EXPERIENCE EXCHANGE

Reflections on change theory and community-based participatory action research: Congruent, similar or different?

Mary Asor Asirifi*[1], Linda Ogilvie[1], Sylvia Barton[2], Olenka Bilash[3], Kent Stobart[4], Patience Aniteye[5], Atswei Kwashie[5], Gloria Ansong[5], Cecilia Eliason[5], Lydia Aziato[5]

[1]*Department of Nursing Foundations, MacEwan University, Canada*
[2]*School of Nursing, University of Northern British Columbia, Canada*
[3]*Faculty of Education, Secondary Education Department, University of Alberta, Canada*
[4]*College of Medicine, University of Saskatchewan, Canada*
[5]*School of Nursing and Midwifery, College of Health Sciences, University of Ghana, Ghana*

ABSTRACT

While change is acknowledged as integral to all action research, literature linking the theories of change theoretically merits exploration. Are some theories of change more congruent to principles of action research than others? Does congruence depend on which type of action research and which change theory are being compared? During the implementation of a four-cycle community-based participatory action research (CBPR) project in nursing education in Ghana, such questions arose. This paper is an attempt to grapple with those questions. While Kotter's eight-step theory of organizational change was chosen to guide this study, it became obvious that various elements of change theories were integrated in the study as it progressed. For Kotter's organizational change theory to serve as an effective guide for the implementation cycles in the CBPR project, it must be conducted through the lens of critical social theory and a perspective on social and cultural change.

Key Words: Change, Community-based participatory action research, Ghana, Nursing education

1. INTRODUCTION

While change is acknowledged as integral to all action research, theoretical literature linking the change theories explicitly merits additional exploration. Are some theories of change more congruent with principles of action research than others? Does congruence depend on which type of action research and which change theory are compared? In the implementation of a four-cycle community-based participatory action research (CBPR) project in nursing education in Ghana, such questions arose. A four-cycle community-based participatory action research project was conducted in one baccalaureate nursing school in Ghana in collaboration with stakeholders of nursing education to identify challenges of clinical teaching and learning.[1] The intent was to plan and implement a strategic vision for more effective clinical nursing education in one educational context that could provide a guide for nursing education across Ghana. A collaborative research team (CRT) comprised of four faculty members from the nursing school was created and consulted throughout the study. This paper is an attempt to grapple with the above-

---

*Correspondence: Mary Asor Asirifi; Email: asirifim@macewan.ca; Address: Department of Nursing Foundations, MacEwan University, Canada.

mentioned theoretical questions that emerged in the process of this CBPR project. While Kotter's eight-step theory of organizational change guided the study, it was observed that integration of elements of various change theories was happening, often subconsciously, as the study progressed. It became evident that a deep and nuanced understanding of change theory is needed in the conduct of high-quality action research. This article, therefore, is an exploration of connections between the various types of action research and theories of change.

2. THE RELATIONSHIP OF ACTION RESEARCH TO CHANGE

The historical roots of action research emanated from the works of Kurt Lewin in the 1940s, as well as the experiences of Paulo Friere and bell hooks. Action research was started in 1946 by Kurt Lewin, a German-American social psychologist, as a means to solve social problems such as social inequalities and exploitation. The focus was also on promoting independence, equality, cooperation and the establishment of democracy for social change.[2, 3] Paulo Freire was a Brazilian philosopher whose works are entrenched in emancipatory pedagogy, issues of power, and conflict. Freire believed that the community owns knowledge and can create knowledge through experience.[2, 3] bell hooks is a feminist and social activist whose works are rooted in race and gender issues that result in oppression.[5] She focuses on the concept of intersectionality with the perception that gender, class, and race are interrelated. bell hooks believes that communities are capable of solving issues within them and, in addition, focuses on power structures in classroom and educational settings. These three historically important scholars share views related to promoting collective problem solving by the community, addressing issues of inequality, and advocating all-inclusive decision-making for social change. These views are congruent with Stringer's description of action research as a systematic approach to investigation that enables people in schools, businesses, community organizations, and health and human services to find effective solutions for the problems they confront in their work.[6] Similarly, Haug perceives that action research is an orientation to knowledge creation that arises in a context of practice and requires researchers to work with practitioners.[7] Unlike conventional social science research, the purpose of action research is not principally the understanding of social arrangements but the desire to effect change for empowerment and knowledge generation by the community. This enables action researchers to take knowledge production beyond the gate-keeping propensities of professional knowledge-makers.[6]

Investigators engage in action research for professional, personal and political purposes.[9] The researchers who engage in action research for professional purposes acknowledge that action research generates new educational knowledge and aims at connecting theory to practice. Furthermore, researchers engage in action research for personal purposes to attain greater self-knowledge, fulfillment in one's work, and a deeper understanding of one's own practice. The objective of researchers who engage in action research for political purposes is to create social change towards greater social justice.[9–11] Action research can be done by individuals or with teams of colleagues. When action research is conducted in a team, it is called "collaborative inquiry".[12]

Community-based participatory action research (CBPR) is a typical approach to collaborative inquiry and is an approach that enables researchers to form partnerships with people affected by an issue, with the aim of taking action or effecting social change.[13] It may be conducted to connect academic research to a community[2] or community members could conduct CBPR without academic support.

While some researchers perceive that the concepts of CBPR and action research are the same, others differentiate them. As the concept of action research expanded, scholars used different terms such as "participatory research",[14, 15] "community-based participatory action research",[16–19] and "participatory action research"[20, 21] to describe their particular research approach. Although the terms have different names and are used interchangeably, they share many of the same meanings and features.[14, 16] Caine and Mill perceive differences between community-based research (CBR) and participatory action research (PAR).[2] To them, CBR is a philosophical approach to research and used to answer both qualitative and quantitative research questions whereas PAR is a methodology that shares many similarities with CBR. Participatory action research is focused on challenging power imbalances, changing community systems or structures, and achieving social justice and, therefore, usually includes policy makers, decision makers and people linked to socio-political processes in the research process. Both CBR and PAR, however, share the same principles of maintaining collaboration, authentic engagement of researcher and community members, empowerment of community members, capacity building, flexibility of the research methodology due to the iterative nature of process, knowledge generation beneficial to the community, and system development.[2, 6, 14, 15, 22–24] Stringer described the characteristics of action research as democratic (participation of all), equitable (acknowledges people's worth), liberating (providing freedom from oppression and/or debilitating conditions), and life enhancing (enabling the expression of full human potential).[6]

While all types of action research are oriented to change, are they all emancipatory and related to societal change? Can action research be more related to individual change as opposed to institutional or societal change? For example, Voigt, Hansen, Glindorf, Paulsen, and Williang engaged health practitioners such as diabetes educators in collaboration with researchers, to develop and implement a participatory, group-based diabetes education program in a diabetes clinic in the Danish health care system.[25] The authors reported that the action research approach contributed to the development and change of diabetes education practice and increased the knowledge of participants in the action research community. These findings indicate that CBPR promotes enabling environments for the researcher to engage, discuss and encourage collaborative decision making with participants to plan or implement changes to address barriers that inhibit the progress of the community. Would it be accurate to suggest that a continuum of action research exists from a focus on increasing knowledge and well-being to an emphasis on social activism that challenges oppressive practices? Is community-based participatory action research (CBPR) a fusion of CBR and PAR, thus a philosophy and a methodology that promotes change at individual, institutional, societal and cultural levels? Does it thus require a facilitator with understanding of change at all four levels, including an awareness of the dangers of disrupting societal norms? These are important questions as this discussion now moves to theories of change.

3. THEORIES OF CHANGE

Change is a natural phenomenon that happens in our everyday lives. Various change theories exist to explain the processes such as steps or phases through which change could occur. These theories include Lewin's three steps of change theory, social cognitive theory, Lippitt's phases of change theory, Prochaska and DiClemente's change theory, theory of reasoned action and planned behaviour, and Kotter's theory of organizational change. The main features of these six change theories are presented below. What becomes obvious is the neutrality within which these theories are situated. The socio-political underpinnings of most action research are missing. As well, the theories are similar in process but not necessarily in details or amount of guidance for implementation of change. Most of them focus on individual change rather than societal or organizational change.

3.1 Lewin's three-step change theory

Kurt Lewin, the pioneer of action research and change theory, believed that the drive to effect change is related to action.[26, 27] The manifestation of behavior is a result of the dynamic balance between driving forces which facilitate change and restraining forces which inhibit change. When

in balance, the forces are in a state of equilibrium or status quo. Lewin's three-step model shifts the balance towards the direction of the planned change. The three steps involved in Lewin's change model include unfreezing, movement/change and refreezing.[26, 27] "Unfreezing" occurs when there is the perception that change is needed.[27] The behavior change is focused on unfreezing the status quo by overcoming individual resistance and group traditions[26] and thus, decreasing the restraining forces. Activities that facilitate the unfreezing step include: driving forces such as preparing participants for change through motivation; building trust and awareness for the need to change; and, actively engaging participants in identifying the problems and deciding on solutions as a group. This step, not too surprisingly, resonates strongly with all types of action research. "Movement or change" occurs when change is instituted and it is focused on moving the status quo to a new level.[26, 27] This could be facilitated by persuading participants to disagree with the existing situation, viewing the situation from a new perspective, working together to obtain relevant information for the new direction, and conveying the new perspectives of the group to respected leaders whose support could be influential in actually making the change. Refreezing occurs when the equilibrium is re-established after the implementation of the change.[27] The purpose of the refreezing is to integrate the new change into the traditions and customs in the group. The most effective way to maintain a change in a group or organization is through integration into organizational policies and procedures.[26, 27]

3.2 Lippitt's phases of change theory

Lippitt's change theory is similar to the nursing process and consists of seven phases: a) diagnosing the problem; b) assessing the motivation and capacity for the change; c) assessing the resources and motivation of the change agent; d) selecting progressive change objects; e) choosing the role of the change agent; f) maintaining the change; and, g) the change agent gradually terminating from the helping relationship.[26–28] The role and responsibility of the change agent is more emphasized in Lippitt's change theory than the development of the actual change.[26] There is also focus on an individual change agent as opposed to a participatory or community-oriented process. The change agent has a more directive role than that of the facilitator in different forms of action research.

3.3 Prochaska and Diclemente's change theory

Prochaska and DiClemente's change theory, which emerged in the early 1980s, focuses on individual behavioral change and envisions a spiral model of the five stages that individuals pass through when change occurs.[26, 29] Pre-contemplation

precedes the individual's awareness of the need for change. Contemplation exists when the individual realizes a need for behavioural change but is not yet ready for change. Preparation generally follows within two weeks and is manifested by involving an individual's coping mechanisms and engagement in behavioral activities. Finally, maintenance includes the establishment or adoption of new behaviors to an individual's lifestyle, which usually lasts from six months to life.[26, 27] This model has limited utility for community-based participatory action research but could be a good fit for a theoretical orientation to program planning by a participatory group such as the previous diabetes educator example. It would be wrong, however, to negate the importance of individual change for any form of action research. For communities to change, the individuals within also need to change. Interestingly, action research is also commonly depicted in a spiral form.

3.4 Social cognitive theory

Social cognitive theory was first developed by Bandura in 1986 but its precursor was initially known as social learning theory in the 1960s.[30, 31] These theories emanated from operant theory which holds that individuals react as a result of the consequences (rewards) of their behavior.[26] Social cognitive theory holds that learning occurs through direct experiences, human dialogue, interactions, and observation. Learning and behavior change are influenced by environmental influences, personal factors, and attributes of the behaviour itself. The constructs underlining the principles of social cognitive theory include; a) reciprocal determination, b) behavioural capability, c) observational learning, d) reinforcement, e) expectations, and d) self efficacy.[31] Reciprocal determinism refers to the reciprocal interaction of individuals learned experiences from the environment (social context) and the behaviour towards achieving set goals.[31] Behavioral capability pertains to an individual's abilities to demonstrate a behaviour through acquired knowledge and skills.[31] Observational learning holds that individuals can model or reproduce actions and behaviours observed from others to execute the behaviours successfully.[31] Reinforcements refer to responses (negative or positive experiences) to an individual's behaviours which could result in continuing or discontinuing the behaviour. Expectations pertain to the phenomenon that individuals anticipate the consequences of their behaviour before engaging in it, and this may influence the successful completion of the behaviour.[31] Self-efficacy is the level of confidence an individual demonstrates to complete an expected behaviour.[31]

The perception of an individual's ability to achieve self-efficacy is central to social cognitive theory.[26, 31] Environ-

mental factors such as barriers and facilitators could influence an individual's self efficacy.[31] Self-efficacy can be achieved through the provision of clear instructions, provision of skill development, and modelling of the desired behaviour.[26] The three dimensions of self efficacy include magnitude, strength, and generality.[31] Magnitude refers to the task that an individual is capable of executing. Strength of efficacy pertains to whether the magnitude of the self-efficacy is strong (ability to persevere in the face of challenges) or weak (inability to persevere in the face of difficulty). Generality refers to self efficacy that could be generalized across similar activity domains and could vary according to the ability to express behaviours in a diverse context.[31–33] Again, this theory is primarily a focus on individual change rather than societal or organizational change theory. It does, however, provide guidance for the individual-level capacity-building component of CBPR.

3.5 The theory of reasoned action and planned behavior

Similar to social cognitive theory, the theory of reasoned action and planned behavior which was developed in the 1980s by Martin Fishbein and Icek Ajen hold that the exhibition of an individual's behavior is dependent on the intentions of that individual.[26, 31, 34] Positive attitude towards the desired behavior and the influence of social environment shapes the individual's intention. LaMorte explains the six constructs that underline an individual's control of behaviour which include: a) attitude, behavioural intention, subjective norms, social norms, perceived power and perceived behavioural control.[31] LaMorte explicated that "attitude" refers to the level at which an individual perceives a behaviour of interest to be favourable or unfavourable based on the individual's evaluation of that behaviour.[31] Taking into consideration the outcomes of performing the behavior is critical in this context. Behavioral intention pertains to the motivational factors that serve as facilitators of performing a behaviour.[31] In other words, there is a higher likelihood of performing a particular behaviour if the intention to perform the behaviour is strong. Subjective norms refer to the individual's beliefs as to whether peers or significant persons in the individual's life agree or disagree to engage in the behaviour.[31] Social norms are the influence of the socio-cultural factors on an individual's behaviour. Customary codes of conduct, and standards performed by a larger group of people are considered to be social norms.[31] Perceived power refers to an individual's behavioural control or power on factors that may facilitate or inhibit the performance of a behaviour. Perceived behavioral control is how an individual perceives a behaviour of interest to be difficult or easy to perform depending on the situation or context.[31] An important part of the behavioral change process in reasoned theory is the main concept of behavioral

control over opportunities, resources, and skills necessary to perform a behavior.[26] The concept of self control is similar to the concept of self efficacy in social cognitive theory. As in social cognitive theory, the theory of reasoned action and planned behavior provides guidance for engagement in capacity building but little guidance for social or organizational change.

3.6 Kotter's organizational change theory

Kotter's eight-step organizational change theory is more recent than the aforementioned theories and, in many ways, builds on them. It involves: 1) creating a sense of urgency to sensitize the group to get involved in the change process; 2) building a guiding coalition by bringing together people with power to lead and support a collaborative change; 3) forming a strategic vision; 4) communicating the vision through sharing the vision and strategies with the people who are willing to effect the change; 5) enabling action by removing barriers that threaten the accomplishment of the vision by empowering people through training and information required for the change; 6) generating short term achievements; 7) sustaining 'accelerations' through developing structures and policies to sustain the change; and, 8) instituting the change.[35] Each of Kotter's steps are explained in detail and provide clear guidance. The CRT members were identified as the leaders who have the capabilities to lead and support the implementation of the strategic vision of the CBPR project. Therefore, as part of the design of my CBPR project in Ghana, a decision was made to integrate his theory as part of the conceptual framework of the study. In hindsight, elements from most of the other aforementioned theories were used, albeit unconsciously.

4. Mapping congruencies, similarities and differences of community based participatory action research and Kotter's change theory.

The CBPR project of working together with stakeholders of nursing education in Ghana to plan and develop a clinical teaching model that would fit best into the Ghanaian nursing education system has been described elsewhere[1, 26] As this was PhD research, a limit was placed on the graduate student facilitator's responsibility to generate the process of change in the first four action research cycles. A Collaborative Research Team (CRT) from the study site was involved as partners for the entire research process and are responsible, in collaboration with the facilitator after completion of her PhD as is feasible, for the actual implementation of the collaboratively developed strategic vision. The CRT comprised

of the current Dean of the School of Nursing, one faculty member from the nursing education and leadership department, and two faculty members in charge of clinical teaching and learning activities. The Dean of the School of Nursing at the time of the beginning of the research granted permission for the research and the approach to faculty members for formation of the CRT. The four CBPR cycles fit well with the first four steps of Kotter's theory of organizational change. The congruencies are depicted in Figure 1. Cycle One of the CBPR project involved document analysis, as well as data collection from various stakeholders, including surveys of students and faculty along with strategic interviews with influential stakeholders in the Ministry of Health and other policy groups. Clinical education issues were revealed and motivated students, faculty, and the external stakeholders (nurse representatives from Ministry of Health [MOH], Nursing and Midwifery Council for Ghana [NMC], and the Ghana Registered Nurses and Midwives Association [GRNMA]) to acknowledge the need for restructuring or modifying the clinical teaching approach to enhance nursing education in Ghana.

A key aspect of Kotter's change theory is that the leaders and the community members must agree with the change, and that a number of leaders who have the capabilities and power need to be selected to form a team to lead and support the change. Thus, the first two steps of Kotter's theory, creating a sense of urgency through awareness of issues and building a guiding coalition, were achieved. Feedback and capacity-building presentations allied with individual and focus group interviews which added depth to Cycle One surveys occurred in Cycle Two. Further data analysis, additional literature search and CRT discussions occurred in Cycle Three. The activities in Cycles Two and Three, led to the development of priorities for change, selection of the issue to be addressed first, and the development of a strategic vision. Thus, Cycles Two and Three of our CBPR project are congruent with Step Three of Kotter's organizational change theory – creation of a strategic vision through creation of a collaborative vision and development of strategies as guidance for implementation of the vision. It was decided to re-conceptualize preceptorship to better fit the Ghanaian context. Several strategies were planned. Through Cycle Four of the CBPR process, validation of the strategic plan and solicitation of further suggestions through poster presentations and conversations with stakeholders and research participants, Step Four of Kotter's theory, communicating the vision, was implemented. Not depicted in Figure 1 is the current plan for Cycle Five in the CBPR project. The CRT has decided that the initial strategy implemented will be the creation of a context-specific preceptor manual.
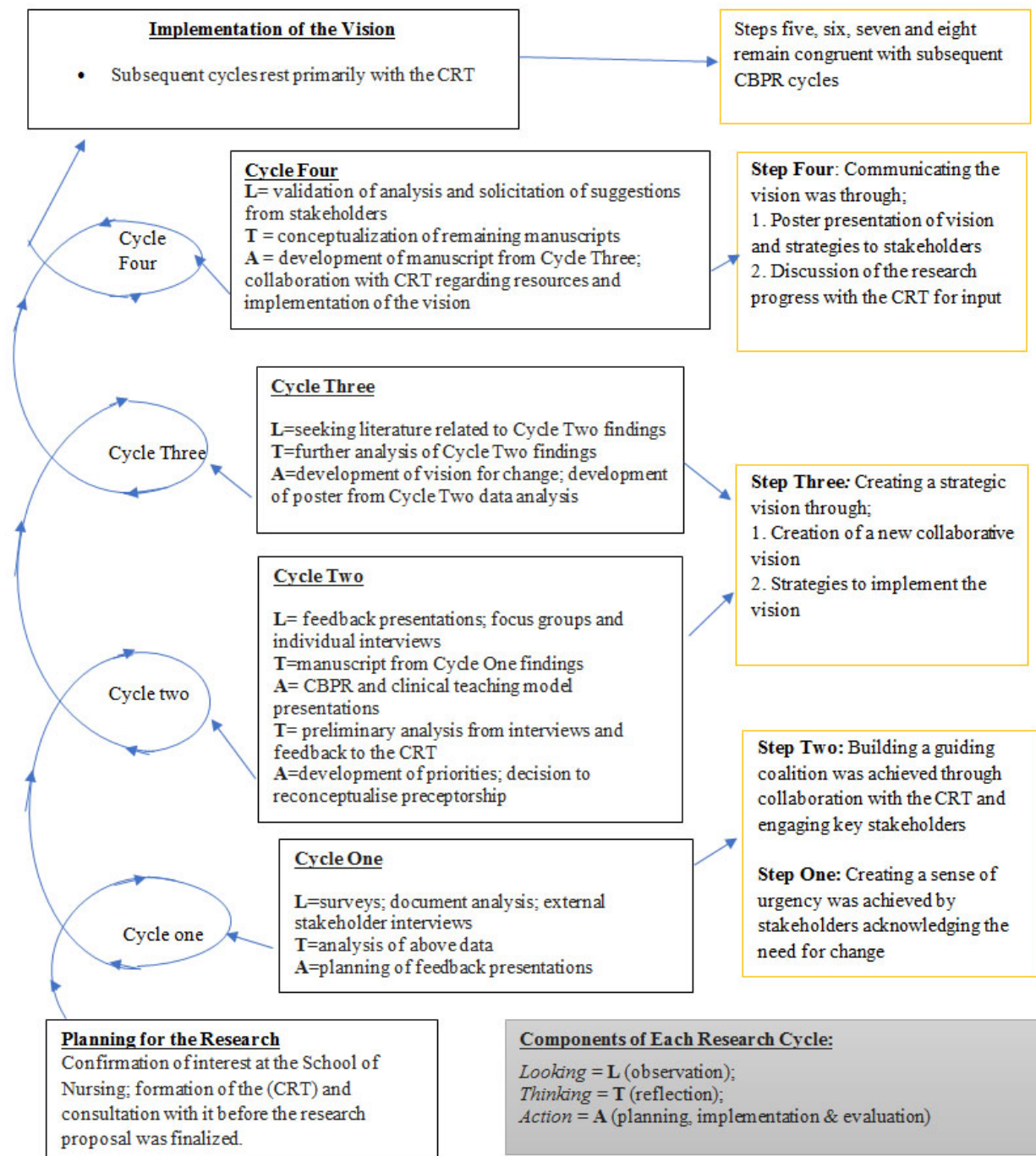
Implementation of the Vision
- Subsequent cycles rest primarily with the CRT

Steps five, six, seven and eight remain congruent with subsequent CBPR cycles

Cycle Four
L= validation of analysis and solicitation of suggestions from stakeholders
T = conceptualization of remaining manuscripts
A = development of manuscript from Cycle Three; collaboration with CRT regarding resources and implementation of the vision

Step Four: Communicating the vision was through;
1. Poster presentation of vision and strategies to stakeholders
2. Discussion of the research progress with the CRT for input

Cycle Three
L=seeking literature related to Cycle Two findings
T=further analysis of Cycle Two findings
A=development of vision for change; development of poster from Cycle Two data analysis

Step Three: Creating a strategic vision through;
1. Creation of a new collaborative vision
2. Strategies to implement the vision

Cycle Two
L= feedback presentations; focus groups and individual interviews
T=manuscript from Cycle One findings
A= CBPR and clinical teaching model presentations
T= preliminary analysis from interviews and feedback to the CRT
A=development of priorities; decision to reconceptualise preceptorship

Step Two: Building a guiding coalition was achieved through collaboration with the CRT and engaging key stakeholders

Step One: Creating a sense of urgency was achieved by stakeholders acknowledging the need for change

Cycle One
L=surveys; document analysis; external stakeholder interviews
T=analysis of above data
A=planning of feedback presentations

Planning for the Research
Confirmation of interest at the School of Nursing; formation of the (CRT) and consultation with it before the research proposal was finalized.

Components of Each Research Cycle:
Looking = **L** (observation);
Thinking = **T** (reflection);
Action = **A** (planning, implementation & evaluation)

Figure 1. Congruencies between the Cycles of CBPR and the Steps of Kotter's Theory of Organizational Change

This task fits with Steps Five and Six of Kotter's theory through enabling action by removing barriers that threaten the accomplishment of the vision by empowering people through training and information required for the change and by generating a short-term achievement. The remaining two steps are a logical progression. Therefore, Kotter's theory of organizational change was useful in this CBPR experience. Kotter's change theory, however, while highly relevant for this study, lacks some of the insights that arose from

experiences in Ghana and Canada from the findings, from discussions with the CRT, and from the literature on action research. It is a politically neutral change theory with strong collaborative and leadership components, and would allow for radical or transformative change, but only if infused with critical social theory and a perspective on social and cultural change. It is, therefore, largely congruent with CBPR, shares some aspects, but also has differences. The strength of Kotter's theory includes a focus on organizational rather than

individual change, as well as a depth of guidance offered for the development of each step of the change process. What, therefore, do some of the other change theories add?

5. ADDING COMPLEXITY TO THEORIES OF CHANGE IN RELATION TO COMMUNITY BASED PARTICIPATORY ACTION RESEARCH

The Appendix presents the comparison of the theories of change including the integration of critical social theory for change in relation to the CBPR process. Lewin's conceptualizations of changing status quos, dynamic equilibrium, freezing, movement/change, and unfreezing precede Kotter's work and are not in contradiction to it, but also add depth to thinking about the implementation of change. The critical dimensions of social change permeate Lewin's work and fit nicely with CBPR. The notion of levels fits with the idea of ever higher spiralling cycles in CBPR. As in Kotter's change theory, Lewin's change theory proposes that the new perspective should be communicated to respected and power-holding leaders who support the change. What was not mentioned in Lewin's theory was the recruitment of leaders to support and lead the change as postulated by Kotter[35] and was done in this CBPR project. Although Lewin's theory was developed to guide change in action research, the only aspect that was not congruent with this CBPR project was the identification of the leaders (CRT) to lead the change process. Therefore, Kotter's organizational change theory was used to guide the CBPR project. Table 1 provides the congruencies and incongruencies of the change theories in relation to the CBPR project. This indicates that the change theory used in an action research project dictate the approach or collaborative processes involved in the research. Additionally, the approach must be congruent with the change theory or perhaps, more appropriately, flexibly integrate multiple change theories according to the specific context of a study. This begs the question of the potential for development of a flexible change theory specifically applicable to CBPR.

Table 1. Key Congruencies and Incongruencies of the Change Theories, and the Integration of Critical Social Theory in the Community-Based Participatory Action Research Project

Change Theories and Critical Social Theory	Key Comments on Congruencies and Incongruencies of the Change Theories, and the Integration of Critical Social Theory in the CBPR Project.
Kotter's organizational Change Theory	The steps involved in Kotter's change theory were congruent with the CBPR project (see Figure 1 and Appendix). More emphatically, in Kotter's change theory, the leaders and the community members need to approve of the change, and a selected team of leaders who have the capabilities and power must lead and support the change.[35] This is congruent with the CBPR project as members of the CRT were identified to support and lead the change process in the CBPR project.
Lewin's Three-Step Change Theory	Lewin's three step change theory also aligns with the CBPR project. However, Lewin's change theory holds that the proposed change should be communicated to respected and powerful leaders to support the change. [37] Lewin's theory, did not mention that the leaders should lead the change. Therefore, this idea was incongruent with the CBPR project.
Lippitt's Phases of Change Theory	Lippitt's Phases of Change theory uses change agents to effect change which is similar to this CBPR project. On the other hand, Lippitt's theory is focused on an individual change agent as opposed to the CBPR process. Also, the role of the change agent is more directive than that of the facilitator in action research. Furthermore, the change agent is expected to move away from the relationship involved in the change process at point in time. [26,27] On the contrary, in Kotter's and Lewin's change theories, the change agents are expected to continue to remain in the implementation and evaluation of the project.
Social Cognitive Theory	The social cognitive theory is focused on individual change rather than societal or organizational change theory which is incongruent with CBPR. On the other hand, it provides guidance for the individual-level capacity-building component of the CBPR. [26,31]
Theory of Reasoned Action and Behavioral Change	Theory of reasoned action and behavioral change also informs capacity building [26,33,34] which is congruent with CBPR but has limited guidance for social or organizational change.
Prochaska and DiClemente's Action and Planned Behavior	Prochaska and DiClemente's Action and Planned Behavior theory is focused on individual change [26] and is incongruent with community-based participatory action research.
Integration Critical Social Theory for Change in CBPR	Integrating the critical social perspective into CBPR project facilitated collaborative engagement of all the stakeholders of nursing education in mutual reflective discourse and decision making [37,38] to enhance clinical nursing education in Ghana. The use of critical social theory as a philosophical perspective to guide the implementation of the new strategic vision will promote student centered learning. Although, integrating critical social theory into CBPR can be a powerful tool for change in nursing education in Ghana, it needs to occur with sensitivity to potential resistance and consequences.

Lippitt's phases of change theory share some similarities with Kotter's and Lewin's change theories but there are also differences. The theory is also focused on diagnosing a problem and using a change agent to facilitate the change. The change agent is, however, required to withdraw from the relationship at a point in time. In Kotter's and Lewin's change theories, the change agents (stakeholders) stick to the implementation and evaluation of the project. The change processes involved in Prochaska and DiClemente's change theory, social cognitive theory, and the theory of reasoned action and planned behavior are individually focused, which is different from the collaborative processes involved in the CPBR project as well as in Kotter's and Lewin's change theories. For Kotter's organizational change theory to serve as a more effective guide for the implementation cycles in the CBPR project, however, it would need more attention to social and cultural processes. To be sustainable, development and implementation of the strategic vision would benefit from integration of an understanding of critical social theory and its relationship to social change. Valuable as Kotter's theory of organizational change was to the CBPR process, it was not sufficient.

6. INTEGRATING CRITICAL SOCIAL THEORY IN THE RESEARCH PROCESS

The focus of critical social theory in nursing science involves recognizing and addressing issues of domination, oppression, power relations, and political actions or structures that influence nursing practice through reflective discourse and social action.[38, 39] Additionally, critical social theory calls for liberation from sociopolitical forces or conscious constraints through mutual dialogue and negotiations that promote the collective identity of a community.[38–40] The resultant critical social theory is social change focused on alterations or modifications of attitudes, behaviors, and structures to improve systems or community outcomes.[37, 38] Perspectives integral to critical social theory were used in this four cycle CBPR project to encourage critical dialogue, reflective thinking, capacity building, and collaborative decision making towards the alleviation of the influence of sociopolitical forces that pose challenges to the effectiveness of clinical education in Ghana. Integrating a critical social perspective into this four cycle CBPR project promoted collaborative engagement of all the stakeholders of nursing education, including nursing students (who are usually the hidden voices) in reflective dialogue and decision making to enhance clinical nursing education in Ghana. Students, faculty, and external stakeholders were engaged in reflective thinking (completion of questionnaires) and dialogue (interviews with external stakeholders) in Cycle One to identify issues in clinical edu-

cation in Ghana.

The feedback presentation on the challenges of clinical teaching, the presentation of clinical teaching models and CBPR, the individual and focus group interviews, and the sharing of power with the Collaborative Research Team in Cycles Two and Three engaged participants in reflective dialogue and collaborative decision making, and led to the choice of a reconceptualization of preceptorship as the preferred clinical teaching model for nursing education within the Ghanaian context.

One traditional structure identified during the CBPR project that posed a challenge for active participation of students in clinical teaching and learning was the hierarchical relationship between students and clinical teachers in Ghana. This traditional system limits students' freedom or liberty in asking questions and inhibits students' responsibilities to participate actively in their learning. To contribute to empowerment of students in their learning, the CRT engaged in critical dialogue about the importance of using teaching strategies to mitigate the effects of traditional hierarchical relationships in order to promote student-centered learning. Such an approach is congruent with Sumner and Danielson's observation that critical social theory enables exploration of social construction in relationships within the power constraints of a community, seeks to identify gaps and marginalized voices, and provides the opportunity to question and confront cultural or historical norms in the community or institution.[38] The new approach could pave a way for the use of critical social theory as a philosophical perspective to guide the implementation of the new strategic vision for effective clinical teaching and learning in Ghana. It also, however, challenges the power of the teacher. Integrating critical social theory into CBPR can be a powerful tool for change but needs to occur with sensitivity to potential resistance and consequences. While beyond the scope of this paper to explore in depth, integration of strategic visions that disrupt the social order and mandate cultural change need to be taken with care in any CBPR project. The community needs to be ready for such change and the facilitator must be prepared for the impact and any unintended consequences.

7. NEXT STEP: MANAGING CHANGE

Change management is essential in the implementation and sustenance of change in all organizations. Davidson cautioned about the risk of downplaying the importance of change management and argued that it needs to be incorporated in all the activities of administrators of organizations.[41] Similarly, in Ghana, effective change management is needed for the implementation of the new strategic vision for effective clinical education. Although the implementa-

tion of the new vision and strategies is the responsibility of the CRT, it is worth noting that careful planning is needed for the adoption, sustenance, and sustainability of the implemented strategies. A successful change management plan involves planning, analyzing, engaging, thinking, and doing with the aim of successful implementation of strategies that will accomplish sustainable results.[41] Velmurugan added that problems usually arise when change is forced on people.[41] Therefore, change must be realistic, achievable, and measurable to be effectively adopted and diffused into the organizational system. Discussion of change management is beyond the scope of this paper. It needs careful consideration and an implementation plan will be needed for successive cycles of this CBPR initiative. Kotter's theory of organizational change will continue to offer guidance for the initiative's implementation cycles. An awareness of critical social theory and its applicability to nursing education and practice in Ghana will provide the possibility for a more emancipatory educational process that could positively impact graduates of the program. Furthermore, the integration of critical social theory in the nursing education program in Ghana will contribute to the preparation of efficient professional nurses and lifelong learners[10, 39] who would provide quality care and function effectively in the dynamic health care system.

8. CONCLUSION

The philosophical and methodological approaches embedded in CBPR facilitate change through the engagement of members and policy makers or leaders in a community in decision making to improve aspects of life within a community. Within an educational program, improving the quality of education is the goal. In nursing education, another aim is the improvement of nursing care within a society. This four-cycle CBPR project was conducted in collaboration with stakeholders and policy makers of nursing education in Ghana to identify challenges in clinical nursing education and develop a strategic vision for more effective clinical nursing education in Ghana. The implementation of the strategic vision developed from this research would contribute to improvement in the quality of nursing education and lead to higher student, faculty, and clinical teacher satisfaction as well as the preparation of more confident and competent nurses. As our research progressed, the need to understand change at the individual, organizational, community and the society level became evident. Thus, in ideal circumstances, the facilitator of any community-based participatory action research project should be well-versed in a variety of change theories as well as the culture within which the research unfolds. It is worth noting that whilst different types of theories

are used to effect change, some of these theories are more applicable to CBPR than others. Change theories such as social cognitive theory, Prochaska and DiClemente's change theory, and reasoned action and planned behavior theory focus on the individual as a change agent or individual capacity building which are incongruent with CBPR. On the other hand, Lewin's three steps of change theory and Kotter's eight steps of organizational change theory focus on collaborative approaches to change and are congruent with CBPR. Although Lewin's and Kotter's change theories foster collective decision making or a collaborative approach to change, they differ slightly in terms of the change agents' approach to the change process. Lewin's three steps of change theory focuses on channelling the newly developed collective ideas through leaders whose support could influence the change making. Kotter's organizational change theory on the other hand, places emphasis on collaborative capacity building as well as using leaders who have the power to influence policy as change agents who will lead the change process. Kotter's organizational change theory was therefore used in this CBPR project because the CRT members were identified as the change agents who would lead the implementation of the proposed collaborative vision and strategies to enhance the effectiveness of clinical nursing education in Ghana. This implies that the choice of a particular change model to guide a CBPR depends on the approach used for the study. In other words, congruence of the change theory depends on the approach used in the CBPR process. Furthermore, the implementation of a change process requires reflection and planning to ensure effective sustenance of the implemented change. Kotter's theory of organizational change will continue to offer guidance for the implementation cycles of this CBPR initiative. With regards to the hierarchical relationships that exists between the student-instructor interaction in the Ghanaian context of clinical nursing education, incorporating critical social theory as a philosophical approach in clinical nursing education in Ghana will foster both student and teacher capacity building for student-centered learning. Working in a truly collaborative research team is the ideal, albeit often hard to actualize. Actively listening to research participants and responding to their concerns are essential. Ethical conduct of such research requires attention to unanticipated consequences and the cognizance that such outcomes could be beneficial or harmful to the community. Hopefully, in our project, we did no harm. Our strategies for change may have implications beyond the initial goal of improving clinical nursing education in one nursing program in Ghana.

CONFLICTS OF INTEREST DISCLOSURE
The authors declare that there is no conflict of interest.

REFERENCES

[1] Asirifi M, Ogilvie L, Barton S, et al. Using community-based partici-patory action research to optimize clinical teaching in baccalaureate nursing education in Ghana (doctoral dissertation). 2018; University of Alberta, Edmonton, Canada.

[2] Caine V, Mill J. Essentials of Community-Based Research. Left Coast Press Inc; U.S.A: 2016.

[3] Maksimović J. Philosophy, Sociology, Psychology and History. His-torical Development of Action Research in Social Sciences. 2010; 9(1): 119-124.

[4] Friere P. Reading the World and the Reading the Word: An Interview With Paulo Friere. In William Hare and John P. Portelli (Eds). Phi-losophy of Education. Introductory Readings. 3rd ed. Calgary, AB: Detselig Enterprises Ltd. 2001; 145-152.

[5] Bell H. Teaching to Transgress; Education as a Practice of Freedom. Routledge Taylor & Francis Group; Great Britain: 1994.

[6] Stringer ET. Action Research. 3rd ed. Sage Publications; Los Ange-les: 2007.

[7] Haug HB. What is Good Action Research? Action Research. 2010; 8(1): 93-109. https://doi.org/10.1177/1476750310362435

[8] Feldman A. Existential Approaches to Action Research. Educational Action Research. 2002; 10(2): 233-251. https://doi.org/10.1080/09650790200200183

[9] Helskog GH. Moving Out of Conflict into Reconciliation-Building Through Philosophical Dialogue in Intercultural and Interreligious Education. Educational Action Research. 2014: 22(3): 340-362. https://doi.org/10.1080/09650792.2014.882262

[10] Ya-hui S. Lifelong Learning as Being: The Heideggerian Per-spective. Adult Education Quarterly. 2011; 61(1): 57-72. https://doi.org/10.1177/0741713610380442

[11] Morales MPE. Participatory Action Research (PAR) And Action Research (AR) In Teacher Professional Development: A Literature Review. International Journal of Research in Education and Science. 2016; 2(1): 2148-9955. https://doi.org/10.21890/ijres.01395

[12] Bush PL, Hamzeh J, Macaulay AC. Community-Based Participatory Research, 3rd Ed. Oxford University Press; Oxford: 2018.

[13] Northway R. Participatory Research Part 1: Key Features and Under-lying Philosophy. International Journal of Therapy and Rehabilitation. 2010a; 17(4): 174-179. https://doi.org/10.12968/ijtr.2010.17.4.47300

[14] Northway R. Participatory Research Part 2: Practical consideration. International Journal of Therapy and Rehabilitation. 2010b; 17(5): 226-231. https://doi.org/10.12968/ijtr.2010.17.5.47841

[15] Bomar PJ. Community-Based Participatory Action Research: A Cul-turally Focused Case Study. Japan Academy of Nursing Science. 2010; 7: 1-8. PMid:20618671 https://doi.org/10.1111/j.1742-7924.2010.00145.x

[16] Foster J, Stanek K. Cross cultural consideration in the conduct of community-based participatory action research. Family Community Health. 2007; 30(1): 42-49. PMid:17149031 https://doi.org/10.1097/00003727-200701000-00006

[17] Hills M, Mullet J, Carroll S. Community-Based Participatory Ac-tion Research: Transforming Multidisciplinary Practice in Primary Healthcare. Pan American Journal Of Public Health. 2007; 21(2/3): 125-135. PMid:17565799 https://doi.org/10.1590/S1020-49892007000200007

[18] Minkler M. Linking Science and Policy Through Community-Based Participatory Action Research To Study and Address Health Dispari-ties. American Journal of Public Health. 2010; 100(51): 581-587.

[19] Baum F, MacDougall C, Smith D. Participatory Action Research. Journal of Epidemial Community Health. 2006; 60: 854-857. PMid:16973531 https://doi.org/10.1136/jech.2004.028662

[20] Van Der Velde J, William DL, Ogilvie LD. Participatory Action Research: Practical Strategies for Actively Engaging and Maintain-ing Participatory in Immigrant and Refugee Communities. Quali-tative Health Research. 2009; 19(9): 1293-1308. PMid:19690209 https://doi.org/10.1177/1049732309344207

[21] Blair T, Minkler M. Participatory Action Research with Older Adults: Key Principles in Practice. The Gerontologist. 2009; 49(5): 651-662. PMid:19491353 https://doi.org/10.1093/geront/gnp049

[22] Branon, C. Community-Based Participatory Research as a Social Work Research and Intervention Approach. Journal of Community Practice. 2012; 20(3): 260-273. https://doi.org/10.1080/10705422.2012.699871

[23] Greenwood DJ, Levin M. Introduction to Action Research: Social Research For Social Change. 2nd ed. Sage Publications; Thousand Oaks CA: 2007.

[24] Voigt JR, Hansen UM, Glindorf M, et al. Action Research as a Method for Changing Patient Education Practice in a Clinical Di-abetes Setting. Action Research. 2014; 12(3): 315-336. https://doi.org/10.1177/1476750314534453

[25] Kristonis A. Comparison of Change Theories. International Journal of Scholarly Academic Intellectual Diversity. 2004; 8(1): 1-7.

[26] Mitchell G. Selecting the Best Theory to Implement Change. Nurs-ing Management. 2013; 20(1): 32-37. PMid:23705547 https://doi.org/10.7748/nm2013.04.20.1.32.e1013

[27] Lippitt R, Watson J, Westley B. The dynamics of planned change. Harcourt, Brace and World; New York: 1958.

[28] Freeman A, Dolan M. Revisiting Prochaska and Diclemente's Stages of Change Theory: An Expansion and Specification to Aid In Treat-ment Planning And Outcome Evaluation. Cognitive And Behavioral Practice. 2001; 8(3): 224-234. https://doi.org/10.1016/S1077-7229(01)80057-2

[29] Bandura A, National Institute of Mental Health. Prentice-Hall series in social learning theory. Social foundations of thought and action: A social cognitive theory. Prentice-Hall, Inc; Englewood Cliffs, NJ, US: 1986.

[30] LaMorte WW. Behavioral Change Model. 2019. Available from: http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories5.html

[31] Bandura A. Self-efficacy: toward a unifying theory of behavioral change. Psychological Review. 1977; 84(2): 191. https://doi.org/10.1037/0033-295X.84.2.191

[32] Stajkovic AD, Luthans F. Social Cognitive Theory and Self-Efficacy: Going Beyond Traditional Motivational and Behavioral Approaches. Organizational Dynamics. 1998; 76(4): 62-74. https://doi.org/10.1016/S0090-2616(98)90006-7

[33] Trafimow D. The Theory of Reasoned Action. Theory & Psychology. 2009; 19(4): 501-518. https://doi.org/10.1177/0959354309336319

[34] Kotter JP. Leading change. Harvard Business Review Press; Boston, MA: 2012.

[35] Asirifi M, Ogilvie L, Barton S, et al. Assessing Challenges of Clinical Education in A Baccalaureate Nursing Program in Ghana. Journal of Nursing Education and Practice. 2017; 7(10): 109-118. https://doi.org/10.5430/jnep.v7n10p109

[36] de la Sablonnière R. Toward a Psychology of Social Change: A Typology of Social Change. Frontiers in Psychology. 2017; 8(397). PMid:28400739 https://doi.org/10.3389/fpsyg.2017.00397

[37] Sumner J, Danielson E. Critical social theory as a means of analysis for caring in nursing. International Journal for Human Caring. 2007; 11(1): 30-37. https://doi.org/10.20467/1091-5710.11.1.30

[38] Browne JA. The Potential Contributions of Critical Social Theory to Nursing Science. Canadian Journal of Nursing Research. 2000; 32(2): 35-55. https://doi.org/10.1016/S0008-4182(00)80119-2

[39] Ekstrom DN, Sigurdson HO. An international collaboration in nursing education viewed through the lens of critical social theory. Journal of Nursing Education. 2002; 41(7): 289-294. https://doi.org/10.3928/0148-4834-20020701-04

[40] Davidson J. What's all the buzz about change management? Healthcare Management Forum. 2015; 28(3): 118-120. PMid:25838558 https://doi.org/10.1177/0840470415570174

[41] Velmurugan, R. Nursing issues in leading and managing change. International Journal of Nursing Education. 2017; 9(4): 148-151. https://doi.org/10.5958/0974-9357.2017.00113.1