

**PARADIGMATIC PERSPECTIVE FOR DEVELOPMENT OF GUIDELINES FOR
HEALTH PROFESSIONALS TO MANAGE CHILDREN WITH FETAL ALCHOL
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Article Received on 27/09/2017

Article Revised on 17/10/2017

Article Accepted on 06/11/2017

ABSTRACT

The purpose of the study was to develop guidelines that support health care professionals in the management of FAS. The study of this nature requires paradigm perspective in order to guide the research approaches. The study was conducted in Four phases namely situational analysis, development of the conceptual framework, development of the guidelines and evaluations. In this study the researcher utilised (1) pragmatic assumption such as ontological, epistemological, axiological and methodological (2) the theoretical framework such as Practice theory of Dickoff (1968), Guide for development of the practice guidelines process (Kish, 2001) and (3) conceptual framework such Centre for Disease Control and Prevention outlines the management of FAS and Canadian guidelines for diagnosis of FAS were used to guide the researcher. Through four (4) phases of the study, the researcher identified the structured guidelines for health professionals comprised of seven (7) components. The components encompassed the structure, general knowledge for health professional on FAS, guidelines for the nurses, doctors, Psychologists, occupational therapists and speech therapists based on their Roles and responsibilities within their scope of practices as illustrated by the Health professional Council of Namibia.

KEYWORDS: Paradigmatic Perspective, Development, Guidelines, Health Professionals, Manage, Children and Fetal Alcohol Syndrome.

1. INTRODUCTION AND BACKGROUND

Paradigm is described as a worldview that reflects a philosophical stance. The phenomena under study presented themselves in a defined discipline. In this study, the concept of human health and how it could be maintained in human beings (LoBiondo-Wood & Haber, 2010) provided such a paradigm According to Morse and Field (1995) as cited in Tewksbury (2011). The paradigmatic view of Burns and Grove (2009) is explained as a collection of systematic, logically connected concepts and propositions that direct the researcher to conduct an in-depth investigation of the topic. It also refers to the way we perceive, understand, interpret, and think about the environment. It is like a lens that hones our focus on the reality. Further, one could describe a paradigm as a framework containing the basic assumptions, ways of thinking, and methodology that are commonly accepted by members of a scientific community; such members of any discipline or group share a cognitive framework (Guba & Lincoln, 1994). Some scholars define a paradigm as a framework containing the assumptions about the phenomenon under study, research structures, and how the research is conducted (Shuttleworth, 2008; Raw, McNeill, & West, 2005).

In this study, an interpretivist paradigm had been used since the researcher aimed at exploring and describing the experiences of health care professionals in relation to the management of FAS as the basis of developing the guidelines. The researcher used a qualitative, exploratory, descriptive, and contextual design. The researcher was relying on the interpretation of the information obtained from the participants of the study. An interpretivist approach is looking at reality as something subjective and is based on understanding and meaning. Such an approach believes that people cannot be separated from their knowledge. That is why the researcher extracted the primary data from interviews with and observations of the participants in the study.

The critical component to understand about interpretivism is that people are different from objectives. Human beings change over time due to the environment that is influencing them. Interpretivism seeks to understand a certain context and believes that reality is socially constructed (Willis, Jost, & Nilakanta, 2007). It is important to be cognisant of the fact that interpretivist or constructivist researchers use predominantly qualitative methods (Willis et al, 2007).

These approaches provide rich reports that are needed to fully understand the context.

This study used a qualitative method that portrayed a world in which reality is socially constructed, complex, and ever changing (Thomas, 2003). McQueen & Knussen (2002) support the idea of seeing the world through a “series of individual eyes”. The participants in the study had their own interpretations of reality. The interpretivist paradigm and qualitative method of this study assisted the researcher to obtain information from health care professionals in their own environment based on actual experiences. The approach recognises the uniqueness of a certain situation and contributes to understanding of the prevailing circumstances (Myers, 1997). The behaviour or people’s actions are meaningful and make sense.

2. APPROACHES AND PARADIGMS

2.1 Paradigm perspective

In this study the paradigm perspective consists of assumptions, theoretical framework and conceptual framework.

a. Paradigmatic assumptions

Four assumptions were applied in this study; namely an ontological assumption that recognise the mature nature of reality, an epistemological assumption that relates the research to the topic of the research, an axiological assumption refers to the values in a study, and methodological assumptions that explain the process of the research study.

Ontological assumptions (the nature of reality)

Ontology addresses the question “What is the nature of reality? In what way does this question affect other forms of inquiry?” Qualitative researchers assume multiple and dynamic realities that are context-dependent and embrace ontology that denies the existence of an external reality. Searle (2004) describes an external reality as one that exists outside and independent of the interpretations thereof. These individual interpretations are deeply embedded in a rich contextual web that cannot be readily generalised to different settings.

The investigation of ontological differences is a critical facet of the research process. It enables a researcher to uncover how participants’ perceptions of human nature impact on the approach they consciously adopt to reveal social truth (David & Sutton, 2004). A researcher may view social reality as being co-constructed by individuals who interact and ascribe meaning to their world in an active way.

A researcher approaches the search for truth the lived experiences of people through rigorous interpretation (Byrne-Armstrong, Higgs & Horsfall, 2001). Ontological assumptions are concerned with what constitutes reality; it interrogates the “what”. Researchers need to take a position in relation to their perceptions of how things

really are; how things really work. Ontology is a belief system that reflects an interpretation of what constitutes a fact to an individual. In simple terms, ontology is associated with the central question of whether social entities need to be perceived as objective or subjective.

Different points of view of ontology are logically competing, not complementary. Should we view social reality as objective, external to people’s awareness, or should we view it as social constructs consisting of the actions, experiences, and perceptions of people? There are two basic ontological beliefs: The first takes an objective view at the external reality and a researcher maintains a detached, objective position, while the second views reality as actively constructed by the people who live in that reality.”

To understand human reality, a researcher should explore the essence of the phenomenon, as well as the impact it has on human behaviour. Naturalistic enquirers seek to explain the existence of reality within its given context. It is the construction of an individual’s participation in a study (Chigurupati Mughal, Chan, Arumugam, Baharani, Tang & Greig, 2010). In this study, multiple experiences were used. The research report uses direct quotations based on the interviews with the participants.

Epistemology assumptions

Repko & Szostak, (2016) posits epistemology as a branch of philosophy that studies how one knows what is the truth and how it is validated. These assumptions and propositions constitute a view of the world. It is concerned with the deep meaning of knowledge and science of the content of truth and related ideas.

For this study, the following assumptions were applied: The personal experience of the health care workers was the rich source of learning, knowledge, and obtaining information; the views of these health care workers represented the configurations and meaning of the basis for the intended aim. Epistemology is concerned with the nature and forms of knowledge. Epistemological assumptions are dealing with how knowledge is created, acquired, and communicated. This articulates “what it means to know”. Elsewhere, epistemology can be defined as the relationship between the researcher and the reality (Carson, Gilmore, Perry & Gronhaug, 2001).

An epistemological assumption seeks answer to question, such as: What does one regard as knowledge or evidence of things in the social world? What is one’s theory of knowledge? What are the principles and rules that influence one’s decision whether and how social phenomena can be known, and how knowledge can be demonstrated?

For this study, the question sought to determine the relationship of the researcher and the phenomenon being studied. It encompassed the researcher’s understanding of knowledge and how he had acquired it (Chigurupati,

Mughal, Chan, Arumugam, Baharani, Tang, & Greig 2010). Epistemology is an attempt to answer how we arrive at knowing what we know. It is the challenge for those who seek an understanding of perceptions, truth, explanations, beliefs, and point of view (Coady & Lehmann, 2008).

In this study, the information obtained from the health care professionals provided the knowledge that the researcher had been looking for. The researcher allocated sufficient time for interaction with the participants to understand their encounters. Interpretivists assert that researchers study and describe meanings in social action. The aim of the researcher was to gain an in-depth understanding of the phenomenon. The researcher should appreciate the relevance of participants' daily lived experience.

Methodological assumptions

Mouton et al. (2005) explains that methodological assumptions describe the nature of the research process and the most appropriate method for the research. It is about the accuracy of the information contained in the data obtained. A researcher explains the steps he or she takes to verify the applicability of this information obtained from the participants (Creswell Hanson, Plano & Morales, 2007).

The researcher used the following assumptions for this study: qualitative phenomenological approach that was suitable to clarify the meaning of the health care workers experience in management of FAS and this process included individual, dialogical engagement between the researcher and participants.

Methodological assumptions consist of assumptions made by the researcher regarding the methods used in the process of qualitative research (Creswell, 2007). The procedures used by the researcher are inductive and are based on the researcher's own experience in collecting and analysing data. The researcher studies the topic within its context and employs the emerging framework/model. The researcher works with the details and specific information before generalising.

Jooste (2013) cited in Burns and Grove (2009) states that a qualitative research approach is systematic, interactive, and subjective. The methodological assumptions emphasise the naturalistic portrayal of all the information as it emerges from the participants (Polit & Beck, 2004). This laid the foundation for the conclusion that the health care professionals needed guidelines to manage FAS. The aim of gaining an understanding of multiple realities depends on research. It is also imperative to consider that reality is in a constant state of flux because it depends on the way in which individuals experience internal reality. The personal views of the participants are of importance and should be acknowledged. It is in this respect that a researcher serves as the primary instrument while participants are the teachers.

Axiological assumptions

Axiology refers to the role of value and ethics in research. All research is value laden and biased. Values are derived from disciplinary allegiance, including predispositions toward disciplinary-related methodologies (Lincoln & Guba, 1988), as well as the personal history and research experiences of an investigator. A researcher makes the values and beliefs explicit. Qualitative approaches recognise the impact of the researcher's values and report the biases as data are gathered (Creswell, 2012).

The value system of a researcher informs the research methodology. Values are a part of the "basic beliefs" that undergird and affect the entire research process: Choice of problems, guiding paradigm, rhetorical framework, data gathering method, analysis strategy and presentation format of the findings (Denzin & Lincoln, 2003). Different professionals have their own views or values. The researcher took cognisance of the fact that this research project was value laden and that biases were present. A researcher should openly discuss these values with the participants. Axiology impacts how people view themselves in relation to other people. In other words, the important role of values and ethics in research cannot be ignored.

Furthermore, a close relationship between a researcher and participants can be created through the support of guidelines. It is within that context that this research study followed the principles of subjective findings and honoured the participants' perceptions. The participants' points of view were valued to improve the management of FAS.

2.2 Theoretical framework as basis for guideline development

Theories are formulated to explain, predict, and understand phenomena and, in many cases, to challenge and extend existing knowledge within the limits of critical bounding assumptions. The theoretical framework is a structure that can hold or support the theory of a research study. The theoretical framework introduces and describes the theory that explains why the research problem under study exists.

Theoretical assumptions refer to suppositions that are testable, and provide pronouncements about the research area. The assumptions shape a conceptual framework of a research project and provide proposed guidelines (Botes, 1995). The theoretical framework must demonstrate an understanding of theories and concepts that are relevant to the topic of the study. The selection of a theory depends on its appropriateness, ease of application, and explanatory power. The theoretical framework strengthens the study in specific ways: an explicit statement of theoretical assumptions allows the reader to evaluate them critically; a theoretical framework connects a researcher to existing knowledge. It also provides the basis for the choice of research

methods; and a researcher is articulating theoretical assumptions to respond to questions, such as why and how.

Practice theory of Dickoff (1968)

A theoretical framework consists of concepts with their definitions and references from relevant scholarly literature about an existing theory that is relevant to an anticipated study. The theoretical framework is a structure that contains or supports the theory of a research study. It explains and describes why the research problem under study exists. The theoretical framework strengthens the study in a couple of ways.

Firstly, it contains an explicit statement of theoretical assumptions to evaluate critically during the research study. Secondly, a theoretical framework connects the researcher to existing knowledge that lays the basis for the choice of research methods. Thirdly, it articulates the theoretical assumptions of the research that compel the researcher to address the questions of why and how. Fourthly, a theory assists with identifying the limits to generalisations. The applied nature of a good theory adds value, because it fulfils the primary purpose of explaining the meaning, nature, and challenges associated with a phenomenon.

The general aim of this study was to describe guidelines that would facilitate the process of providing health professionals with guidelines about the management of FAS. The aim was realised by explaining and describing the meaning of the experiences of health professionals. The survey list of Dickoff *et al.* (1968) was applied to arrive at the desired outcome. The survey list included components that form the basis of formulating the contextual framework. The conceptualisation of the components constituted Phases 3 and 4 of the study.

These components were

- Agent: The agent referred to the researcher who conducted and developed the guidelines for health professional to facilitate the management of FAS.
- Recipient: The recipient was the health professionals in an environment where health care services for FAS were delivered.
- Context: Context referred to the environment where the health professionals expressed their experiences with regard to the management of FAS. Those environments were health facilities; such as referral, intermediate, and district hospitals, as well as health centres and clinics.
- Dynamics: Dynamics were the challenges that health professionals were experiencing in relation to FAS in the context of health facilities.
- Procedures: Procedures were the techniques that served as pointers for the activities that were undertaken.
- Terminus: Terminus referred to eventual goals for individual health professionals to demonstrate their abilities to manage FAS competently in accordance

with their scope of practice as illustrated in their professional legislation.

Practice-orientated theory was utilised to achieve the purpose of the study, namely to facilitate the development of the guidelines; these activities included the motivation of Dickoff *et al.* (1968) for producing a reasoning map.

Guide for development of the practice guidelines process (Kish, 2001).

Clinical guidelines are systematically developed statements designed to help health care professionals decide about appropriate health care interventions for specific clinical conditions or circumstances. In this study, the guidelines were meant for FAS management (Field & Lohr, 1992). Proper guidelines can change clinical practice and influence patient outcomes. Guidelines are to provide extensive, critical, and well-balanced information about the benefits and limitations of various diagnostic and therapeutic interventions for enabling a health care professional to carefully judge individual cases. By applying guidelines, individual care is likely to require judgment, even when recommendations are properly linked to evidence (Hurwitz, 1999; Subcommittee of the WHO / International Society of Hypertension (ISH), 1993).

Guidelines are used in a wide range of settings to promote effective and efficient health care. These guidelines could be used in primary and secondary care settings. Guidelines reduce undesirable variations in practice and provide a focus for discussion among health care professionals and patients. They enable health care professionals from different disciplines to agree about treatment and devise a quality framework to measure practice. It is imperative to distinguish between guidelines and protocols. Protocols are rigid statements allowing little or no flexibility or variation. A protocol sets out a precise sequence of activities to be adhered to in the management of a specific clinical condition. There are a logical sequence and precision of listed activities (Raw, McNeill, & West, 1998).

The guidelines topic emerged from the information obtained during the interviews conducted with the health professionals who were delivering health care in the maternity sections at the Katutura State Hospital and the Windhoek Central Hospital. These guidelines were an instrument to direct the health professionals' management of FAS in clinical practice. The lack of guidelines for FAS as expressed by the health professionals had justified the development of these guidelines. The points of view of experts, especially in this specific area were important.

In developing the guidelines, the Development of Practice Guidelines process by Kish, (2001) was adopted and modified (Table 1).

Table.1: Development of Practice Guidelines process.

Heading	Applications
Choosing guideline topics	Guidelines for health care professionals to manage children with foetal alcohol syndrome at health facilities in the Khomas Region, Namibia
Determine the scope of each guideline	For the health professionals; such as registered nurses, enrolled nurses, medical doctors, social workers, occupational therapist, speech therapist, and psychologists Guidelines comprises the aim, role and responsibility, the management of FAS, management of resources, management of the environment for the mother and families, and strengthening interprofessional collaboration in relation to management of children with FAS
Determine the target audience and the target population	Medical doctors Nurses (registered and enrolled nurses) Social workers Occupational therapists Speech therapists Psychologists
Determine how the evidence will be selected	Challenges experienced by health care professionals were obtained during the individual interviews and FGDs This challenges were: Lack of knowledge in relation to the management of FAS Participants experienced inadequate resources to facilitate the management of FAS Participants expressed unfavorable environment for mother and family that impacted the management of FAS Participants expressed the lack of interprofessional collaboration in relation to the management of FAS
Modify the guidelines based on an independent review	Centre for Disease Control (CDC) (2004) Framework for FAS Guidelines Canadian Gguidelines for diagnosis (2005)
Submit the guidelines to the review Committee for review and publication	Experts in the field from each health care professional discipline were selected to review the guidelines
Review and update the guidelines as appropriate	The developed guidelines must be reviewed every third year

2.3 Conceptual framework as basis for guideline development

A conceptual framework is the system of concepts, assumptions, expectations, beliefs, and theories that support and inform a research study (Muzio & Kirkpatrick, 2011). It is either a visual or written presentation that explains the main aspects to be studied (theoretical framework). It encapsulates what a researcher intends to study. It justifies the intent of a researcher.

2.3.1 Centre for Disease Control and Prevention outlines the management of FAS

The CDC (2004) framework for FAS guidelines were used to help guide this study. The framework used illustrated figure 1.

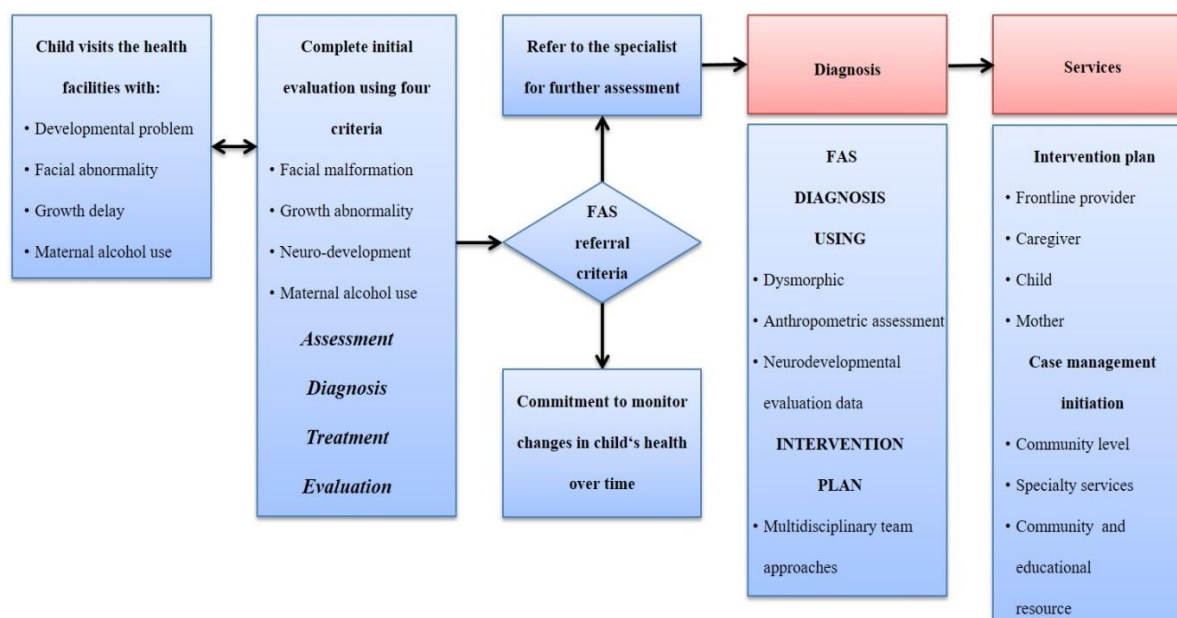


Figure 1: Framework for FAS management: (Adopted CDC (2004) Foetal Alcohol Syndrome: Guidelines for referral and diagnosis).

2.3.2 Canadian guidelines for diagnosis of FAS

The Canadian guidelines for diagnosis of FAS were also applied to develop the guidelines for the management of FAS in Namibia. This was done in the absence of any

protocol or guidelines. The basis of the Canadian guidelines is also highlighted in Chapter 5 (Chudley Conry, Cook, Looch, and Rosales & LeBlanc 2005).

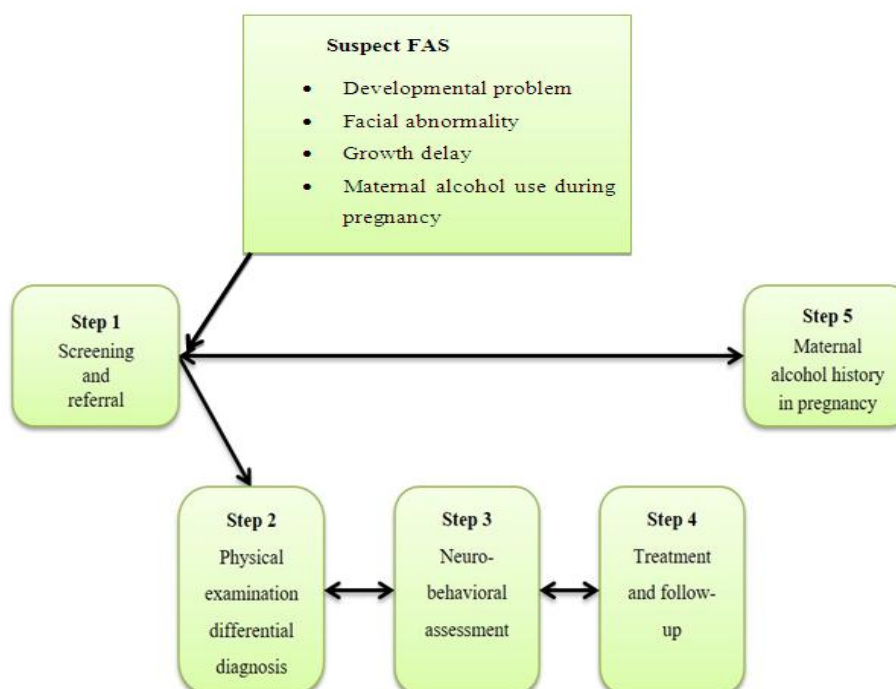


Figure 2: Canadian guidelines for diagnosis of Foetal Alcohol Spectrum Disorder (Chudley *et al.*, 2005)

2.3.3 Method for guidelines development

Phase 1: Situational analysis: The aim of this phase was to explore and describe the experiences of health care professionals in terms of the management of FAS in the Khomas Region of Namibia. The researcher used a qualitative, explorative, descriptive, contextual, and interpretive phenomenological research design for this

study. Participants from the two regions; such as medical doctors, nurses, social workers, and mothers with FAS children were purposively selected to participate. The interviews and focus groups discussion were the tools used to collect the data. The researcher analysed the data in line with the eight steps of Tech's method of data analysis. Themes and sub-themes were identified. The

permission to conduct research was sought from relevant individuals and institutions. Accordingly, the principles; such as respect, justice, and autonomy were applied. The researcher implemented the four measures of credibility, dependability; transferability and confirmability to ensure the trustworthiness of the research findings.

Phase 2: Conceptual framework: Phase 2 focused on the development of the conceptual framework as the basis for the development of the guidelines. In the view of Miles, Mathew and Huberman (2002), "A conceptual framework explains, either graphically or in narrative form the main things to be studied – the key factors, constructs or variables – and the presumed relationships among them". The study was conducted in the natural settings of the phenomenon under study to ensure true, valid, and accurate information without the influence of external factors. The practice theory provide the guiding tools for the development of the conceptual framework to include the agent, recipient, dynamics, procedure, and terminus.

Phase 3: Development of the guidelines: Phase 3 was guided by the findings of phase 1 and 2. Through conceptualisation, the agent was the researcher; the recipients were health professionals; the context was the respective health facilities; and the dynamics identified stumbling blocks to the management of FAS; such as lack of knowledge, inadequate resources, unconducive environment, a lack of interprofessional development, as well as a lack of collaboration. The development of the guidelines as terminus was also done in close consultation with the guidelines about the management of FAS of the Centre for Disease Control and Prevention and the Canadian Guidelines for Diagnosis Foetal Alcohol Spectrum Disorder (Chudley et al., 2005). The components of the guidelines; such as structures of the guidelines; general knowledge for health professionals to understand the management of FAS at the health facilities; guidelines for medical doctors, nurses, social workers, psychologists, as well as occupational and speech therapists.

Phase 4: Evaluation of the guidelines: Phase 4 aimed at evaluating the guidelines for the implementation of the management of FAS by health professionals in the context of the health facilities. This was done to ensure that the authenticity, accessibility, and utilisation abilities of such guidelines would be maintained. That was the reason for including various expert stakeholders from each professional field. The researcher had evaluated the guidelines in accordance with the criteria of Chinn and Kramer (1991) to observe how clear, simple, general, accessible, and important the guidelines. This objective was achieved during a one-day workshop when the experts received the guidelines to analyse; they were afforded an opportunity to provided their recommendations for improvements as they saw fit

3 FINDINGS

A structured guideline encompassed the structure, general knowledge for health professional on FAS, guidelines for the nurses, doctors, Psychologist, occupational therapist and speech therapist based on their role and responsibilities within their scope of practices as illustrated by the Health professional Council of Namibia was developed.

4 CONCLUSION

The developed guidelines seek to enhance the knowledge and skills of health care professionals. Furthermore, the guidelines serve as a reference point for health care professionals who are taking care of individuals / children born with FAS. The primary aim of the guidelines is to empower health care professionals for managing FAS comprehensively at the health facilities in Namibia. The developed guidelines were based on the identified gaps, as well as limitations of the health care professionals. The guidelines consisted of the aim, roles and responsibilities, management of FAS, management of resources, and strengthening interprofessional collaboration. In this study, the practice as stipulated in the Namibia Health professional Acts was the basis of the duties and responsibilities of the professional categories. This study has responded to the challenges faced by health care professional regarding the management of FAS. The experiences of the health care professionals became the cornerstones of the guidelines.

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