transforms data into findings. Exact rules for doing qualitative data analysis cannot be found, and applying the varying guidelines presented in the literature requires judgement and creativity. Qualitative studies are unique due to their situational and often personal nature, hence every analytic approach is unique (Patton 2002).

Hirsijärvi and Hurme (2000) describe following, general characteristics to the analysis of qualitative data; when researcher conducts the interview herself she can begin the analysis already during the interview, by starting to categorise the data according to her observations. Unlike quantitative data, qualitative data will conserve its original form, often literally, and is usually analysed within its original context. There are only few standardised techniques for qualitative data analysis and researcher can use either inductive or deductive method with great variety and flexibility in working methods. The basis of the analysis is describing the data, with the aim to answer questions like who, where, when, how much and how often. When researcher steps further and classifies the data she is already on the way into interpreting it. Classification forms the framework for further interpretation, simplification and summarisation of the data. Criteria for developing the classifications is related to research question, quality of the data and to researcher own understanding within the given information. (Hirsijärvi and Hurme 2000) In this research, the research questions as well as focus group interview questions guide the classification of the data. According to Patton (2002) the qualitative data can also be organised to describe important processes, such as action research process of development of CaringTV® in this research.

6.1 Content Analysis

According to Patton (2002) content analysis is generally referred to any reduction and sense-making effort that attempts to identify core consistencies and meanings within qualitative data. Kyngäs and Vanhanen (1999), based on several different sources, define qualitative content analysis as systematic and objective analysis of data. Qualitative content analysis of focus group interview in this research aims at profound description of professionals experiences in order to produce as much information as possible for the evaluation of the

CaringTV® project. Possible hidden messages within the data may also be analysed and further documented. This will include more interpretations by the researcher than more conventional content analysis and researcher is aware that it might effect the validity of the results of data analysis, as Kyngäs and Vanhanen (1999) suggest that the analysis of hidden messages in the data is considered controversial.

After the interview data had been transcribed, the researcher started the data analysis by reading through the data several times. While reading, the researcher was able to add comments that were related to the interview situation and to the reactions of the interview participants, which could be used later in the analysis process. Kyngäs and Vanhanen (1999) suggest that the firs step of content analysis is defining the unit of analysis, which is guided by the purpose of the research and the quality of the data. The unit of analysis in this research data is a sentence or a phrase within the transcribed data, in which an informant is describing his or her experiences about the CaringTV®. After choosing the unit of analysis, researcher again read trough the data actively, providing basis for the inductive contents analysis.

An Academic theory is secondary to understanding the programmes' theory of action as actually practised and implemented, states Patton (2002) about qualitative data analysis. The aim in this research was not to create categories or themes to be generalised for other situations, but to describe the professionals experiences in this very specific context. Patton also (2002) points out that sometimes qualitative analysis is first deductive and then inductive; analysis begins by applying a already existing theoretical framework and continues afterwards or alongside, with inductive analysis which strives to find new undiscovered patterns and emergent understandings. In this research deductive content analysis is used to identify themes that respond to the main questions formulated for the focus group interview. Inductive content analysis is then used for further, more in-depth examination of the data.

6.1.1 Step One - Deductive Analysis

Deductive content analysis method was used to provide information that could be utilised for the evaluation of the Armila Project and development of CaringTV®. Gathering data about negative and positive factors is one of the key focuses in improve oriented evaluation (Patton 1997). Researcher analysed the interview and looked for answers to the three key questions; inhibiting factors (experiences of factors that inhibited the realisation of CaringTV® project), enhancing factors (experiences of factors that enhanced the realisation of CaringTV® project), and suggestions for future development of CaringTV®.

During the deductive analysis process researcher read through the transcribed data and began sorting the data into categories. Each unit of analysis was carefully considered and catego-

rised according to it's ability to answer the interview questions. Professionals descriptions about different negative and positive factors related to CaringTV® project were divided into inhibiting and enhancing factors, and inside these two categories the data was further classified into subcategories. The suggestions for the further development of the CaringTV® were gathered into one category and divided further into three subcategories. An example of deductive analysis of data into categories and subcategories is presented below in table 1.

Category	Sub-category	Unit of Analysis
Inhibiting Factors	Technical Problems Patient Material	”Ei ihan toiminukkaa niin, osittain teknisistä syistä, osittain siitä että meill' on potilaat mitkä on…” ”It didn't work like that, partly due technical reasons, partly because our patients are what they are…”
Enhancing Factors	Improvements	”…saatiin niitä ohjelma muutoksia siihen…” ”…there where changes in programme contents then…”
Enhancing Factors	Communication with Project Partners	”…ne ohjelmat tuli aika hyvin etukäteen edellisellä viikolla…” ”…the programmes were announced quite well on the previous week…”
Suggestion for Developing the CaringTV®	Resources	”…että siinä olis joku joka ohjaa sitä tai mukana siinä” ”…that there would be someone guiding and present …”

Table 1

6.1.2 Step Two - Inductive Analysis

Second stage of analysis was the inductive content analysis in order to produce more in-depth description about the professionals experiences in Armila Hospital in relation to CaringTV® project. Unit of analysis consisted of a word, sentence or a phrase in which an informant described experiences related to CaringTV®. In this data, some units were entire phrases, others only single words used by informants to express their agreement or support to something

that previous speaker had said. For example when an informant described how some patients had experienced CaringTV® as uncomfortable; "*Jotku ainakin sano et he ei halua kattoa ittiä siit jostain pienestä ruudusta*" "*some said that they don't want to see themselves in that little screen*", and another supported or agreed by saying "*niin*" "*yees*".

As a result of inductive content analysis, professional's experiences about CaringTV® project at Armila were comprised into three themes, each containing two categories. These categories have been divided into sub-categories, giving further definitions for professionals' experiences. Table 2 presents an example of creating simplified expressions of units of analysis and finding themes within the simplified expressions.
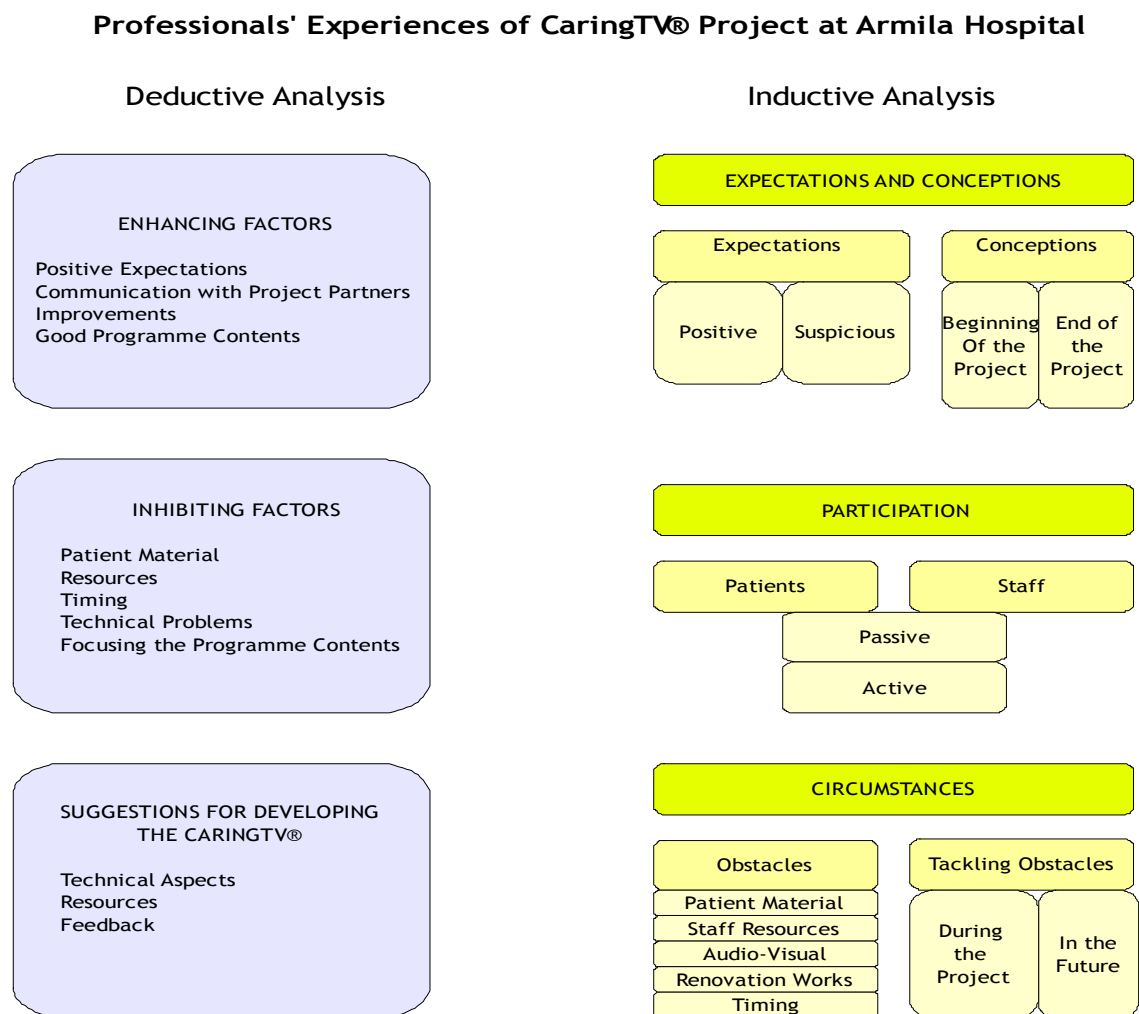
Unit of Analysis	Simplified Expression	Theme
"Etukäteen, siis, ei ollu tietoo varsinaisesti…tässä se on muotoutunut matkan varrella" "Beforehand, there wasn't information, really…it has formed on the way"	Conception about CaringTV® formed during the project	Conceptions and Expectations
"Odotin että siitä tulis se hyöty mitä aluksi ajateltiin että potilaat motivoituisi kuntoutumaan…ja ois semmonen aktivointi keino…" "I expected that there would be benefit from it that was anticipated that patients would be motivated to rehabilitation…and it would activate them…"	Expectations on rehabilitation and activation	Conceptions and Expectations
"…ihan muutamia sitten sellaisia potilaita ollu tänä aikana jotka tykkäs että hirveen hyvä että hyö voi siinä keskustella jonku kanssa että oli tämmösiä hyviäki kokemuksia tästä" "…there has been very few patients, who have found this good and who have liked conversating with someone there, there has been these good experiences also"	Patient interaction through CaringTV®	Participation - Patients
"Et kyl mie vein sinne potilaita mut sit läks ite kiireest vaan jatkamaan töitä" "Well I took patients there but then I horried to continue working"	Assisting patients to viewing room	Participation – Staff

Table 2

7. FINDINGS

"There is no absolutely "right" way of stating what emerges from the analysis, there are only more and less useful ways of expressing what the data reveal" (Patton 2002, 476) The impression of the researcher is that the informants described their experiences truthfully and expressed their opinions freely during the focus group interview. The following figure 2 presents results of both, deductive and inductive data analysis side by side in simplified form, while the themes, categories, and sub-categories are discussed in detail in the following chapters. Citations from the original interview data are presented with findings in order to provide reader with visible grounds for themes, categories and sub-categories created by researcher.

Figure 2

Professionals' Experiences of CaringTV® Project at Armila Hospital

Deductive Analysis	Inductive Analysis

ENHANCING FACTORS

Positive Expectations
Communication with Project Partners
Improvements
Good Programme Contents

EXPECTATIONS AND CONCEPTIONS

Expectations
Positive | Suspicious

Conceptions
Beginning Of the Project | End of the Project

INHIBITING FACTORS

Patient Material
Resources
Timing
Technical Problems
Focusing the Programme Contents

PARTICIPATION

Patients | Staff
Passive
Active

SUGGESTIONS FOR DEVELOPING THE CARINGTV®

Technical Aspects
Resources
Feedback

CIRCUMSTANCES

Obstacles
Patient Material
Staff Resources
Audio-Visual
Renovation Works
Timing

Tackling Obstacles
During the Project | In the Future

7.1 Enhancing Factors

The professionals were less spontaneous in describing the factors enhancing the realisation of CaringTV® project at Armila, than the inhibiting factors. The overall expectations about the CaringTV® had been positive when the project started. The information about the topics of the programmes was provided to Armila well prior to broadcasts and it could be accessed by professionals. Enhancing factors have divided into four subcategories which are described in more detail in following chapters.

Figure 3.
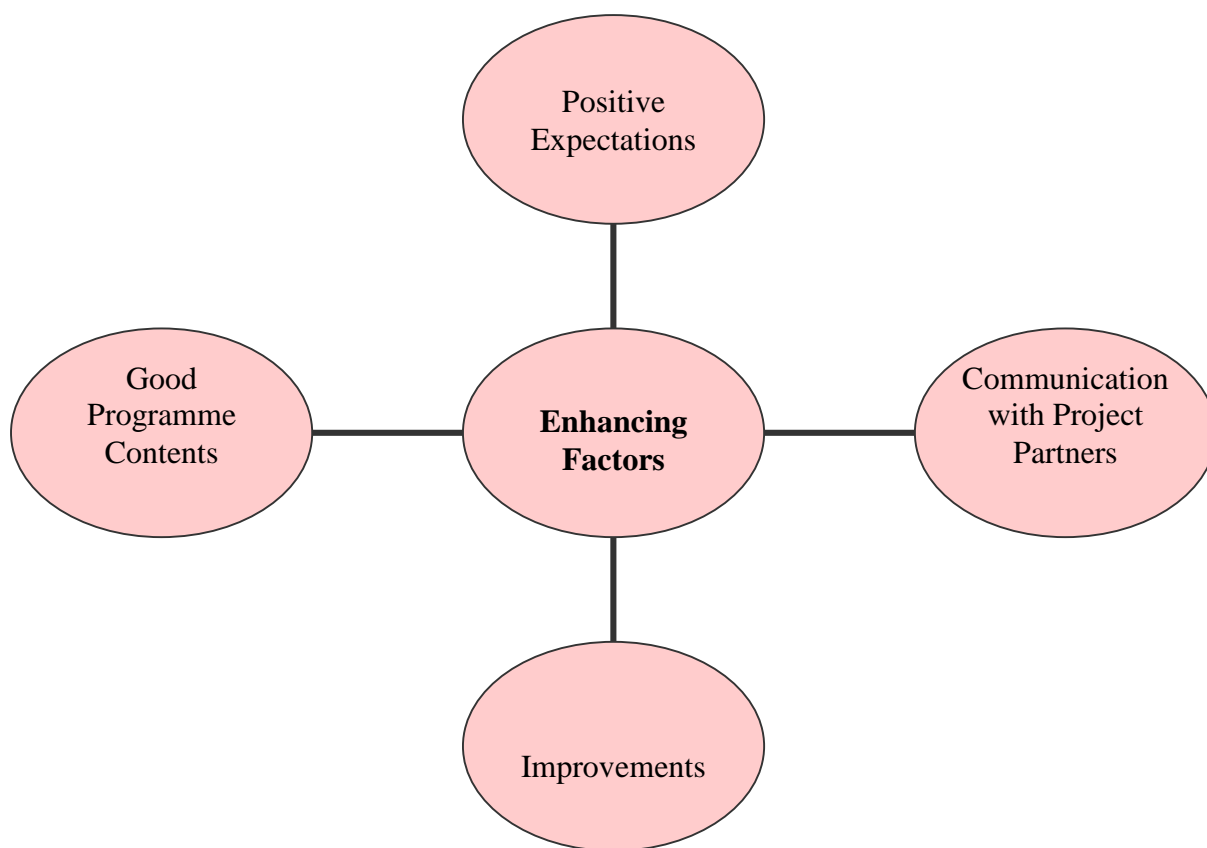
7.1.1 Positive Expectations

The informants expectations about the CaringTV® project in Armila had generally been positive, although some had felt sceptical about the suitability of the patient material and about using such new technology. Many had been encouraged by the information provided before-

hand and had been interested on the activating effect of the CaringTV® that could help patients in rehabilitation. At the beginning of the project professionals had expected the programmes to promote rehabilitation and going home of the patients.

"…odotin että siitä (HyvinvointiTV®:sta) tulis se hyöty…että potilaat motivoituisi kuntoutumaan, kuntouttamaan itseään ja ois semmonen aktivointikeino…joku semmonen tuokio johonka ois mielenkiintoista mennä…"

"…I expected for it (CaringTV®) to bring benefit…motivating patients in rehabilitation and to rehabilitate themselves and it would activate them…something they would be interested to go see…"

The professionals in Armila had good understanding about the CaringTV® as concept. They had received information in advantage, but many felt that the actual idea and meaning of the CaringTV® had clarified to them while the project proceeded. They now understood the interactive nature of the programmes. There had also been previous experiences in Lappeenranta area about interactive video connection between home care patients and a doctor, described one of the informants.

7.1.2 Communication with Project Partners

There had also been experiences about successful communication during the Armila project between the different partners, despite the distance. As the project proceeded, the professionals experienced that they had possibilities to give feedback and affect to the development of the programme contents. The meetings involving different project partners had been important for feedback and development. Several improvements were made during the project according to professionals' wishes and the feedback they had given, these improvements are further discussed in the next chapter, under the category Improvements.

The contents of the programmes and timetables had been well available in advance, and the staff had been able to familiarise with them beforehand. Timetables had been posted in ward, where they were accessible to patients, as well as to relatives. The professionals also described how they had taken into consideration the feedback received from the patients.

"…potilaiden kommenteja mitä nyt ainaki mie aika harvoin sain, kuulla…yritti ottaa opiks jos siellä tuli joku vinkki…"

"…comments from the patients, which were quite rare, I tried to take into consideration the hints if there were some…".

7.1.3 Improvements

Although informants described several problems during the project, there were also descriptions about corrective actions. The small size of the picture in the CaringTV® broadcasts was improved during the project by enlarging the picture from the original. This nearly doubled the size of the picture and was a great help for patients with poor eyesight. The programmes were also changed and improved on the basis of the feedback that was given to Laurea and the professionals were pleased with these changes. The times of the broadcasts had been changed, first from nine to ten o'clock, and then in programmes focused to Armila, into half past twelve. These changes for timing were made according to wishes of staff at Armila and were supposed to enable both patients and staff, to participate the programmes better.

"Meil oli meille kohdennetut lähetykset puol yhden aikaan. Ne oli meillä toivottu ku se oli semmonen ajankohta millonka meil ois kaikkein parhaiten potilaat"

"We got programmes focused for us at 12.30. We had been requesting for that time because our patients were best available at that time"

Due to noise caused by renovation works at Armila hospital, the viewing room, in which the patients were participating into the CaringTV® programmes had to be changed. The informants described this new room as better, but this did not completely remove the noise problem. The staff had also communicated with the renovation workers and found them cooperative, they had been able to agree that for certain days and times they would sustain from extremely noisy drilling work. This had provided occasional ease from noise that disturbed the CaringTV® programmes.

7.1.4 Good Programme Contents

Informants described the CaringTV® programme contents as variable, but mentioned some programmes or topics that had been especially successful. Pain as a topic had been good and interesting, and generally the programmes focused especially for Armila had been successful. There had been exercise programmes towards the end of the project, which both, patients and staff had enjoyed, as described by one of the informants it had been effective. There had also been a program about resuscitation into which staff had participated.

"viiminen jumppa tais olla keikkein paras" "…tuli melkein sydäntykytystä sille yhdelle rouvalle" "…et hän oli niin innoissan"

"last exercise was the best" "…one lady got almost tachcycardic" "…she was so excited"

Especially good experience had been the programmes targeted for hip-fracture patients, produced by two physiotherapy students. Two patients who had been able to participate these programmes had been very satisfied and the programmes had effected their rehabilitation positively. This had been very encouraging experience about CaringTV® and it's possibilities.

7.2 Inhibiting Factors

From the very beginning of the data analysis, it became obvious that the main substance of the interview were the factors inhibiting the realisation of the CaringTV® project at Armila. The most evident problem seem to have been the patient material, which the professionals judged to have been in too poor condition to benefit from the CaringTV®. Second major issue seemed to have been the possibility of the staff to participate into the project. Inhibiting factors have been divided into five subcategories describing the professionals negative experiences about the CaringTV® project.

Figure 4.
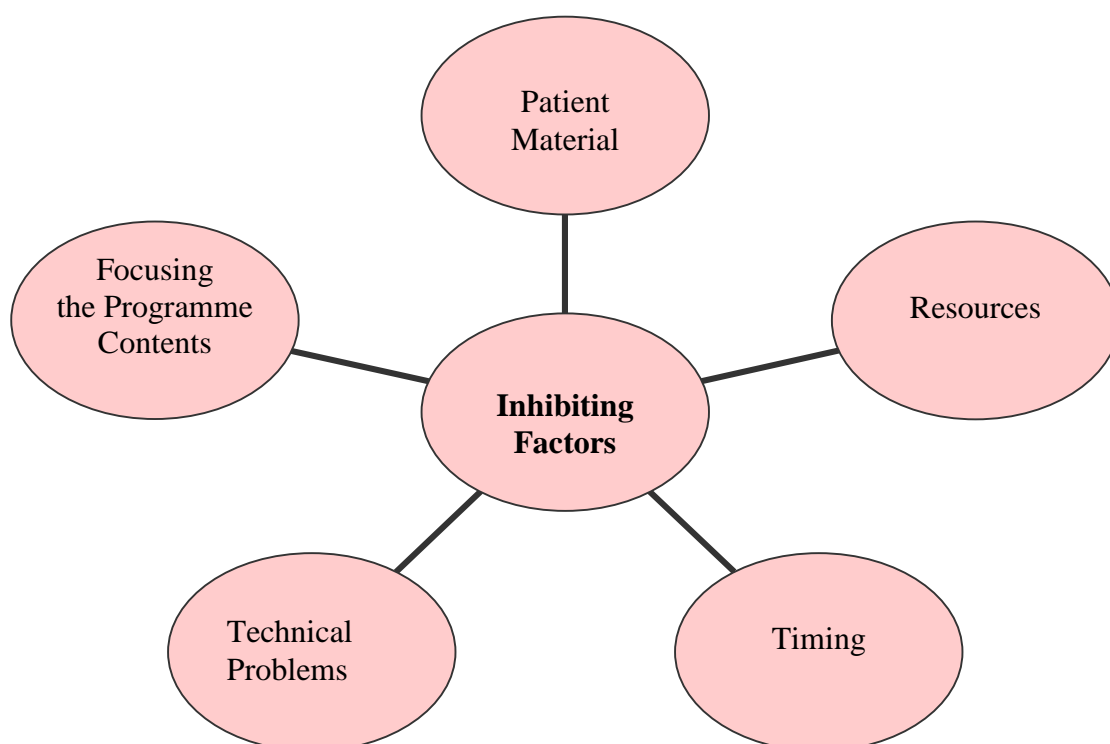
7.2.1 Patient Material

The informants had experienced the patient material in Ward 3 as very demanding. Patients had problems with eyesight and hearing, due to their old age and complicated illnesses. Many had also dementia and they were very much dependent on the help provided by staff in order to participate in the CaringTV® programmes. Patient material was repeatedly described as unsuitable for this project, because of their inability to communicate successfully in the interactive CaringTV® setting. This was partly connected with the technical quality of the CaringTV® broadcasts, for example too small picture in the TV.

Most of the patients in Ward 3 needed assistance in moving and had limitations in mobilisation, for example due to hip operation, they were unable to attend the CaringTV® programmes independently. This again presented a problem, described the informants, because staff had no time to assist all patients to follow the programmes. The professionals also experienced that many patients had been uncomfortable with video camera setting in the CaringTV® because their picture appeared in the screen, and that some of the topics discussed in programmes were too personal for patients to discuss them publicly. The patients had been unfamiliar with this new technique and had not understood how to communicate via the CaringTV®.

"meil on niin paljon näitä dementtisiä potilaita et ei varmaankaan moni hyötyny sitte…"

"we have so many patients with dementia that probably not many were able to benefit from the programmes…"

7.2.2 Resources

Professionals experienced that they did not have resources to be present during the CaringTV® broadcasts. Many of the staff would have liked to participate more, and they believed that it would have made the project more successful. In the beginning of the project there had been an agreement on assigning an extra person to be responsible for the project at Ward 3. According to informants this had somehow failed, and sometimes there had not been resources for a staff member to be present during the CaringTV® broadcasts. The informants commented that they only brought patients into viewing room and then hurried to continue other duties in the ward.

"…me luvattiin siihen lisähenkilö joka sitten nyt meni jollain lailla pieleen et meil ei ollukkaan sitä lisähenkilöä ni oikeestaan meijän resurssit ei siihen ihan riittäny et mihin oli ajateltu…"

"…we promised there would be an extra person, but it went somehow wrong and we didn't have extra person and our resources weren't enough to what we had thought…"

The general opinion of professionals was, that patients in Ward 3 would have needed more physical and emotional (motivating) support in their participation to the CaringTV® broadcasts. The problem of the resources was also related to broadcasting times; during morning the staff was occupied with routines that couldn't allow them to participate programmes. The patient turnover at Ward 3 was also brought up as effecting issue, the patient volume had been exceptional and even though there had been an increase in staff this had effected the resources.

7.2.3 Timing

The problems with timing of the CaringTV® project at Armila, described by informants, can be considered in three different level. First of all they considered the timing of the whole CaringTV® project as inconvenient in relation to the renovation works that took place in the hospital at the same time. The disturbing effects of the noises made by renovation workers were a major difficulty during the project. According to informants there had been considerable delay in the renovation works which was not anticipated when the CaringTV® project had been planned. The renovations had started in the autumn 2007 and were still continuing at the time of the focus group interview in April 2008. The noise had lead into changing the room where the CaringTV® programmes were viewed, into another, but even this did not completely rid the problem with overwhelming noise disturbance. This had been so bad that as one of the informants described; *"niin kauheeta mekkalaa et kyllähän ei mein kannattanu ees avata telkkaria…" "so terrible noise that there was no point in even putting the TV on…"*, sometimes following the programmes had been impossible.

Another major problem rose from the timing of the CaringTV® broadcasts in relation to the daily routines in the ward. Different programmes had different broadcasting times and there had been many attempts to match these to Ward 3 routines in order to enable better patient and staff participation. Worst times had been in the morning at nine or ten o'clock, when the staff was still occupied with morning routines and had no time to take patients into viewing room. The informants agreed that at ten o'clock many patients were waiting for lunch and needed some activities, and that this would have been a good time for programmes, but the staff was still too busy with other patients. The broadcasts at afternoon, half past 12, were

the best for both patients and staff, according to informants, and the programmes that were especially focused for Armila were broadcasted at this time.

The informants also described third, minor problem with timing in relation to programme schedules. There had been occasions in the spring when there had been considerable delays in the CaringTV® broadcasts; the start of the programme had sometimes been 10 to 15 minutes late. This remark was related to the informants note about the programmes made by international students; *"tais olla kyl lähetysajat oli noin-aikoja sillon…"* *"the broadcast times were approximate (delayed) then"*.

7.2.4 Technical Problems

Technical solutions of the CaringTV® presented two major problems in Armila; the size of the picture and quality of the sound were not adequate considering the elderly patients in this setting. Although the television screen was 42-inches wide, the picture at the beginning was less than half of that and in order to see the patients had to be very near. Only two or three patients were able to sit close enough to television when following the programmes, and others who had to be located further away did not see well enough. The issue with sound of the programmes was similar because most of the patients had also problems with hearing. Evidently, the audio system was not good enough to provide sound that could be well audible in the whole viewing room and only few patients could sit close enough to listen.

"Se tekninen puoli vähän huono. Se pieni, pieni ruutu."

"That technical side quite bad. That small, small screen."

These issues with picture and sound quality combined with elderly patients in Armila created a situation where most of the patients had difficulties to actually interact via CaringTV® and enjoy programmes. An informant had stated that; *"aika monella jäi huonoksi se vuorovaikutus siinä potilaan ja sen lähetysyksikön välillä…"* *"for quite many the interaction was poor there between the patient and the broadcasting unit…"* and this much sums up professionals' experience on patient interaction through the CaringTV® at Armila.

7.2.5 Focusing the Programme Contents

Although the contents of the CaringTV® programmes were variable (as were the patients in Armila too), according to informants it had been difficult to find the right target group for each broadcast. The patients at the ward changed often and the professionals had experienced that often there had not been right kind of programme contents to the patients that

were present. There had been good exercise programmes but then no suitable patients to attend, or the patients had been very passive in participating. On the other hand there had been focused programmes for hip fracture and stroke patients in Armila, but even though there were patients from the right target group they had been unable to attend due to their very early stage of recovery and restrictions in moving for example.

"…potilasaineskin on monenlaist niin oli sisältööäki…sattuko ne vastaako ne aina sen hetken potilaitten tarpeita sen hetken ohjelmat et jää aina vähän kysymysmerkiks että"

"there was variable patient material and also programme contents…but whether there was adequate programmes for the patients at that moment is left uncertain".

There had been some individual programmes that the professionals thought had been inappropriate or unsuccessful. However, the informants could not remember what the topics of these programmes had been, or what there had been that was not suitable or adequate. Some programmes with international students, where language difficulties had been present, had also left the professionals uncertain if the patients had understood enough about the broadcasts.

"…sinällään ihan mielenkiintoista kun oli ulkomaisia opiskelijoita, tosin sitte huonolla suomen kielellä yritti sitä asiaa, olihan siinä tulkki sitte kyllä vierellä mutta. Minusta mielenkiintoinen mut et saiko se sitten meijän katsojat siitä niinku, jotain, en osaa sanoo"

"…interesting when there was foreign students, but they were having difficulties with Finnish language, they had a translator present, but. I found it interesting but whether the patients were able to grasp something, I'm not sure".

7.3 Suggestions for Developing The CaringTV®

The informants had many suggestions for the improvement of the CaringTV® in the future, which included for example developing the audio-visual quality of the broadcasts, and considering more carefully the staff's resources to participate. Suggestions for developing the CaringTV® in the future were summarised and divided into three categories; Technical Aspects, Resources, and Feedback.

Figure 5.
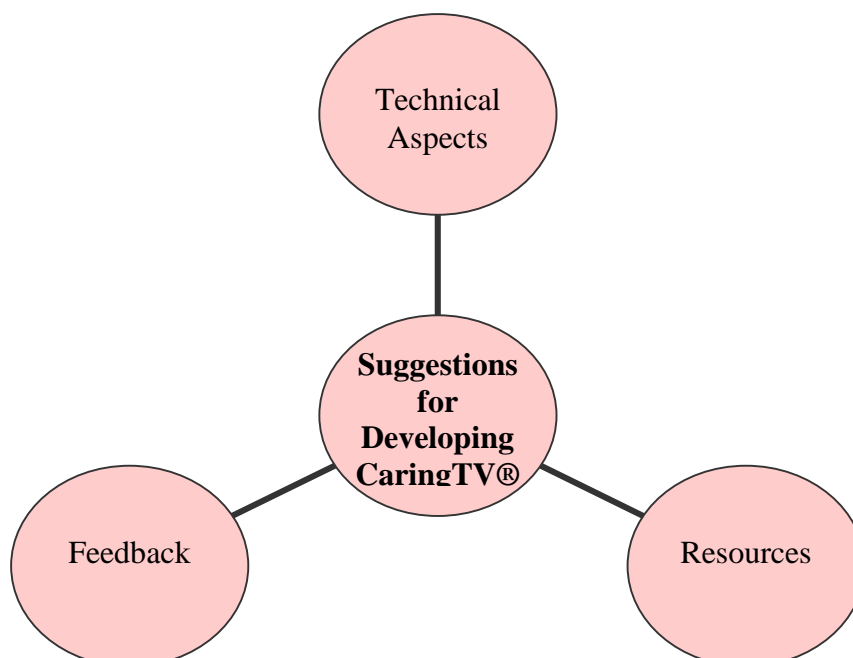
7.3.1 Technical Aspects

The first suggestions for development, which was brought up by all informants, was the improvement in the technical quality of the CaringTV® broadcasts; the professionals wanted larger picture and better quality of sound for the benefit of the patients who were hard on hearing and seeing. One suggestion was that the picture should be as large as possible and it could be projected into a wall-size screen or such with a projector. Also the room where the patients follow the CaringTV® broadcasts was suggested to be developed so that for example exercise would be possible even with a bigger group.

"…laiteasiat, äänentoisto ynnä muut asiat et ihmiset kuulee mitä sieltä tulee selkeesti ja näkee mitä siellä tapahtuu."

"…things related to equipmnet, sound system etc, so that people hear what on there clearly and see what's going on…"

7.3.2 Resources

The most important point of development according to the professionals in Armila was the resources of the staff. Informants would have wanted to have better possibilities to partici-pate and follow the CaringTV® programmes, but they did not have time. The professionals thought that the ward should have one or more persons specifically assigned to providing pa-tients enough information and support in relation to the CaringTV®. Helping, guiding and supporting the patients that are often in poor physical and mental health, requires a lot of resources and is necessary in order to enable their participation to the CaringTV® broadcasts. The staff should also be motivated and well informed about the programme contents in order to inform patients about the programmes beforehand and support the participation of those who would benefit most of the programmes.

"korostaisin, se tukihenkilö tai henkilöt ketkä ois siinä paikan päällä tavallaan hoitas sen homman…ohjais ja auttais et siitä ois hyötyä siitä ohjelmasta"

"I would emphasise, the assigned person who would be present and support and guide so that they could benefit from the programme"

7.3.3 Feedback

The professionals were hoping for more detailed information about the programmes in ad-vance so that they could evaluate which patients could benefit from the participation and support them better. They also suggested that the daily routines in the ward should be more carefully considered when scheduling the broadcasts. This would require fluent communica-tion in order to give and receive feedback between the project partners. Collecting feedback from the patients and their significant others, also in written form, was suggested in the fu-ture.

"vois pyytää kirjallista palautetta niiltä potilailta jotka siinä on…samoin omaisilta"

"you could ask for written feedback from patients…from relatives also"

7.4. Expectations and Conceptions

Theme expectations and conceptions describes what kind of knowledge the professionals have about the CaringTV® and what were their expectations at the beginning of the project. It is the first theme of three, created by inductive content analysis, and it is divided into two categories; Expectations, and Conceptions, each containing two sub-categories. The overall attitude towards the CaringTV® had been positive, although most informants described that they had very little knowledge beforehand on this new innovation. Most had formed their conception about the CaringTV® during the project and considered it as good idea in the future.

Figure 6.
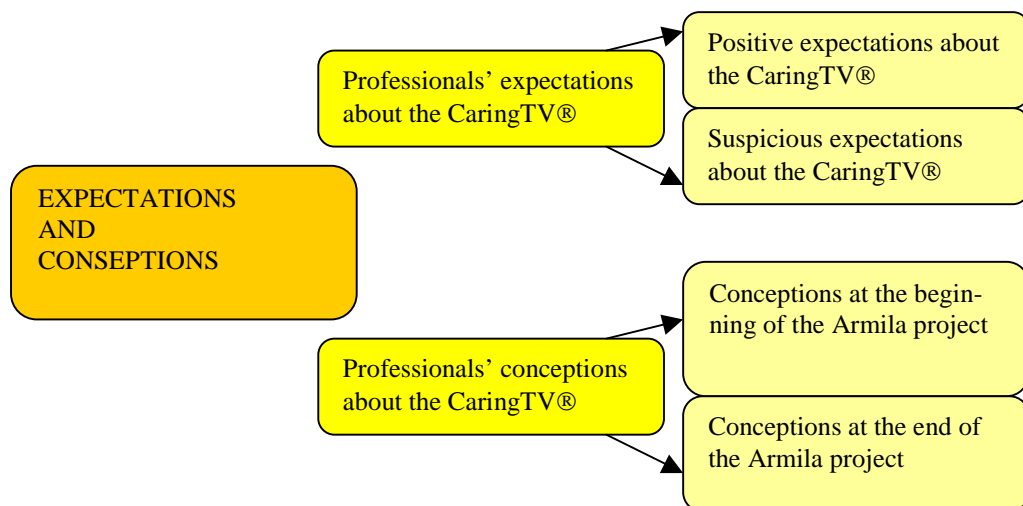
Expectations of the professionals about the CaringTV® project had been mostly positive, but also preconceived by suspicions about patients and staff not being able to participate well enough. The realistic expectations included positive effect on patient rehabilitation, recovery and discharge from hospital to home. Informants also mentioned that they had understood that there would be a possibility for patients to continue with the CaringTV® at home, and that this could provide follow up contact with the hospital, support and activation. At Armila, the programmes were expected to bring activities to patients during the day and provide information and support for their recovery.

"…vähän kaksjakoset ajatukset ja odotukset ensiks se oli et joo tää on joku hyvä juttu täm-mönen uus idea mut sit toisaalta oli vähän varauksellinen että just senki takia et minkälai-nen potilasaineisto on ja onks siellä ketään kattojia ja kuka meistä hoitajista siellä sitte on avustamassa jos tarvii…"

"…thoughts and expectations were two-fold at the beginning, first that this is a good new idea but then again suspicions when thinking our patients and if there is going to be anyone following the programmes and which of us nurses will be helping if needed…"

The category Conceptions has been divided into two sub-categories; conceptions at the be-ginning of the project, and conceptions at the end of the project. Conceptions about the CaringTV® include also the informants experiences about the CaringTV® programmes and programme contents. The staff had not been participating into the CaringTV® programmes actively, thus they did not provide much data about the actual programmes. There had been quite a broad range of different programme contents and the informants had found it some-times difficult to find right audience for certain broadcasts. Some programmes with exercise had been very successful, as well as the programmes focused for hip fracture patients reha-bilitation. On the other hand there had been some programmes with contents that informants described as unsuccessful or "improper".

Informants' realistic expectations at the beginning of the project showed that despite of the concept of CaringTV® being new to them, they were able to grasp the idea of possibilities provided by the programmes.

"…käsitin sen niin, että se mahdollisesti, tietyt lähetykset tietylle kohderyhmälle niin no-peuttais mahdollisesti tai edesauttais kuntoutusta ja kuntoutumista ja mahdollisesti nopeut-tas kotiinpääsyä."

"…I understood that it could possibly certain programmes to certain target group, could pre-cipitate rehabilitation and rehabilitating and possibly precipitate discharge from the hospi-tal to home."

By the end of the project the informants were aware of the different settings where the CaringTV® could be used and what kind of benefits it could bring to patients. They had formed conceptions about programme contents according to the broadcasts they had been able to follow and the information they received about the programmes beforehand. Infor-mants seemed to have come to a conclusion that the CaringTV® was not suitable to the typi-cal patients in the hospitals, such as those at Ward 3 in Armila hospital.

"…se kohderyhmä ei välttämättä oikeen viel täl hetkel oo ne sairaalan potilaat…haasteelista saada ihmiset kuuntelemaan, katselemaan sitä lähetystä ja vielä ottamaan osaa keskusteluun."

"…the target group might not yet be the patients at the hospital…demanding to get the people to listen, to watch the programmes and then participating into conversation."

The statement given by several informants at the end was that they had a positive conception about the CaringTV® and they thought it could be developed further; *"Mut ei paha, että vois saaha kehiteltyä." "But not bad, it could be developed."*

7.5 Participation

Participation is a theme describing how staff and patients at Armila participated the CaringTV® Project. This theme is divided into two categories, staff participation and patient participation, which are further divided into subcategories of active and passive participation. In the focus group interview the informants described not only their own experiences about the CaringTV®, but also some experiences of the patients. Informants descriptions about patient participation are individual and based on how they have been observing and interpreting patients actions and expressions. The experiences of the patients described by the professionals are especially valuable to the evaluation of the Armila Project because the feedback was not systematically collected from patients and their significant others during the project. Though more than one informant stated that they didn't really have much time to discuss the patients' experiences in relation to the CaringTV® programmes, they did mention several things that patients had experienced. On the other hand also more than one informant described that inquiring patients about their experiences about the CaringTV® programmes was part of their role in the project

Figure 7.
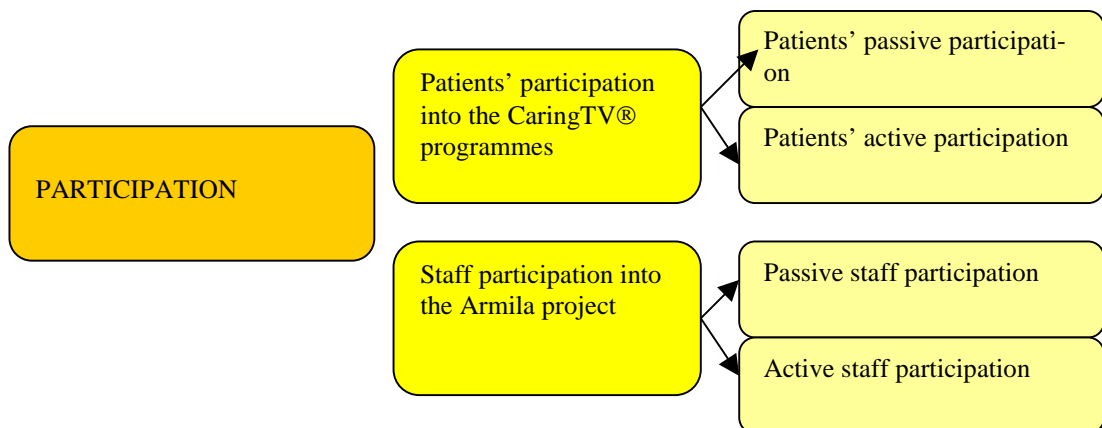
Patient participation into CaringTV® programmes was mostly described as passive. According to informants, only few patients had been able to interact successfully via CaringTV® and to enjoy programmes. Patients had hoped for better support and more active role of the staff during the programmes.

"…heiltä kommentti että hyö niinku haluaa lähteä ku hyö ei halua sit vastailla et lähtis joku hoitaja tai fysioterapeutti mukaan joka sit vähän vastailis heidän puolesta niihin kysymyksiin"

"patients were commenting that they wanted to leave because they didn't want to answer, they were hoping for one of the nurses or a physiotherapist to come with them and answer the question for them"

The new way of interaction through television and video camera, which the CaringTV® had presented, had been strange and somehow uncomfortable to elderly patients. Patients had also experienced some topics too personal to be discussed in front of others, and had wished for more private CaringTV® sessions. According to informants, many patients had not understood how the interactive CaringTV® works, but had been acting as if watching ordinary television programmes. All these experiences were giving a rather negative picture about the patients' participation in the CaringTV® project at Armila.

There had occasionally been patients who had participated the CaringTV® programmes more actively and enjoyed the different topics, these had generally been more alert patients with better physical condition.

"Onhan siin tietysti näitä veikeitä virkeempiäkin mutta."

"There were of course these more alert and brisk ones but."

The participation of staff as described by informants, included both passive and active forms. The passive participation consisted of descriptions of only "transporting" patients, or taking them into viewing room to follow the CaringTV® programmes. These professionals had not been participating into programmes and according to their words, had never been able to stay with the patients during the programmes. Professionals who's participation to project had been passive, also described how they were sometimes unable switch on the CaringTV® set and that they had very little discussion with patients about how they were experiencing the programmes.

"Miekkii sillee vaan vein potilaita sinne huoneeseen TV:n ääreen"

"I also was only taking patients into the room to with television"

"En osant välttämättä ees laittaa tätä(HyvinvointiTV®) laitetta ees auki…"

"I couldn't even switch on the(CaringTV®) equipment"

Professionals, who's participation was categorised as active, were in many ways more dedicated to the project than their passive colleagues. Informants' descriptions about active participation included informing and motivating patients about the CaringTV® and supporting them to follow programmes. Active professionals familiarised themselves with scheduled programmes and their contents, considered which patients could benefit of them, and focused their resources on supporting and motivating these patients to participate. Feedback from the patients was actively inquired and taken into consideration, also relatives were informed about the CaringTV®. There were also professionals, who had had an active role in project organisation, as contact persons and feedback providers.

"…potilaille ilmoitin et HyvinvointiTV® ois ja sitä piti tietysti selittää et mikä aihe ja yritin kannustaa lähtemään mukaan"

"…I informed the patients about CaringTV® and then one had to explain about the programme topics and I tried to motivate them to participate"

7.6 Circumstances

The focus group interview of professionals emphasised the aspects of the CaringTV® project that had been unsuccessful at Armila hospital. Circumstances is a theme containing the descriptions about the different obstacles which Armila Project had faced, and the subcategories describing the ways these obstacles had been tackled, or should be tackled in the future.

Figure 8.
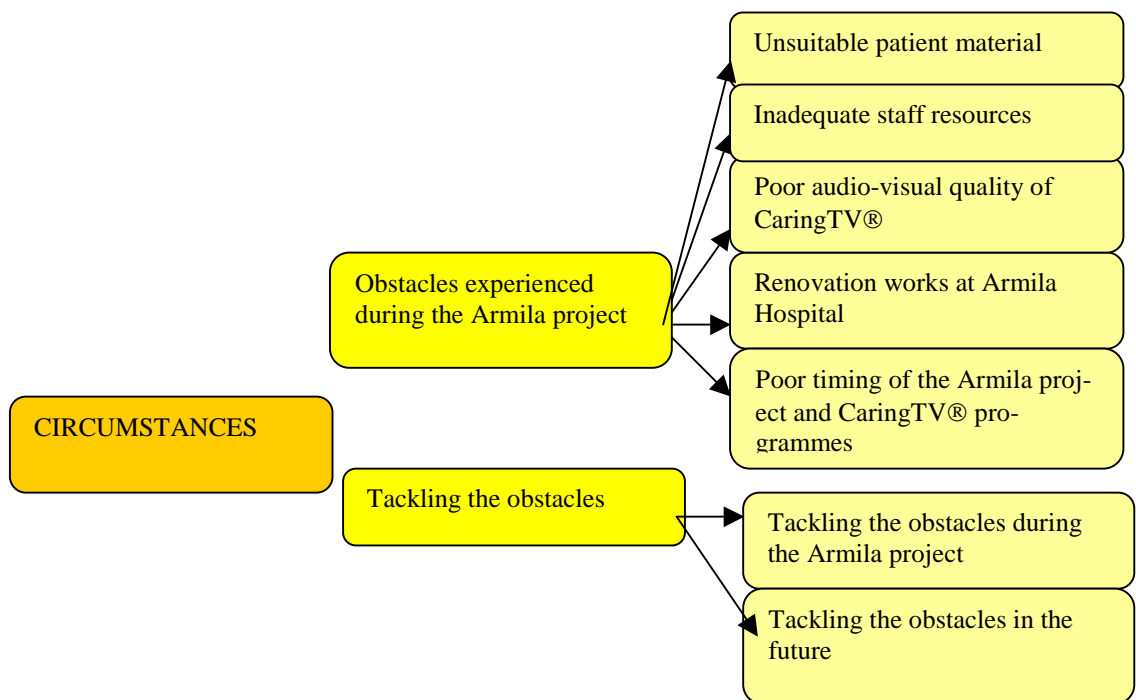
The problem with patient material, as described by informants, unsuitable for the project, was something that could not be overcome during the project.

"…monesti tuli mieleen, saako potilaat siitä ohjelmasta irti sen mihin se ehkä on tarkotettu …se meidän potilasaines monesti sellasta että ei ehkä hyötyny siitä niin paljon ku ois mahollista"

"…I was often wondering if the patients' are getting from the programmes what they were meant for…our patient material is often such kind that they maybe didn't benefit from the programmes as much as would have been possible"

Since it was impossible to effect the patient material during the project, the informants suggested that in the future one should more carefully consider the nature of the ward and patients condition when planning a CaringTV® project. Although Ward 3 in Armila is a rehabilitation ward, the patients are there on quite acute basis, 3-6 days after operation, for example. The patients in other kind of rehabilitation settings, such as in Kuntokartano or Kasarmiportti, which are more like service housing establishments, were thought to be more suitable to benefit from the CaringTV®.

All informants agreed, that resources of the staff to participate the CaringTV® project had not been adequate at Armila, and many stated that they would have wanted to stay and follow the programmes with patients, but they did not have time for that. Although in the beginning of the project there had been an agreement on extra person to be assigned as responsible for the project an the ward, this, for some reason, had not worked out. There had been no focused resources for the project, according to informants, and there would have been need for better informing and motivating of the staff.

"Ei henkilökunta pysty osallistumaan sinne et se resurssit ei oo kohdennettu."

"Staff cannot participate there is no resources assigne ."

The lack of staff resources was also a kind of a problem that, according to informants, could not be helped during the project. In order to avoid similar situations in the future they suggested that enough, at least one or two, responsible professionals, should be assigned for CaringTV® projects in the future. The need for training and motivating all the staff members prior to new CaringTV® projects was also brought up.

"…olis henkilökunta motivoitu ja koulutettu siis sillä tavalla että tietää mitä siinä tulee ja sen tekniikkapuolen siinä hallitesee ja pystyy potilaita ohjaamaan…"

"…the staff should be motivated and trained so that they know what's on and can handle the technical things and can guide the patients…"

Informants suggested that in the future there should be considerable changes to the audiovisual technique of the CaringTV®, because elderly patients have often difficulties in hearing and seeing. In Armila this had caused serious problems because only few patients were able to sit close enough to television and see and hear properly. At the beginning of the project the picture in the television had been very small, in the corner of the screen, but fortunately this had been improved and the picture had been doubled in size. The room where the programmes are viewed should also be improved. According to informants there should be

enough space for participating the exercises and the disturbances such as noise should be eliminated.

At Armila Hospital the renovation works had caused noise problems during the CaringTV® project, and at times the noises of drilling had been so loud that it had been impossible to follow programmes, described the informants. The staff had attempted to tackle this problem by contacting the renovators and asking for less noise during the CaringTV® broadcasting times. This had worked quite well, but not everyday, and there had been times when, due to noise from renovation works, the patients had not been able to follow the programmes.

"…muutaman kerran käydä sanomassa että voisko pitää poraamisessa puolen tunnin tauon ja tai piikkauksessa tai et ois lähetys alkamassa"

"…few times asking to keep break in drilling for about half an hour that we have broadcast starting"

According to informants the timing of the CaringTV® programmes had caused problems at the beginning of the project, before the daily routines of the ward were considered in the scheduling. Broadcasts times were then adjusted more than once, and at least the programmes that were focused especially for patients at Armila, had a better timing. The feedback given to Laurea about programmes and their contents, seemed to have been satisfactory and the informants also described that the programmes had been improved according to the feedback they had given. A more active feedback system was suggested to be used in the future.

8. DISCUSSION

The aim of this thesis has been to provide data that can be used for evaluation and development of the CaringTV®. This has been accomplished by investigating the experiences of professionals who participated the CaringTV® project at Armila Hospital. It is important to emphasise that the findings, as of qualitative evaluation research in general, are very situational and also personal. The Armila project process is evaluated by reflecting the experiences of one group of project participants and although the researcher has adopted a very neutral role in the project, the findings are reflections of her analysis and are likely to contain very personal interpretations of the data. Silverman (2001) reminds, that when presenting the research findings, a clear distinction should be made between the data and researcher's interpretation. In this thesis, the findings are presented as themes and categories based on qualitative content analysis, which is a method of interpretation and drawing conclusions from the data. The researcher has attempted to stay in close contact with original, transcribed data during the analysis process and by presenting citations from interview data with the findings aims at proving the credibility of her conclusions. The evaluation of the Armila Project presented further in the discussion chapter, is based on researcher's interpretations and reflections about the findings.

8.1 Ethical Considerations

Ethical guidelines of nursing practice and research have provided grounds for decision making throughout this thesis process. Specific ethical considerations related to research methodology and findings require further reflection. Respect and protection of informants dignity, open and full disclosure of evaluation findings and presenting a fair and complete assessment, belong to the ethical standards of program evaluation (Patton 1997). Researcher has maintained a respectful attitude towards all project partners throughout this research process, and the interview data has been handled confidentially through all stages of the research. After the publication of this Master's thesis, all interview material; transcriptions, prints, and digital files, will be destroyed accordingly.

A major ethical consideration is the researcher's role as a student and evaluator. To maintain an open mind and objective role in relation to data, the researcher must be aware of her own opinions, pre-assumptions and emotions related to the project. One of the characteristics of an action research is, that the researcher is involved in every stage of the project and establishes relationship to other participants. Biases related to researchers personality, moods, interests and experiences, can affect the interview and what one hears and how this is interpreted. The depth of understanding required to do qualitative interviewing makes it difficult

for researcher to remain neutral toward the issues raised, the goal is to achieve some empa-
thy towards the informants, but not so much involvement that objectivity is lost. (Rubin and
Rubin 1995)

Ethical considerations specific to utilisation-focused evaluation concern the involvement of
project participants in the evaluation, and limiting the involvement of other than the primary
users of the evaluation (Patton 1997). This gives a reason for further ethical considerations
related to the researchers' role, while she is both, the students at Laurea, working on her
thesis process guided by the school, but also an evaluator of the project in which Laurea has
been a major partner. The researcher works closely with the primary user of the evaluation
report, and developer of the CaringTV®; Laurea, on the other hand providing knowledge for
the development of the CaringTV®, but on the other hand remembering the neutral role of
evaluator as a provider of fair judgement. Close relation with program staff, for example as
thesis tutor, can effect the neutrality of the researcher and a very special care should be paid
for reflecting ethical considerations related to this. In evaluation research, sensitivity to the
resolving possible dilemmas is important and the researcher aims at being very diplomatic in
her role as evaluator and project participant.

Evaluation should be considered as fair judgement from the point of view of all participants
(Patton 2002). In this research the aim is not to evaluate outcomes and on those phases to
give praise or judgement, but to describe the project process and produce information for the
further development of the CaringTV®. The purpose of this research as more descriptive
evaluation, and the neutrality of the researcher as student, will provide grounds for fairness
of the results. the aim was also to use pier evaluation was for testing the data analysis; the
results of the first phase of data analysis were sent for professionals at Armila Hospital for
review, however, no feedback was received. The final thesis was also delivered for profes-
sionals at Armila Hospital before publication, in order to receive feedback and judge the fair-
ness of the evaluation from the point of view of the informants.

8.2 Trustworthiness

Evaluating the credibility of research methods and findings in qualitative research requires
careful reflection from the researcher. According to Silverman (2001) the credibility of a re-
search can be evaluated by paying attention, among the other things, to the appropriateness
of the research methods in relation to the questions asked, and to how systematic the data
collection and analysis have been. These issues have been discussed in the methodology part
of this thesis.

Reliability of data collection in this research has been ensured by high quality digital record-ing of the focus group interview, professional transcription of recording, and by presenting extracts of original data in the final report with the findings. The reliability of findings means the degree of consistency with which instances are assigned to the same categories and sub-categories by different researchers or by same researcher on different occasions (Hammersley in Silverman 2001). The data analysis done by a single researcher alone can be considered as a limitation of reliability in this thesis, however the long time frame (from May 2008 to April 2009) used for completing the data-analysis, indicate that researcher has repeatedly gone back to the original data and tested the results of content analysis several times.

Validity is defined as the extent to which the research findings accurately represent the phe-nomena being studied (Hammersley in Silverman 2001). Silverman (2001) suggest five ways of validating findings of qualitative research; analytic induction, constant comparative method, deviant-case analysis, comprehensive data treatment and using appropriate tabulations. At least two of these can be used for examining the validity in this research. The constant com-parative method means that another case should be always found through which the findings can be tested. In this thesis the method in question can be seen when relating the experi-ences of the professionals to the feedback of professionals described in the GOING HOME Projects' final report (Lehto 2008), which, by providing similar findings supports the validity of the findings in this research. Comprehensive data treatment means that one should not be satisfied with the data-analysis, until the generalisation is applicable to all relevant data collected. In this thesis it means that after transcription, all the data has been used in both deductive and inductive content analysis. During the inductive content analysis, the re-searcher has carefully analysed every sentence and word in order to find the significance for creating categories and subcategories, and no part of the interview data has been excluded in the inductive content analysis.

Triangulation is a method of comparing different kinds of data and different methods to see whether they corroborate one another (Silverman 2001). In practise this means using multiple methods side by side in data collection or data analysis in order to enhance the credibility of findings in describing the phenomenon in qualitative research. Using both deductive and in-ductive content analysis methods, and comparing and reflecting the results of these, can be considered as a form of triangulation of findings. Literature does not provide examples of defining the use of both deductive and inductive analysis method as a way of triangulation, but the findings of deductive and inductive content analysis support and complement each other in a way that enhances the credibility in this research.

The decision to use Finnish language for data collection was natural for a Finnish speaking researcher and informants, however, because the language of the thesis was English it was

necessary to consider the translation of the data for analysis. The decision was made to start the data analysis in Finnish and gradually translate findings; the themes and categories into English. The first stage of data analysis (deductive) was conducted in Finnish and the themes and categories were later translated into English. The second stage of data analysis (inductive) was executed partly in Finnish, partly in English; some of the categories and sub-categories had English titles from the beginning, and some were titled in Finnish first and then later translated. Researcher believes that using the original, Finnish data in doing the analysis, instead of translation, adds the credibility of findings by keeping the researcher close to the original data. Some translations of the categories were not so self evident and could not be as descriptive as the original ones, for example the term patient material. A translation for Finnish word, "potilasmateriaali" which informants used when describing the pool of patients or typical patients at the ward, can be understood in many ways, however the researcher could not come up with a better name for this sub-category either.

8.3 Evaluation of the Armila Project

The process of developing the CaringTV® concept and producing the programmes has proceeded in cycles typical to action research; planning and action are followed by evaluation, which gives feedback for planning the next stage of action. The same cycles have also formed the process of the CaringTV® project at Armila. Evaluation of this process is possible trough the reflection of experiences of the professionals who participated into the project, remembering the limitation that it presents only one point of view and cannot be generalised to represent views of all participants. At the first look of the findings one can easily make a conclusion that the CaringTV® project at Armila was not very successful, and that the mostly negative experiences of the professionals do not give encouraging feedback about the CaringTV®. On the other hand, further evaluation of these experiences can prove the project very valuable in the future development of the CaringTV®.

The professionals at Armila Hospital Ward 3 had not been very actively involved in the planning of the CaringTV® project or programme contents, they had received the information about the project when most of the decisions had already been made, and they could not effect the progress of the project plan. The staff had been provided with adequate information though, and it seemed that they had good possibilities to give feedback throughout the whole project. The assigned contact persons at the ward were motivated but unfortunately it seemed, not always present. The CaringTV® programmes for hip fracture patients and patients recovering from stroke, focused for Armila, had been planned and produced by students at Laurea, but professionals had been involved in the early stages by providing background information. It seemed that if the staff at Armila Hospital Ward 3 had been more actively involved at the earlier stages of the planning of the CaringTV® project, they might

have been more motivated into participating. The staff could have also provided more detailed information about their typical patients that could have been taken into consideration when planning the programmes. Several earlier studies suggest that lack of staff resources is a common problem in projects utilising new telemedicine and telecare solutions (Heyes et al 1998, Gururajan, Moloney and Soar 2005, Abraham and Rosenthal 2008) Also the importance of assigned responsible staff members has been acknowledged in literature (Daly J. et al 2005).

It is clear, that the implementation of the CaringTV® project at Armila hospital didn't go as it had been planned. Neither the staff nor the patients were participating actively enough, and this had naturally effected the motivation of the other project partners, especially the students who had been planning and producing the programmes. The problems with passive and demanding patient material described by professionals, was emphasised by the staff's lack of resources. The patients needed more physical and emotional support for their participation than the staff was able to provide. The problems with low audio-visual quality of the CaringTV® programmes and disturbance caused by renovation works at Armila were brought more difficulties. There had been some attempts to tackle these obstacles, but even the improvements made in technical quality of the picture, viewing room, programme contents and timing of the programmes could not activate the participants at Armila.

In the era when the use of quickly developing technology continues to increase in all sectors, it was surprising to find out that both, the patients and the professionals in Armila hospital had felt uncomfortable with the camera and interactivity of the CaringTV® broadcasts at times. The professionals admitted that unfamiliarity of the CaringTV® technique had made some of them to avoid the camera and probably also avoid participating into programmes. It is easy to conclude that this kind of an attitude can be transferred to the patients, which indicates that it would be very important that the staff is familiar and comfortable with the CaringTV® before they start using it with the patients. Evidently professionals at Armila had not received enough education about the CaringTV® since some of them could not even use the equipment. Earlier studies suggest that elderly are interested in technology and can be competent in using it, and that especially video-based interactive communication is generally well accepted among elderly (Arnaert and Delesie 2001).

Professionals experiences about evaluation of the CaringTV® included collecting the feedback from patients, which had not been very active, and giving feedback concerning the programme contents and timing of the programmes. The staff members who had a more active role in the project were generally the ones involved in the evaluation also, they had been attending meetings and giving feedback to Laurea for example. The professionals themselves evaluated the project as disappointment; the patients didn't get the benefits they had ex-

pected and they couldn't themselves participate as much as they would have wanted. Despite the overall disappointment described by professionals, they concluded that the CaringTV® was a good innovation with potential to be developed further.

Professionals' experiences about the CaringTV® described in this thesis are similar to those presented in the final report of GOING HOME Project published 2008 (Lehto). According to feedback received from professionals, the best target group for the CaringTV® programmes are elderly living at home, who seem to benefit most from the stimulating and socialising effects of the CaringTV® programmes. The elderly patients going home from hospital, and even those in service housing, were often considered to be in so limited condition physically and/or mentally, that they did not benefit from the CaringTV®. These findings support the experiences of professionals at Armila; when patients are dependent on assistance and have variable health problems, they are less likely to be interested and motivated for participating in the CaringTV® programmes. The role of the professionals and especially staff working at hospital grows more important because they are the key to patients' access to the CaringTV®. If staff does not have time or motivation to support patients' participation, it might become almost impossible. This is especially problematic if professionals have negative attitudes towards the CaringTV®, or welfare technology in general, and fail to motivate and assist patients in participation. There are however experiences that suggest that even cognitively impaired elderly patients can participate in video-phone conversations successfully (Sävenstedt, Zingmark and Sandman 2003).

Feedback from professionals in GOING HOME Project included suggestion that three months is too short time for elderly to use the CaringTV®. At Armila patients stay for some weeks and during this time do not become familiar enough with the CaringTV® concept. The original thought in the Armila Project had been, that the patients could also have the CaringTV® at home after discharge from hospital. This plan did not realise, and patients received very little actual benefit from the CaringTV® during their stay at Armila.

In the beginning of GOING HOME project many professionals had reserved expectations about the CaringTV®, and worried about increased work load or responsibilities concerning their work. This had been evident in the interviews of professionals and indicates similar attitude as was evident in Armila. The overall experiences of professionals at the end of the project were also the similar; CaringTV® is a good idea, worth of developing and important in the future. Some studies have suggested that professionals expect welfare technology to decrease their work load and save time in elderly home care settings, which eventually is not true (Juntunen 2005). Seems that professionals' expectations are very different in the hospital environment, where elderly are usually less independent and need professionals' assistance and support in activities of daily living. This suggest that when planning the CaringTV® pro-

grammes in the future, very careful consideration should used in evaluating the circumstances and staff expectations in the chosen environment. There can be much variance between the expectations and needs of the both, clients and professionals, between home care and hospital setting.

The reflection of experiences described by professionals gives some answers to the question of why the CaringTV® project was not very successful at Armila. The professionals had experienced two major problems, the unsuitability of their patients for this kind of an project and on the other hand the lack of their resources to participate in the manner that had originally been planned. The question remains; if the resources had been adequate (at least one or two staff members participating into the CaringTV® broadcasts every time), would there have been better success even with these patients. Was the problem after all the patient material or just the unsuccessful allocation of staff resources to the project? Or maybe the need for resources, the patients' need for guidance, support and assistant, was not properly evaluated beforehand.

8.4 Future of the CaringTV®

The results of this research indicate similar challenges for the future of the CaringTV® as presented in the Final Report of GOING HOME Project (Lehto 2008). How to make the CaringTV® and connected virtual services transferable to different settings and needs of variable customers, is a very important question to be answered in order to develop a successful service format. Findings of this research can be useful when planning the CaringTV® services for elderly at hospital settings and the professionals' experiences at Armila concerning the patient material and staff resources, should be carefully evaluated and remembered when planning the CaringTV® services further. The motivation of the professionals and adequacy of staff resources in relation to support and assistance needed by elderly patients could be the keys for more successful projects in the future.

The challenge for the future CaringTV® broadcasts is finding a time that suits the clients in different settings, because each ward and caring environment has their own daily routines. A good way to tackle all obstacles in the future is developing a system of continuous feedback further and motivating all participants to use it systematically. For elderly patients who have problems with hearing, seeing and memory, the best would be an individual CaringTV®, the hospital environment can be too restless, and the group situation too stressful to start familiarising with e new way of communication. Evaluation of the CaringTV® concept and programme development has included evaluating the outcomes and effectiveness, and more information is needed about the project process at different stages, and from the point of view of different participants.

Several studies suggest, that as the use of welfare technology increases in different health care settings, the challenge of the future is to educate nursing professionals that are familiar with the concepts of telehealth, telecare and telenursing and who are capable of adopting new roles as health care providers via such innovation as the CaringTV®. The acceptance of new technological solutions is also related to the knowledge on these concepts (Juntunen 2005). Enhancing health care professionals knowledge about new innovations and welfare technology by involving both students and professionals' into planning and development projects, the new innovations such as the CaringTV® have better possibilities to successfully develop further.

There are ethical questions specific to using technological solutions in the care of elderly, which should be addressed when evaluating the CaringTV® projects. A research conducted in Sweden in 2008, revealed that there is evidence of resistance among professional carers towards an introduction of information and communication technology applications in elder care, mostly related to experienced ethical responsibility. There should be an open ethical discussion when introducing technological applications in elder care, which could promote a less reserved attitudes of the professionals. (Sävensted, Sandman and Zingmark. 2006) Further discussion and research about ethical dimensions of the CaringTV® from the point of view of professionals, clients and other partners is needed in the future. The evaluation of ethical questions in telecare is traditionally in the level of considering the confidentiality of patient information and informed consent, in relation to the existing laws and regulations (Norris 2002). However it is essential for the development of nursing care in relation to welfare technology, that also the ethical aspects of providing care through new communication devices and innovations are investigated and discussed.

9. CONCLUSION

According to Laurea guidelines for master's thesis the topic of the thesis must be closely linked to developing student's personal competence, work and career, and it must also aim to produce new knowledge for broader use in the field. The topic of this thesis has risen straight from the Laurea's CaringTV® research and development programme. Participation into this project has given valuable experience on LbD, action research as development method, and on using new innovations and technology in health care and health promotion. Evaluation of the CaringTV® Project at Armila has provided insight and further understanding on evaluation research, and development methods that can be used in developing researcher's own work and work community. Results of this thesis provide information for development of the CaringTV® and can be utilised in further CaringTV® projects.

Most of the results of literary and article search related to the welfare technology and its solutions provided results of studies and articles, that handle patient satisfaction and effectiveness of telehealth; the typical and most successful, telehealth applications can be found at home care and elderly care. There are several studies about professionals' experiences from the point of view of being a service provider, or telenurse, which give reference to the professionals attitudes towards technological applications in health care. There is very little research available concerning patient guidance and support provided in telehealth, or telecare, especially at hospital settings. In studies about user experiences, the clients' and patients' point of view is emphasised. The experiences of professionals described in this thesis and the evaluation of the CaringTV® project from their point of view, provide very unique information.

The primary user of the results of this evaluative research will be Laurea University of Applied Sciences, along with the other partners participating into development of the CaringTV® based services. The students and professionals involved in the planning, producing, and evaluation of CaringTV® programmes can use the findings of this research as reference when evaluating their own participation and planning further actions related to CaringTV®. The clients of CaringTV® benefit from this research through improved services, and improved project designs in the future. The development of innovations, such as CaringTV®, can support welfare of growing elderly population in many ways, and the benefits can grow from national into world wide with successful service design and marketing.

The essence of nursing should not be forgotten when applying welfare technology into elderly services, and more research is needed about the roles and competence requirements of health care professionals in the CaringTV® settings, and about the ethical dimensions of the CaringTV® from the point of view of clients, professionals, students and organisations.

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KIRJE ARMILAN SAIRAALAAN

Hyvä Armilan sairaalan osasto 3 työntekijä

Osastollanne on kuluneen puolen vuoden aikana toteutettu yhteistyössä Laurea ammattikorkeakoulun kanssa Hyvinvointi-tv projekti. Hyvinvointi-tv on uusi innovaatio jonka avulla voidaan tuoda mm. interaktiivisia terveyspalveluja asiakkaiden koteihin ja hoitopaikkoihin. Näiden palvelumallien kehittäminen on vasta alussa ja saamamme kokemukset tästä nykyaikaista teknologiaa hyödyntävästä konseptista ovat erittäin arvokkaita.

Teidän osastollanne hyvinvointi-tv:ta hyödynnettiin lonkkamurtuma ja aivohalvaus potilaiden kotiutuksen tukemisessa. Kaikkien projektiin osallistuneiden kokemukset ja ajatukset ovat tärkeitä; niitä selvittämällä pyrimme mahdollisimman objektiivisesti arvioimaan projektin toteutusta ja edelleen kehittämään hyvinvointi-tv konseptia.

Osastollenne tullaan pitämään focus group, haastattelu (ryhmä keskustelu) jonka tarkoituksena on käydä avoimen keskustelun avulla läpi teidän kokemuksianne hyvinvointi-tv projektista ja sen toteutumisesta. Laurea Ammattikorkeakoulun puolesta, osana omiin opiskeluihini liittyvää projektityötä (Master's Thesis) olen laatinut teemalliset, avoimet kysymykset ja toimin ryhmän vetäjänä.

Keskusteluun varataan aikaa noin 90 minuuttia ja se nauhoitetaan digitaalisella nauhurilla. Tilaisuus on täysin luottamuksellinen ja nauhan sisältöä auki kirjoitettaessa poistetaan puheessa esiintyvät henkilöiden nimet ja mahdolliset selkeästi tunnistettavissa olevat viittaukset yksittäisiin ihmisiin. Tulokset analysoidaan ja liitetään osaksi koko projektin arviointia.

Yhteistyöstä kiittäen,

Jenni Kippola
Sairaanhoitaja, ylemmän amk tutkinnon opiskelija
Laurea Ammattikorkeakoulu, Otaniemi

Yhteydenotot tarvittaessa: Jenni Kippola   Jenni.kippola@laurea.fi
                                              p. 050 427 4974

A LETTER TO ARMILA HOSPITAL

Dear staff member at Armila Hospital ward 3,

During the past six months, a CaringTV project in co-operation with Laurea university of applied sciences has been conducted at your ward. CaringTV is a new innovation which can, for example provide interactive health services for clients at homes or health care settings. We are in the process of developing these service models, and all experiences about this modern technology utilising concept are valuable.

At your ward, the CaringTV, was utilised for supporting discharge of patients recovering from a hip fracture and cerebrovascular accident. Experiences of all participants of the project are important, by exploring them we aim at objective evaluation of project process and further development of CaringTV.

A focus group interview (group discussion) in which your experiences about CaringTV project will be discussed openly will be held at your ward. As part of my own Master's Thesis in behalf of Laurea University of applied sciences, I have formulated thematic, open questions. I will also act as moderator (conductor) for the focus group.

About 90 minutes will be reserved for the discussion and it will be digitally recorded. The interview will be confidential and when the recording is transcribed, all indications to persons by name or other identifications, will be removed. The results will be analysed and published as part of the evaluation of the whole project.

Kindly appreciating your co-operation,

Jenni Kippola
Registered Nurse, student in Master of Health promotion -programme
Laurea University of Applied Sciences

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HAASTATTELU KYSYMYKSET

Henkilökunnan kokemuksia hyvinvointi-tv projektista

Focus-group haastattelu
28.4.2008 Armilan Sairaala, Lappeenranta

1. Mitä olit tekemässä ja mistä tulet tähän tilanteeseen?

2. Mitä hyvinvointi-tv sinun käsityksesi mukaan tarkoittaa?

3. Millaisia odotuksia sinulla oli hyvinvointi-tv:sta ja tästä projektista?

4. Millaisen käsityksen olet saanut hyvinvointi-tv:n ohjelmien sisällöstä?

-Miten ohjelmien ajoitus toimi?
-Miten vuorovaikutuksellisuus toimi?
-Miten sisältö vastasi potilaiden tarpeita?

5. Miten potilaiden ja henkilökunnan osallistuminen projektiin onnistui?

6. Mitkä tekijät mielestäsi edistivät projektin toteutumista?

7. Mitkä tekijät mielestäsi estivät projektin toteutumista?

8. Miten juuri sinä osallistuit tähän hyvinvointi-tv projektiin?

9. Miten sinä kehittäisit hyvinvointi-tv:ta?

10 Yhteenveto...

11. Onko mielessänne vielä jotain tähän projektiin tai hyvinvointi-tv:on liittyvää, joka ei ole tullut keskustelussa esiin, mutta mitä haluaisitte sanoa?

FOCUS GROUP QUESTIONS

Professionals' experiences about CaringTV project

Focus-group interview
28.4.2008 Armila Hospital, Lappeenranta

Q1. What were you doing prior to coming into this interview?

Q2. What does the concept CaringTV mean to you?

Q3. What kind of expectations did you have on CaringTV and this project?

Q4. What is your comprehension about CaringTV programme contents?
-How was the timing?
-How did the interaction work?
-How did the contents respond to the needs of the patients?

Q5. How did the participation of the patients and staff in to the project succeed?

Q6. What factors enhanced the realisation of the project?

Q7. What factors were inhibiting the realisation of the project?

Q8. How did you personally participate in to this CaringTV project?

Q9. How would you develop the CaringTV?

Q10. Summary

Q11. Do you have in mind something about this project or CaringTV that has not been brought up yet, but you would like to say?