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## Family Childcare Providers' Perspectives on Participating in Quality Improvement Using National Association for Family Child Care Accreditation

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# Walden University

College of Education

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Mary Muhs

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Walden University  
2022

Abstract

Family Childcare Providers' Perspectives on Participating in Quality Improvement Using  
National Association for Family Child Care Accreditation

By

Mary Muhs

MA, National Louis University, 2006

BS, University of Illinois, 1991

Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Education

Walden University

August 2022

## Abstract

Few family child care providers attain accreditation in the research state and little research existed as to why family childcare providers make the decision to participate or not in National Association for Family Child Care Accreditation (NAFCC). The purpose of this qualitative study was to explore perspectives and experiences of family childcare providers, in the research state, regarding the decision-making process related to their participation in NAFCC Accreditation. The conceptual framework consisted of both andragogy and growth mindset; guiding the research questions to explore providers' perspectives and experiences about the decision-making process related to participating in quality improvement initiatives and how providers approach the decision to participate in high-quality improvement initiatives, as related to the Growth Mindset theory. Participants were determined from a random sample of all licensed family childcare providers and all NAFCC accredited providers in the research state. Data were collected from one-on-one interviews with 15 licensed family childcare providers in the research state: 10 without NAFCC Accreditation and five with current NAFCC Accreditation. Inductive attribute and in vivo coding was used in data analysis. Findings indicated the need for professional development to be reflective of participants' individual growth and development needs; clarification of requirements as a motivator for improvement; participation that matches providers' personal timing, finances, and purpose; and how awareness of NAFCC Accreditation is lacking due to state-specific initiatives. Findings may enable stakeholders to more fully support family childcare providers to seek accreditation and attain quality improvement, thus improving availability of high-quality family childcare programs for all families in the research state.

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## Chapter 1: Introduction to the Study

In early childhood education, program accreditation is a hallmark of high-quality learning experiences for children and families (Ansari & Pianta, 2018; Celebrating 30 Years of Quality, 2016). Accreditation is a widely recognized system of measuring the quality indicators for early childhood education programs (Winterbottom & Piasta, 2015). Professional early childhood education organizations, such as the National Association for the Education of Young Children (NAEYC) and the National Association for Family Childcare (NAFCC), have established accreditation systems for identifying high-quality programs and practices leading to positive outcomes for children's growth and development (National Association for the Education of Young Children [NAEYC], 2019). Accreditation systems involve multiple steps including a period of self-study and assessment, along with an in-person site visit. For all early childhood programs, accreditation is a process of extensive introspection of program values; operational policies; relationships with children, families and colleagues; physical environments; learning curriculum; health and safety practices; and professional business ethics (NAEYC, 2019; National Association for Family Child Care [NAFCC], 2018). Accreditation is a process that allows programs to demonstrate their dedication to providing the best quality programs for children's development (NAEYC, 2019).

Although accreditation is widely recognized as a sign of high-quality programming for children (Winterbottom & Piasta, 2015), it is not a required process in any state. Instead, accreditation is one of several methods to achieve what each state has identified as high quality, per their own Quality Rating and Improvement Systems

(QRIS; Boller et al., 2015). QRIS provide a series of quality levels whereby the programs prove they meet established standards based on a state's priorities and preferences.

Frequently, QRIS include widely recognized systems of quality recognition, such as accreditation (Boller et al., 2015). Nevertheless, the design of QRIS provides options for programs as to how they prefer to participate, and does not require programs, center-based childcare, or family childcare to participate in accreditation.

Early childhood programs and childcare providers have a choice to participate in these quality improvement initiatives, such as accreditation. This decision, however, does not indicate that a large number of providers are choosing to participate in accreditation, especially family childcare providers across the research state (Child Care Aware, 2018; NAFCC, 2017). In the research state, family childcare is provided within the professional caregiver's or provider's home and often includes mixed-age groups with infants through school-age children (NAFCC, n.d.). With a shortage of quality childcare options across the research state, including a dwindling number of family childcare providers, the need for participation in quality initiatives such as NAFCC Accreditation is present (Department of Human Services [DHS], 2017). However, the choice belongs to the family childcare providers and, although NAFCC Accreditation is a widely recognized quality improvement system, understanding their decision-making process for pursuing accreditation was unknown at the time of the current study. Additionally, the providers' perspectives and experiences regarding pursuing accreditation had not been explored. According to Bromer and Korfmacher (2017), there is little understanding as to the reasons family childcare providers participate in quality childcare enhancement

initiatives, let alone NAFCC Accreditation, and what influences their participation. To gain knowledge and better understand the decision-making perspectives and experiences pertaining to participation in NAFCC Accreditation for family childcare providers, further research was needed. A better understanding of family childcare providers' decision-making process for pursuing NAFCC Accreditation, including their perspectives and experiences, may provide additional resources and support for achieving accreditation, thereby increasing accreditation participation and ensuring families have the best care and education for their children.

### **Background**

Participating in accreditation is a voluntary process for any childcare program. Typically, accreditation is one part of a comprehensive QRIS, which begins with basic operational licensure and progresses to the state's highest recognized level of quality (QRIS National Learning Network, 2019; Winterbottom & Piasta, 2015). In 49 states, the QRIS system is included in the early childhood education system outlining career lattices for providers, quality improvement facility grants, and higher state subsidy reimbursement rates for families participating in the state and federal tuition subsidy programs (QRIS National Learning Network, 2019). For childcare providers in many states, participating in the QRIS system is voluntary yet highly encouraged, although a growing number of states are tying QRIS ratings to state operational licensing requirements and to state tuition subsidies, among other incentives (QRIS National Learning Network, 2019). Quality improvement systems in the research state are voluntary and provide a consistent set of quality standards and indicators for early care

and education programs across multiple delivery systems including center-based and family childcare programs (Cortes & Hallam, 2016). The research state's QRIS system, Parent Aware, drives the quality improvement initiatives and includes accreditation as a method for attaining the highest level of quality for family childcare providers.

### **Parent Aware**

Family childcare programs are operationally licensed in the research state, but the license includes only basic operating criteria and business practices rather than recognized criteria for high-quality programs. In addition to operational licensing, the state-adopted Parent Aware (2019), a starred rating system for all childcare programs, provides a means for communicating the importance of quality programming for young children and information to help parents locate these quality programs. Parent Aware encourages childcare program providers to improve their quality rating, which in turn provides better care and education for children, thereby helping to prepare children for kindergarten and close the achievement gap (Faria et al., 2016; Parent Aware, 2019). Additionally, Parent Aware encourages providers to participate in continual personal and professional improvement, which will provide a higher quality program for young children (Parent Aware, 2019). Two pathways allow childcare programs to choose the route best suited to their program's mission and goals. Accreditation of family childcare programs through NAFCC offers a Parent Aware accelerated pathway for rating to attain the highest star ratings. The reason for the accelerated route is rooted in the extensive work done to validate high-quality childcare through accreditation. If a program has not achieved accreditation, they must pursue the full-rating pathway and prove their program

quality (DHS, 2018). However, despite benefits of participation in Parent Aware, accreditation is still voluntary and family childcare providers must make the decision to complete the process with resources and support offered through the system.

Even though high-quality family childcare programs identify as those reaching the highest Parent Aware star rating or having earned NAFCC accreditation (Faria et al., 2016), there is little participation in NAFCC Accreditation (NAFCC, 2017, 2019a). According to the National Survey of Early Care and Education (2015), in 2012 over 118,000 family childcare programs provided childcare to over 751,000 children. In the research state in 2018, there were an estimated 8,410 family childcare programs in operation with only 1,100 (13%) participating in the Parent Aware and only 303 earning the highest level of quality, which includes the option to pursue NAFCC Accreditation (Childcare Aware, 2018). Of those in the highest level, only 24 family childcare programs achieved NAFCC Accreditation, which was less than 1% of the research state's total family childcare programs in 2018 (Childcare Aware, 2018). By 2019, only 17 of the 7,800 licensed family childcare programs held NAFCC Accreditation (DHS, 2019a; NAFCC, 2019a).

### **Family Childcare Providers**

According to Bromer and Korfmacher (2017), there is little understanding of the reasons family childcare providers participate in quality initiatives and what influences their participation. Further research was needed to provide a better understanding of the decision-making perspectives and experiences for family childcare providers pertaining to participation in NAFCC Accreditation. According to the Early Childhood Workforce

Index 2018 (Center for the Study of Childcare Employment [CSCCE], 2019), there are over 21,000 childcare providers in all delivery models, including licensed childcare centers, licensed family childcare programs, and pre-K programs within the research state. For family childcare providers, there are no requirements for educational attainment, no paid time for professional development, and no preparation time or scheduled benefits (CSCCE, 2019). Family childcare providers can participate in the state T.E.A.C.H. scholarship program to subsidize their tuition costs for higher education through a college or university.

The Early Childhood Workforce Index 2018 also clarified that the shortage of quality family childcare providers in the research state is a concern despite quality being a key factor in choosing childcare (Ceglowski & Davis, 2004; CSCCE, 2019; Forry et al., 2014). As the overall number of family childcare providers decreases in parts of Minnesota and with fewer than 3% participating in NAFCC Accreditation, quality childcare options for families are limited (DHS, 2017, 2019a).

### **NAFCC Accreditation**

An accredited family childcare program and provider is a nationally recognized professional dedicated to the highest quality standards for family childcare. NAFCC accreditation is the only accreditation system recognized on a national level for family childcare programs. Created by family childcare providers, parents, and early childhood subject-matter experts, this accreditation system measures quality according to the program and provider's relationships, environment, developmental activities, health, safety, and professional business practices (NAFCC, 2019b). According to NAFCC



(2019b), accreditation is designed not only to increase the quality for better early learning and child development outcomes, but also to provide benefits of increased self-esteem, professionalism, respect, leadership opportunities, and ethical business practices.

Additionally, accreditation provides parents, legislators, and other stakeholders such as employers an external indicator of quality to support their needs. Accreditation is an opportunity for family childcare programs and providers to improve and recognize the quality of their practice (NAFCC, 2019b).

In the accreditation process, through a detailed self-study, family childcare programs create a professional development plan to promote program adjustments for higher quality programming and to meet accreditation quality standards. Following the detailed self-study, family childcare programs and providers make needed changes and improvements, collect required documentation, and complete additional training or education to fulfill the professional development plan. Finally, a trained observer visits the family childcare program, conducts an observation of the quality standards, and interviews the family childcare provider. Family childcare programs receive accreditation after an assessment of the documentation, observation, interview notes, parent questionnaires, and self-study proving the program follows the accreditation quality standards consistently (NAFCC, 2019b). Despite the ability for accredited programs to improve their level of quality, there was a lack of understanding of the perspectives and experiences that lead family childcare providers to participate in the NAFCC Accreditation.

## **Problem Statement**

There was a lack of knowledge and understanding of the perspectives and experiences of family childcare providers regarding the decision-making process related to their participation in NAFCC Accreditation in the research state. According to Childcare Aware (2018), research indicated stronger outcomes for children who experience high-quality childcare environments and programming. According to economists, the rate of return on investment in high-quality childcare is between 6% and 10% annually, particularly for children from disadvantaged households. Quality childcare supports a family's need to work and a child's ability to learn and grow by providing the educational and emotional support to better prepare children for school. Despite participation in accreditation as one of the methods to achieve high-quality childcare, few providers achieve accreditation despite participation in state quality rating and improvement systems (Childcare Aware, 2018). Although large gaps exist between state licensing standards and higher accreditation standards, the assumption is that quality rating and improvement systems, such as Parent Aware in the research state, will help bridge the gap (Childcare Aware, 2018). However, data in this research state did not provide evidence one way or another; the data provided only statistics on the number of providers having achieved accreditation (Childcare Aware, 2018; CSCCE, 2019).

I observed a gap in the literature regarding the perspectives and practices of family childcare providers in the research state and the decision-making processes regarding NAFCC Accreditation (see Bromer & Korfmacher, 2017). According to Kelton et al. (2013), additional research is needed on family childcare providers' motivations and

perspectives for participating in quality enhancement initiatives, such as NAFCC, to improve participation and provide effective professional development. According to the recommendations provided by Childcare Aware (2018), investing in professional development and compensation for providers will contribute to participation in higher quality initiatives. Despite research providing positive outcomes for participating in quality recognition initiatives, such as NAFCC Accreditation, there is little research on why family childcare providers make the decision to participate or not in these initiatives (Hallam et al., 2017).

### **Purpose of the Study**

The purpose of this qualitative case study was to explore perspectives and experiences of family childcare providers regarding the decision-making process related to their participation in NAFCC Accreditation in the research state. The knowledge gained through the study may enable quality improvement and professional development systems to better support family childcare providers in the decision-making process for pursuing NAFCC Accreditation (see Bromer & Korfmacher, 2017). Additionally, the evidence obtained in this study may be used to improve the quality of childcare available to families throughout the research state.

### **Research Questions**

The following research questions aligned with the problem, purpose, and conceptual framework of this study. Each question evolves from the purpose to address the decision-making perspectives and experiences of family childcare providers

pertaining to their participation in NAFCC Accreditation. A qualitative case study was conducted to answer the following questions:

RQ1: What are family childcare providers' perspectives and experiences about the decision-making process related to participating in quality improvement initiatives, such as NAFCC Accreditation?

RQ2: How do family childcare providers approach the decision to participate in high-quality improvement initiatives, as related to the Growth Mindset theory?

### **Conceptual Framework**

The purpose of this qualitative case study was to explore the perspectives and experiences of family childcare providers regarding the decision-making process related to their participation in NAFCC Accreditation in the research state. To explore these perspectives and experiences, I employed theories outlining adult teaching and learning and how a person views their growth and learning. The conceptual framework I used to support the research consisted of the theory of andragogy (Knowles, 1975) and the theory of growth mindset (Dweck, 2006). Both theories provided an understanding as to the motivations and perspectives adult learners attributed to the decision of whether to participate in continual learning opportunities and personal improvement. I applied the concepts within both theories to support the development of interview questions to explore the childcare providers' perspectives and experiences regarding the decision-making process pertaining to participation in NAFCC Accreditation.

**Andragogy**

According to Knowles (1975), andragogy is the theory of teaching adults and understanding adult learning, which applied to the family childcare provider as an adult learner in the current study. A family childcare provider is both a childcare provider and a small business owner who requires initial and ongoing education and training. As an extension of pedagogy, andragogy supports human learning throughout life and makes six assumptions about adult learners. In andragogy, adult learners are self-directed, they consider their own experience to be the richest learning opportunity, they must be ready to learn, they prefer learning to be immediately applicable to their life experience, they are more internally motivated than externally motivated, and they need to know the purpose behind what they are learning (Appova & Arbaugh, 2018). These six learning assumptions provide a framework for understanding of the adult decision-making process when it comes to continuous personal improvement. Given that family childcare providers are adult learners and must pursue both personal and professional improvements, these assumptions were used to explain their perspectives and experiences in deciding to participate in NAFCC Accreditation.

**Growth Mindset**

Because family childcare providers are both educators and small business owners, multiple layers exist in their personal view of themselves and their work. In the theory of a growth mindset, Dweck (2006) explained that a person's view of themselves influences how they choose to lead their life. Either a fixed mindset, in which they view their life as set and unchangeable, or a growth mindset, in which they view their life as a constant

work in progress, may exist for family childcare providers. A fixed mindset may suggest that no further improvement is needed, while a growth mindset may indicate the need to participate in initiatives such as NAFCC Accreditation. When exploring the perspectives and experiences of family childcare providers, researchers must include their perspectives on change and growth because both figure into the pursuit of quality improvement (Hallam et al., 2017). Each theory guided the research by providing insight into the motivations and attitudes family childcare providers' exhibit toward participation in high-quality improvement initiatives. The research questions, based on the premises of andragogy and the growth mindset, set the stage for this research and informed the methodology.

### **Nature of the Study**

The purpose of this qualitative case study was to explore the perspectives and experiences of family childcare providers regarding the decision-making process related to their participation in NAFCC Accreditation in the research state. The participants were licensed family childcare providers in the state. Because the number of licensed family childcare programs in the state was approximately 7,800 (DHS, 2019a), I randomly chose a smaller subset of 50 licensed family childcare providers to send an initial electronic email. Then, a convenience sample of 10 family childcare providers was randomly chosen from the respondents to the initial electronic email to participate in the one-on-one interviews by phone, Skype, or Zoom. In addition, a convenience sample of five family childcare providers who had participated in NAFCC Accreditation were randomly

chosen from all current NAFCC accredited providers in the research state, which as of 2019 totaled only 17 (DHS, 2019a; NAFCC, 2019a).

Data were collected through semistructured, one-on-one video interviews addressing the two research questions and through a review of accreditation self-study documents from family childcare providers who decided to participate in NAFCC Accreditation. Interview questions were based on the research questions and were designed to elicit detailed examples, instances, and experiences to avoid general or standard answers. Follow-up questions were predetermined to elicit further details or to elaborate on the perspectives and experiences provided. Because interviews were the main source of data for this study, interview questions were designed to explore varying points of view (see Ravitch & Carl, 2016). Interview questions were asked in the same order for each family childcare provider. Interviews were recorded and transcribed for analysis by a third party. Accreditation self-study documents were requested of family childcare providers who decided to participate in NAFCC Accreditation; these documents were collected confidentially by mail. Family childcare providers had the ability to decline to share their self-study documents. The data analysis was thematic and influenced by the research questions to determine common and uncommon experiences and perspectives discovered throughout interview transcripts, document reviews, and deductive and open coding. The trustworthiness and credibility of the study was safeguarded through member checking. Participants' rights were protected through informed consent by providing family childcare providers with details of the purpose of

the study, expectations of their participation, confidentiality protocol, and their right to not participate or to withdraw from the study at any time.

### **Definitions**

For the purpose of this study, the following terms and definitions are included for clarity:

*Accreditation*: Recognition or approval for meeting specific standards as prescribed by a professional entity or organization for a field of work (NAEYC, 2019).

*Family childcare program*: A childcare program offered in the home of a professional caregiver (NAFCC, 2019c).

*Family childcare provider*: The professional caregiver offering childcare in their home (NAFCC, 2019c).

*Quality-rating and improvement system*: A prescribed set of activities, incentives, and expectations geared toward improving the accessibility, availability, and quality of childcare programs for children ages birth to 12 (QRIS National Learning Network, 2019)

### **Assumptions**

I determined that a qualitative case study was the best method for exploring the perspectives and experiences of family childcare providers regarding the decision-making process related to their participation in NAFCC Accreditation in the research state. I assumed the respondents would be honest and open about their decision-making process regarding NAFCC Accreditation, and would provide accurate perspectives and experiences during the interview. The family childcare providers may have hesitated to



participate for fear that their responses would be shared with other stakeholders affecting their business. Additionally, I assumed that family childcare providers would be reached via electronic means for the initial survey and then be able to access a video service for the one-on-one interview. With family childcare providers across the state, a possibility of limited internet or email connection was considered. Confidentiality practices were a necessary and welcomed component for family childcare providers participating in this study.

### **Scope and Delimitations**

The scope of this study was limited to the family childcare providers' perspectives and experiences concerning NAFCC Accreditation. I did not explore the perspectives and experiences regarding the state's quality rating and improvement system, Parent Aware, because other studies have addressed this topic. A delimitation of this study was the choice of participants from only one state. In addition, I conducted the interviews via video versus in-person, providing an accessibility challenge if internet was not available for eligible participants. Despite focusing on participants from only one state, the study could be replicated in other states in which a similar purpose is determined.

### **Limitations**

Limitations with data collection existed in regard to the qualitative case study design and the small participant sample. I provided dependability by conducting and recording one-on-one interviews through Zoom. Then, using the qualitative analysis software Transcribe, I transcribed the interviews to provide increased dependability in analysis. I carefully planned the interview questions to avoid biases for or against family

childcare as a preferred method of childcare. Due to the nature of the study, results were limited to the perspectives and experiences provided by the family childcare providers with no opportunity to validate responses. Additionally, the study required a considerable time commitment in scheduling and conducting one-on-one video interviews with participants who work full-time 5 to 6 days per week. With participants being able to schedule one-on-one interviews only in the evenings or on weekends, interview completion took longer than planned. Finally, although the findings may be transferable to other states that have a similar purpose identified, family childcare providers' regulations vary from state to state, so accommodations would need to be made for transferability.

### **Significance**

I addressed a gap in practice found in the literature by exploring the perspectives and experiences of family childcare providers regarding the decision-making process related to their participation in NAFCC Accreditation in the research state. The decision family childcare providers made to participate or not in high-quality improvement initiatives such as NAFCC Accreditation within the research state needed to be understood. With a shortage of high-quality childcare, participation in initiatives such as NAFCC Accreditation would better meet the needs of children throughout the research state (DHS, 2017; Forry et al., 2014). Findings from the current study may provide insight into family childcare providers' thought processes as they consider participation in these high-quality improvements and may influence support systems for future participation. If family childcare providers choose to participate in NAFCC

Accreditation, families and local businesses may also benefit by offering higher quality childcare in their community. Childcare providers and the children in their care were the main benefactors of this study. However, a gap in research about family childcare providers in the research state contributed to a lack of information on perspectives and experiences, thereby influencing a gap in practice (see Bromer & Korfmacher, 2017). The purpose of the current study was to fill this gap in practice by exploring the perspectives and experiences of family childcare providers regarding the decision-making process for participating in NAFCC Accreditation. A better understanding of perspectives and experiences of childcare providers' decision-making processes with regard to participating in NAFCC Accreditation may lead to positive social change with early childhood education in the research state. Through increased availability of high-quality family childcare programs, more families will have access to the high-quality programs, and children will be better prepared for school.

### **Summary**

Participating in early childhood education quality improvement initiatives is a decision made by childcare providers that influences the curriculum, health, and safety of the childcare environment for children across the research state. With a lack of childcare evident throughout the state, high-quality childcare is less available even though there is a statewide system to encourage the pursuit. For family childcare providers, who constituted the largest childcare delivery model in the research state, low participation in initiatives such as NAFCC Accreditation was prevalent. Researchers had not explored why some family childcare providers participate and others do not. By exploring the

perspectives and experiences of family childcare providers regarding participating in NAFCC Accreditation, I was able to better understand the decision-making process and offer suggestions for further support of quality improvement.

In Chapter 2, a review of the literature is provided to support the problem and purpose of this study. The literature review includes research on the effects of accreditation on practice, the need for high-quality childcare both in state and out of state, and family childcare quality improvement in other U.S. states. Additionally, the literature review addresses the conceptual framework influenced by andragogy and growth mindset theories, which guided this study and informed the research methods.

## Chapter 2: Literature Review

In this chapter, a discussion on the literature is provided involving the lack of knowledge and understanding of perspectives and experiences of family childcare providers regarding the decision-making process pertaining to participation in NAFCC Accreditation in a Midwest U.S. state. The purpose of this qualitative case study was to explore a gap in the literature about the perspectives and experiences of family childcare providers regarding the decision-making process pertaining to participation in NAFCC Accreditation in the research state. A brief summary of the research found from other states is provided, as well as the research surrounding the conceptual framework and other evidence for this gap in practice. The conceptual framework was grounded in the theory of andragogy and the theory of the growth mindset. The need for quality family childcare, the importance of accreditation to program quality, and the current quality improvement initiatives for family childcare, including NAFCC Accreditation in the research state, are explored. A minimal amount of research was available on family childcare providers and quality improvement, and no research was found on their perspectives and experiences on the decision-making process pertaining to NAFCC Accreditation in the research state. This chapter includes the literature search strategy and research on the conceptual framework, accreditation, family childcare quality improvement, and the need for quality childcare in the research state.

### **Literature Search Strategy**

A review of the literature produced plentiful research on the use and importance of quality improvement efforts in early childhood education settings with much of the

research focusing on center-based childcare settings. However, there was less information on quality improvement efforts in family childcare settings and no research focusing on NAFCC Accreditation. Furthermore, there was little research on the perspectives and experiences regarding the decision-making processes for quality improvement and none regarding NAFCC Accreditation in the research state.

I conducted literature searches in the Walden University library beginning with the EBSCO and ProQuest Central databases and moving to the Education Source and ERIC databases. Search terms and keywords were selected from common industry terminology related to family childcare, quality improvement initiatives, quality childcare, and accreditation along with iterations and combinations found within public nomenclature including *family childcare, family childcare providers, home childcare, in-home childcare, quality improvement, quality childcare, accreditation, National Association for Family Child Care (NAFCC), professional development, and early childhood education*. Because the database searches yielded minimal references to NAFCC Accreditation and how family childcare providers decide whether to participate in accreditation, I turned to the NAFCC website to research the purpose, process, participation, and benefits to family childcare accreditation and then to the NAEYC website for additional information on accreditation in other early childhood settings. Reports from national early childhood organizations such as QRIS National Learning Network and National Survey of Early Care and Education, as well as state specific initiatives such as Parent Aware, included statistical data and information on the use of quality improvement efforts including accreditation.

## **Conceptual Framework**

Understanding how family childcare providers perceive ongoing education and training is a principal component to their perspectives and experiences in deciding to pursue such initiatives as NAFCC Accreditation to improve their program quality (Hallam et al., 2019; Tonyan et al., 2017). Family childcare providers who participate in quality rating and improvement systems are adult learners who are being expected to make comprehensive changes to their belief system, practice, and skills to provide a higher quality early childhood program. A conceptual framework focused on lifelong education, motivation, and mindset for adult learners supported the purpose of this study, which was to explore the perspectives and experiences of family childcare providers regarding their decision-making process for pursuing NAFCC Accreditation.

### **Theory of Andragogy**

According to Knowles (1975), the theory of adult learning, or andragogy, is different from the theory of educating children, or pedagogy, in that the former involves more than knowing how adults learn. Andragogy includes formal and informal learning, including taking into consideration the less tangible aspects of development such as the physical, emotional, social, occupational, and spiritual experiences throughout life (Appova & Arbaugh, 2018; Knowles, 1975; Knowles et al., 2005; Lee & Pang, 2014). Adult learners are concerned with professional development that is self-directed, that reflects their own work and practice in their field, which is ready when they are ready, and that can be applied to their practice at a time and place that is most convenient for their needs (Appova & Arbaugh, 2018; Knowles, 1975; Knowles et al., 2005; Lee &

Pang, 2014). This is especially true for family childcare providers who are working from their homes, often in isolation as the only adult, and for long hours to accommodate their families' needs. Professional development and continual improvement must be applicable to their daily work, be self-driven, reflect their needs and prior experiences, and be convenient and ready when they are ready on their time. Although not all adults fall into these assumptions, research suggested that tailoring supports for quality improvement to family childcare provider needs is critical to their buy-in (Hallam et al., 2019).

Because family childcare providers are small business owners as well as early childhood educators, assumptions of self-direction and prior learning experience factor into their learning. Knowles et al. (2005) indicated that self-directed learning gives the adult learner personal autonomy and ownership of their learning, which reflects the needs of a small business owner. Additionally, family childcare providers have a wide range of experiences and education levels, many of which are not properly documented or tracked, resulting in varying perspectives and biases that shape their learning and development (Hallam et al., 2019; Knowles et al., 2005).

Andragogy does not have only one approach and must meet the motivations of the learner (Lee & Pang, 2014). Although further investigation into the motivations of adult learners and professional development attainment is needed, research suggested that adult learners feel a lack confidence, competence, and support to make the changes needed for quality improvement (Appova & Arbaugh, 2018). Examining a learner's readiness and motivation to learn, including intrinsic and extrinsic motives, must be a part of professional development and continuous improvement initiatives to be successful



(Knowles et al., 2005; Lee & Pang, 2014). Extrinsic motivation comes from external rewards, recognition, and other incentives including money. Intrinsic motivation, on the other hand, comes from the internal drive for personal satisfaction. Both are valid motivations for adult learning, and both factor into an exploration of decision-making processes for quality improvement participation. For a better understanding of the research problem, I explored Dweck's (2006) growth mindset theory.

### **Growth Mindset Theory**

According to Dweck (2006), an individual will consider their ability to learn and grow through either a fixed or growth mindset. An individual with a fixed mindset sees their intelligence as innate with little to no ability to improve or learn from failure. On the other hand, an individual with a growth mindset views their intelligence as influenced by practice and effort (Dweck, 2006, 2015). When an individual exhibits a growth mindset, they are able to embrace a challenge, see their failure as a learning opportunity, and embrace the understanding that learning never ends. The joy of learning is evident and propels the individual's intrinsic motivation and performance (Ng, 2018). Those with a growth mindset are encouraged by their intrinsic motivation to take risks, seek out latest ideas and information, and make changes to improve their performance (Dweck, 2015; Ng, 2018). A family childcare provider who has a fixed mindset may be more likely to be threatened by new experiences and challenges faced in a quality improvement process and seek some form of recognition. Family childcare providers with a growth mindset will not be motivated by reward or recognition, and instead will seek purpose or meaning through their experiences (Ng et al., 2014). Dweck (2006, 2015) also suggested that a

growth mindset improves educational performance and supports goals and belief systems that create and sustain personal growth. Therefore, designing quality improvement programs that offer encouragement of a growth mindset, including autonomy, choice, and opportunities for constructive feedback, may inform and support quality improvement systems. The theories of andragogy and growth mindset provided a conceptual framework that informed the exploration of the perspectives and experiences regarding the decision-making process to participate in NAFCC Accreditation.

### **Literature Review Related to Key Concepts**

Throughout the literature search, themes emerged surrounding the general social problem, yet there was minimal research on family childcare and accreditation. In this literature review, themes of family childcare regulation, childcare quality and availability, quality improvement rating systems, accreditation, professional development, and decision-making practices are discussed to support the problem of lack of knowledge and understanding of perspectives and experiences of family childcare providers regarding the decision-making processes pertaining to participation in NAFCC Accreditation in a Midwest U.S. state. Family childcare regulation sets the minimum standards for family childcare providers in their program operation.

#### **Family Childcare Regulation**

For a family childcare provider, state regulations set the foundation for their business operations and dictate requirements for everything from square footage to professional development and educational requirements. To remain a viable business, family childcare providers need to meet these regulations on a daily basis with annual,

unannounced visits for review. According to the Office of Child Care (2015), 46 states including Washington, D.C.; Guam; and the U.S. Virgin Islands require state licensing for a family childcare provider caring for children inside their home. Three states have no licensing requirement for family childcare providers. Among the states, there is a wide range of allowable group sizes, ages, and other requirements as a part of the state licensing. In the research state, state licensing is not required, and there is an option for nonlicensed family childcare based on size and ratio; however, most of the 7,952 family childcare homes are licensed (Childcare Aware, 2019; National Center on Early Childhood Quality Assurance, 2020). According to Office of Child Care (2015), the most common preservice requirements for family childcare providers is a high school diploma along with a small amount of preservice training including cardiopulmonary resuscitation, first aid, and shaken baby syndrome. Additional annual training requirements vary from state to state and often include annual topics of nutrition, shaken baby syndrome, abuse and neglect, and other topics related to health and safety.

In the research state, family childcare regulation increased in recent years focusing on changes to the Child Care and Development Block Grant training requirements that addressed health and safety training (Office of Child Care, 2015). Standard requirements under the state statute (State of Minnesota, 2019) also address the standards for health and safety, which although necessary for quality childcare only cover the physical needs and development of children and not the additional needs for quality learning environments covered in quality initiatives such as accreditation. When the COVID-19 pandemic began in 2020, legislative changes in the state focused on health

and safety improvements, funding to support the business operations, and scholarships for higher education pursuits (DHS, 2022). Quality appeared not to have been a priority. To better understand why family childcare providers would need to move beyond the basic operational requirements, it was necessary to examine the literature on childcare program quality and availability in the research state.

### **Childcare Program Quality and Availability**

In the research state, a shortage of childcare availability affected families across the state. Although this was common compared to states across the country, this state indicated a steeper decline in available family childcare than other states (DHS, 2017, 2019b; Forry et al., 2014). Between the years 2005 and 2015, family childcare availability dropped an average of 3% per year with a total of 30% decline. Since 2015, a decline in family childcare reached 20%; although this decline appeared to be leveling off, the preponderance of providers leaving the field were those retiring after having been open for more than 15 years (DHS, 2017, 2019b). Additionally, during this time, increases in federal and state regulations were implemented for family childcare in the research state. The data indicated that a decline in family childcare corresponded to the implementation of the QRIS in the research state, Parent Aware (DHS, 2017, 2019b; National Center on Early Childhood Quality Assurance, 2020). With the increase in expectations for quality and increased regulations over the years, family childcare providers have been under increased scrutiny and pressure to provide higher quality programs (DHS, 2019a).

## **Quality Improvement Rating Systems**

Although there was some literature on the use of QRIS with center-based early childhood education programs, research on QRIS with family childcare programs was less available. Much of the information existed on organizational websites, which provided state-specific data. The first quality rating and improvement systems for early childhood education programs began in 1997 but did not become widely accepted until the implementation of the Race to the Top Early Learning Challenge grant program in 2011, which used QRIS participation as a criterion (The Build Initiative & Child Trends, 2020). Although family childcare programs are eligible to participate in QRIS, in most of the participation varies with some states requiring participation and others making it optional (Hallam et al., 2017; Kelton et al., 2013; The Build Initiative & Child Trends, 2020). For all types of early childhood programs, a QRIS is a state's measure of quality in comparison to their established standards and practices and includes a building up of criteria in which participants have the ability to move up in rating along with their improved quality. QRIS ratings can then be tied to state funding reimbursement, enrollment incentives, and grant funding, which can benefit a family childcare business (Hallam, 2017; The Build Initiative & Child Trends, 2020). However, according to the Quality Compendium (The Build Initiative & Child Trends, 2020), only 21 of the 44 states include family childcare accreditation as an alternative pathway to QRIS rating. The research state is one of the states allowing family childcare accreditation to be included as an alternate pathway to a rating; however, there are several additional requirements. Although accreditation is viewed as a mark of high quality, in the research

state accreditation is not enough to earn the highest QRIS rating (The Build Initiative & Child Trends, 2020). Overall, participation in QRIS among family childcare providers has been low; however, there was little research on family childcare providers' participation and their decision to pursue this higher level of quality (see Bromer & Korfmacher, 2017; Hallam et al., 2017; Tonyan et al., 2017). Further research on the perspectives and experiences of family childcare providers regarding their participation in QRIS initiatives, including accreditation, was needed to promote high-quality family childcare programs for all children (see Hallam et al., 2017; Hallam et al., 2019; Kelton et al., 2013; Tonyan et al., 2017).

### **Early Childhood Program Accreditation**

Early childhood program accreditation has existed in several forms. One of the most recognized forms has been National Association for the Education of Young Children (NAEYC) Early Learning Program Accreditation. NAEYC Accreditation is designed for center-based childcare. NAFCC Accreditation, however, is strictly for family childcare providers. Literature on NAFCC Accreditation is scarce and much of the literature on NAEYC Accreditation is out of date.

To understand the purpose of early childhood program accreditation, it is helpful to start with literature on NAEYC Accreditation. NAEYC Accreditation was focused on ensuring a program's health and safety measures were met and eventually moved to propelling programs toward improving quality (Allvin, 2019). Accreditation provides a consistent model for quality, regardless of the state and program, giving community stakeholders a means of quality comparison and ranking. Unlike state specific quality

rating and improvement systems (QRIS), accreditation is a singular method of defining quality and is meant for states to adopt as part of quality initiatives (Adirim et al., 2017; Allvin, 2019; Winterbottom & Piasta, 2015). An expectation was that accredited childcare programs provide a higher quality, thus providing a stronger start for the children in care and for school readiness (Winterbottom & Piasta, 2015). Despite the push towards quality that accreditation provides for early childhood programs, no more than 12% of the total number of ECE programs nationwide achieve accreditation (Allvin, 2019).

Accreditation is seen as a tool for improvement in many fields, including health care and education. According to a study on quality in pediatric health care, accreditation is a means of focusing, not just on safety, but also on ensuring desired outcomes are achieved (Adirim et al., 2017). Ensuring desired outcomes is also a goal for childcare programs achieving quality, especially when supporting school readiness. Quality measures, such as accreditation, address quality over the continuum of care and incorporating experiences. (Adirim et al., 2017). Accreditation is not a measurement of only one point in time. Instead, accreditation includes measurement of planned outcomes, processes and procedures and structural design; all of which are consistent across professions (Adirim et al., 2017; Winterbottom & Piasta, 2015). However, accreditation is merely one tool to measure quality and should not be considered the penultimate of quality programming anywhere; let alone early childhood or childcare programs (Adirim et al., 2017; Winterbottom & Piasta, 2015). Little is known about short- or long-term

effects on child development or school readiness due to the lack of research conducted on childcare accreditation.

A study conducted in Florida on the influence of accreditation and quality improvement systems on school readiness determined that accreditation is not a single predictor of strong student outcomes heading into school (Winterbottom & Piasta, 2015). The study determined that although accreditation is a worthwhile pursuit, and in Florida a requirement for family childcare programs in the highest level of their QRIS, achievement must not be the end all be all. Since accreditation is focused on structural design, which is most easily measured, focusing on processes and outcomes, such as interactions, materials, experiences, and activities should be the continuous improvement goal (Winterbottom & Piasta, 2015). Despite the lack of research on accreditation in childcare, center-based or family childcare, it is widely understood that the quality of care and experiences in early childhood positively contributes to a child's healthy development and learning (Allvin, 2019; Hallam et al., 2019; Kelton et al., 2013; Winterbottom & Piasta, 2015).

### **Decision-Making Practices for Family Childcare Participation in QRIS**

Although it is widely understood that quality childcare is a contributor to strong outcomes for children's development, the quality of family childcare programs varies widely (Hooper, 2018). Variation in quality can be attributed to the variation in state operational licensure requirements and may also be influenced by individual provider decisions and preferences for participation (Hooper, 2018; Kelton et al., 2013; Sankar, 2018). Literature on the childcare providers' level of participation in quality initiatives,



such as state QRIS, are available, yet research is outdated and does not include participation in family childcare accreditation (Dev et al., 2019; Dwyer & Dwyer, 2016; Hallam et al., 2017; Kelton et al., 2013).

Previous studies conducted, such as Shallcross (1994), covered participation in overall quality improvement initiatives in Rhode Island and with a small number of family childcare providers. Although accreditation was a part of the study, only one family childcare provider, who was accredited, participated. Child Care Aware conducted a study which focused on family childcare providers who participated in quality improvement initiatives, including accreditation, to determine their motivation to participate in quality improvement (Dombro et al., 1995). Findings of that study focused on overall quality initiatives, but also offered reasons for why family childcare providers would not be accredited; including not planning to be in the field for the long-term, no increase in income following accreditation, and the high cost and lack of time available (Dombro et al., 1995). Although this study was able to offer insight into why providers chose not to participate in quality improvement or accreditation, the study was outdated and did not reflect changes in state expectations and current QRIS goals. Additionally, Davis et al., (2001), conducted a study in the research state on general childcare quality prior to the state's implementation of the Parent Aware QRIS, although it focused on center-based childcare and mentioned family childcare only in reference. Finally, Kelton et al., (2013), focused on research in Illinois after implementation of the state's QRIS. In Illinois, NAFCC Accreditation is a voluntary, alternative path for QRIS. Multiple pathways exist to achieving the highest level of QRIS in Illinois and accreditation was

seen as a viable pathway to demonstrate best practices in family childcare. According to Kelton et al., (2013), accreditation was seen as a demonstration of quality even though more research was needed the family childcare providers' perspectives on accreditation.

Literature on family childcare provider perspectives and experiences with participation in QRIS has been published but does not specifically specify accreditation. Multiple studies provided examples of both the motivation and the barriers family childcare providers face when choosing to participate in quality initiatives. Family childcare providers were most motivated by operational licensure requirements, the need to update best practices and also to improve their own job performance (Dev et al., 2019; Dwyer & Dwyer, 2016; Hallam et al., 2017; Hooper, 2018; Tonyan et al., 2017). Barriers to participation included working long days, location of related professional development to their home, cost of participation and lack of required participation (Dev et al., 2019; Dwyer & Dwyer, 2016; Hallam et al., 2017; Hooper, 2018; Tonyan et al., 2017). Family childcare providers preferred to participate in quality improvement initiatives which keep them close to home, in-person, and tailored to meet their unique professional development needs and preferences. Identifying clear benefits for their participation helps family childcare providers to personally justify their expense of time and money (Hallam et al., 2017; Larson et al., 2019). Additionally, family childcare providers expressed preference to in-person professional development, due to their daily work being alone in their homes. Gathering with other family childcare providers provided a community building opportunity they may lack as sole proprietor of their family childcare program (Hooper, 2018; Larson et al., 2019). Even though literature was focused on quality

improvement or QRIS participation, accreditation was considered an acceptable pathway in most QRIS and an option towards achieving the highest quality rating.

### **Summary and Conclusions**

Literature and research involving the decision-making perspectives and experiences of family childcare providers pertaining to participation in NAFCC Accreditation was limited and outdated. Within the research state, a small amount of research exists, but was also outdated and no longer relevant in relation to the state's current QRIS. The purpose of this research study was to explore a gap in literature and practice about the perspectives and experiences of family childcare providers regarding the decision-making process to participate in NAFCC Accreditation in the research state. A review of NAFCC Accreditation data, QRIS standards and the perspectives on deciding to participate in QRIS initiatives was included in this literature review. Using andragogy and growth mindset theories, a discussion of the conceptual framework continued to support this research study and fell in line with the described need for further research into the experiences and perspectives in deciding to participate in NAFCC Accreditation.

### Chapter 3: Research Method

I explored a gap in practice found in research on the decision-making process regarding participation in NAFCC Accreditation by conducting a qualitative case study with licensed family childcare programs and providers in the research state. I explored the family childcare providers' perspectives and experiences regarding the process used to determine whether to participate in NAFCC Accreditation. Implementing a qualitative case study design, including qualitative interviewing techniques, I conducted semistructured one-on-one video interviews guided by the research questions using a naturalist-constructivist approach. Thematic data analysis was influenced by the research questions to determine common and uncommon experiences and perspectives discovered through interview transcripts, document reviews, and deductive and open coding methods.

#### **Research Design and Rationale**

For this qualitative study, research methods were guided by the following research questions, grounded in the conceptual framework influenced by the theories of andragogy and growth mindset:

RQ1: What are family childcare providers' perspectives and experiences about participating in quality improvement initiatives, such as NAFCC Accreditation?

RQ2: How do family childcare providers approach the decision to participate in high-quality improvement initiatives, as related to the Growth Mindset theory?

To answer these research questions, I explored the family childcare providers' decision-making process in relation to NAFCC Accreditation, including their

perspectives and experiences. To conduct this research, I chose a case study approach, which focused on the family childcare providers' perspectives and experiences and incorporated research methods to align with the case study design (see Ravitch & Carl, 2016).

According to Ravitch and Carl (2016), qualitative research consists of seeking to understand how people think, believe, act, view, interact, and experience the world around them while also considering the many phenomena that affect those processes. By exploring family childcare providers' perspectives and experiences in relation to their decision-making process of participating in NAFCC Accreditation, I sought to understand not only how they think, act, and view the decision-making process, but also the phenomena affecting that decision. Additionally, taking a naturalist-constructivist approach to this qualitative study, which viewed research through a lens of personal experience, perspectives, and expectations, allowed for each of the providers' perspectives, knowledge, and experiences to be individually and collectively explored (see Ravitch & Carl, 2016; Rubin & Rubin, 2012).

### **Role of the Researcher**

My interest in this problem came from my work as an early childhood education trainer and the need for continued education on quality improvement in family childcare programs in the research state. As an early childhood education trainer and higher education faculty in this state for 14 years, I had worked with family childcare providers to provide required training and education. I was familiar with NAFCC Accreditation standards and the process for achieving accreditation, but from a higher education

perspective. Although I had conducted training sessions across the state, they were not in a supervisory role or position of authority for family childcare providers. I also worked as an advocate promoting family childcare as a positive option for students studying early childhood education at the college where I was employed. I did not see this advocacy as a bias toward family childcare because I advocated for students to pursue the career options that suited their interests. I did not anticipate ethical issues in the current study. If ethical issues arose, I planned to address the situation by maintaining confidentiality, credibility, and fidelity. My role was as an observer conducting one-on-one qualitative interviews through Zoom.

## **Methodology**

### **Participant Selection**

The participants were licensed family childcare providers in one Midwest U.S. state. The list of licensed family childcare providers was requested from the DHS because all licensed providers' basic contact information was public record (DHS, 2019a). Because the number of licensed family childcare programs in the state was approximately 7,800 (DHS, 2019b), I planned to conduct a random sample of 50 licensed family childcare providers to send an initial electronic email to request their participation in the study. A purposeful random sample was appropriate because I could not have properly studied such a large number of providers with my personal resources (see Ravitch & Carl, 2016). To conduct the random sample, I first used the entire population of licensed family childcare providers in the state, numbering from 1 to  $N$ , and then used a random number generator to determine the sample of 50 providers. Then, I selected a

convenience sample of the first 10 respondents to participate in one-on-one interviews. In addition, I randomly chose five family childcare providers who had participated in NAFCC Accreditation in the research state, which as of 2019 totaled only 17 (see DHS, 2019; NAFCC, 2019a). The list of NAFCC-accredited providers was requested from NAFCC because basic contact information was public record. Again, I used the entire population of NAFCC-accredited family childcare providers, numbered from 1 to 17, and then used the random number generator to determine the sample of five accredited family childcare providers to send an initial electronic survey requesting their participation in the study. Five providers agreed to participate in the one-on-one interviews.

### **Instrumentation**

To conduct this qualitative research, I designed an initial email to request participation interest and an interview protocol that consisted of in-depth qualitative interview questions that would be asked by phone, Skype, or Zoom. According to Rubin and Rubin (2012) and Ravitch and Carl (2016), in-depth qualitative interviewing allows researchers to look at the participants' experiences and narratives through open-ended questions and provides the ability to be flexible as new insights emerge. For the current study, I created a set of open-ended interview questions and used a responsive interviewing technique. Research suggested that family childcare providers would best respond with this technique because responsive interviewing is used to develop a relationship with the participant, allowing for a trusting give-and-take conversation (see Rubin & Rubin, 2012). I was focused on conducting interviews with a friendly, supportive tone and was aware that the family childcare provider was being asked to

share personal experiences, narratives, and perspectives that may be sensitive in nature (see Rubin & Rubin, 2012).

Main and follow-up questions were designed in advance, allowing for participant perspectives to be explored beyond the initial interview questions. With responsive interviewing, follow-up questions are flexible and may not be needed during the interview process (see Rubin & Rubin, 2012). My design of the main and follow-up questions was guided by Rubin and Rubin (2012) and Ravitch and Carl (2016), who encouraged researchers to use open-ended questions based on personal experience, literature, and research to answer the research questions. To certify that questions were credible, I asked experts in the family childcare field who had NAFCC Accreditation and were knowledgeable of the study topic to review the questions. Additionally, I asked family childcare providers who had participated in the NAFCC Accreditation process to share their self-study documents with the understanding that these participants may choose not to submit the documents as a part of the study.

### **Procedures for Recruitment, Participation, and Data Collection**

Family childcare providers were chosen for initial participation in this study from the list of licensed family childcare providers published online by the DHS master list of providers. I randomly chose a small subset of 50 licensed family childcare providers to send an initial electronic email requesting participation. The random sample came from the licensed family childcare population, which was numbered from 1 to  $N$ , and I used a random number generator to determine the first 50 providers. These 50 providers were the first to receive the initial electronic email. Then, I chose a convenience sample of 10



family childcare providers from the first 10 respondents to participate in the one-on-one interviews. In addition, a convenience sample of five family childcare providers who had participated in NAFCC Accreditation were randomly chosen from all current NAFCC accredited providers in the research state (see NAFCC, 2019a). The same process for random sampling was used with the population of NAFCC-accredited providers to determine the five participants to first receive the initial electronic survey to solicit participation. Participants' rights were protected through informed consent by providing family childcare providers, prior to their participation, with details of the purpose of the study, expectations of their participation, confidentiality protocol, and their right to not participate or to withdraw from the study at any time. Additionally, following the study, participants were provided a copy of their interview transcript for their review. I made sure participants' rights were honored and that they were provided with the results of their participation.

Data collection occurred through semistructured one-on-one interviews conducted through Zoom. Interviews were initially scheduled for 60 minutes to provide time to review the study parameters, purpose, expectations, confidentiality, and participation rights. Interviews were scheduled over a 2-week period with an additional 2-week period planned for rescheduled interviews or other considerations. Additional time was provided so participants could review the interview transcript in the weeks following their interview. Because qualitative interviewing can provide an extensive amount of data, all interviews were recorded and saved for coding and data analysis purposes.

## **Data Analysis Plan**

Data analysis was an inductive process because it best suited the findings coming from the raw data and not from a predetermined model or expectations (see Thomas, 2006). Analysis of the data began with inductive coding of the interview responses. Inductive coding was used to identify common and uncommon experiences and perspectives discovered through interview transcripts and document reviews. All interviews were transcribed through the Transcribe computer application to maintain fidelity and accuracy of participants' experiences and perspectives (see Ravitch & Carl, 2016). Then, transcripts were reviewed by hand, line by line, and were coded to provide "inferential labels that are assigned to units of data" (Ravitch & Carl, 2016, p. 242). This process began by creating a table to track responses to each interview question corresponding to research questions. For each line of response, codes were identified by theme and category and documented on the table by research question. The thematic codes were sorted across interview transcripts and summarized. Additional sorting and summarizing occurred as all data sources were compared and weighed to develop a multilevel explanation of the data (see Rubin & Rubin, 2012). To confirm that themes and coding were not forced to align with any preconceived notions, I documented the coding process inductively, including how the data were reviewed and how codes were developed following the interviews (see Ravitch & Carl, 2016). All research data will be maintained on a secure, password-protected transportable media device, stored in a locked file cabinet, and will be confidentially and permanently destroyed after 5 years.

### **Trustworthiness**

The trustworthiness and validity of the study were safeguarded through member checking and an external review. According to Ravitch and Carl (2016), trustworthiness is an alternative term for validity in qualitative research. Although trustworthiness cannot be fully guaranteed, taking proactive steps to safeguard credibility, transferability, dependability, and confirmability is part of the research process. Credibility was established by conducting participant validation through the use of transcript reviews by participants in the weeks following the interviews. Transferability was established through the use of thick description and providing a rich context for the participant responses to help others see how the data and findings could be interpreted to their family childcare providers' situation.

Dependability means that research and data collection are stable over time (Ravitch & Carl, 2016). Dependability is established by documenting the research process in a research journal. I attempted to be transparent throughout the data collection and analysis by providing a clear connection to the research purpose and questions. I ensured dependability by conducting and recording the one-on-one interviews. To provide increased dependability, I used the transcription program Transcribe to transcribe the interviews for analysis. I carefully planned the interview questions to avoid biases for or against family childcare as a preferred method of childcare.

Confirmability was established through critical reflection and dialogic engagement with a peer field expert who challenged my thoughts and forced me to see the research and data from various perspectives. Although qualitative researchers are not

objective, they do need to make sure that their data can be confirmed (Ravitch & Carl, 2016). Additionally, researchers must be realistic regarding their potential biases within the research process (Ravitch & Carl, 2016). I scheduled dialogic engagement opportunities at stages throughout the research, including but not limited to after creating the interview questions, after the third interview, after the seventh interview, and during the data analysis process. Additionally, I completed a research journal, which allowed for ongoing self-reflection on topics such as developing intentionality, reflecting on thoughts and feelings about the data, and documenting evolving frameworks and questions (see Ravitch & Carl, 2016).

### **Ethical Procedures**

Since qualitative research is centered on relationships with individuals, ethical considerations must be planned. In this study, I attained committee proposal approval, then sought and received institutional and IRB approval (# 5-19-21-0649983) before beginning any research and considered any possible ethical concerns related to participant recruitment and data collection plan. I assumed the respondents would be honest, open about their decision-making process regarding NAFCC Accreditation, and provide accurate perspectives and experiences during the interviews. Family childcare providers may have hesitated to participate for fear that their responses would be shared with other stakeholders affecting their business. Additionally, I assumed family childcare providers would be reached via electronic means for the initial email and then be able to access a video service for the one-on-one interviews. With family childcare providers across the state, a possibility of limited internet or email connection was considered. I

helped providers to participate by encouraging opportunities for internet access, such as through a public coffee house or library, if at home use did not exist. Confidentiality practices were a necessary and a welcome component for family childcare providers participating in this study. Upon the beginning of the research process, all documents and recordings were kept under a password protected electronic file system. All research is maintained on a password protected transportable media device which is stored in a locked file cabinet until it will be confidentially and permanently destroyed at five years.

### **Summary**

In this section, I offered details on the methodology planned throughout the study. Using qualitative interviewing practices, I explored a gap in practice found in literature regarding the perspectives and experiences in the decision-making process of family childcare providers in regard to NAFCC Accreditation. One-on-one qualitative interviews were conducted with a sample of licensed family childcare providers, along with a sample of those family childcare providers who NAFCC accredited in the research state. Data collection included transcriptions and data analysis incorporating thematic coding. In order to guarantee trustworthiness, I maintained a research journal and planned to hold regular dialogic engagement opportunities with a peer expert in family childcare and early education. Finally, I approached the research with an ethical mindset; to safeguard confidentiality and trust with the family childcare providers who participated.

## Chapter 4: Results

The purpose of this study was to explore a gap in practice found in research on the decision-making process regarding participation in NAFCC Accreditation. I conducted a qualitative study of family childcare providers' perspectives and experiences to explore the process providers use in determining whether to participate in NAFCC Accreditation in the research state. Research methods were guided by the following research questions, which were grounded in the conceptual framework influenced by the theories of andragogy and growth mindset:

RQ1: What are family childcare providers' perspectives and experiences about participating in quality improvement initiatives, such as NAFCC Accreditation?

RQ2: How do family childcare providers approach the decision to participate in high-quality improvement initiatives, as related to the Growth Mindset theory?

In this chapter, I discuss the research methods used in the study, including the setting or societal conditions that may have influenced participants at the time of the study. Data collection methods that focused on one-on-one qualitative interviews are explained along with the analysis and results of the data.

### **Setting**

During the time of this study, when I conducted one-on-one interviews, the world was experiencing the COVID-19 pandemic, which forced many early childhood education programs and family childcare programs to close or restrict enrollment. Parents and care providers who may have regularly brought children to childcare programs were working from home or were jobless, so children remained home to keep them healthy or

to limit costs. Childcare providers were occupied with new health and safety protocols, enrollment concerns, and the uncertainty of the economic horizon. Responses to initial requests for participation in my study were slow, with most of the initial requests unanswered, prompting the need for additional requests. With the pandemic consuming the daily focus for many family childcare providers, the decision to participate in the study may not have been a priority. Participants who agreed to be in the study were licensed family childcare providers in the research state. They all held active operational licenses for a family childcare according to the State Family Child Care and Group Family Child Care License (DHS Rule 2) and had been in business for an average of 18.5 years with the longest at 35 years and the newest provider at 12 months in business.

### **Data Collection**

Family childcare providers were chosen for initial participation in this study from the list of licensed family childcare providers published online by the DHS master list of 6,951 providers. The master list was randomly sorted, and each provider was assigned a letter and number code for reference throughout the study. A small subset of 50 providers was chosen (AB001 through AB0051) from the 6,951 licensed family childcare providers to send an initial email requesting participation. These 50 providers received the initial participation email. Response to the initial participation email was very slow with the initial email yielding only three responses with consent within 2 weeks. Two additional responses were received declining consent, and no other responses were received. This number of responses within the 2-week time frame varied from the original plan to receive all 10 responses with consent within 2 weeks. Therefore, additional emails

requesting participation were sent to the next set of 50 providers. The additional requests were also slow in response, so additional rounds of email requests were sent 50 at a time to 300 potential participants. Over 6 months elapsed before 10 respondents consented email and were scheduled to participate in one-on-one interviews. No other declinations of consent were received. Variations from the original data collection plan included an increased length of time to receive any responses, let alone consent responses, and the overall number of email requests sent exceeding the planned 50 by 600%. A total of 10 licensed family childcare providers, who were not NAFCC Accredited, were scheduled for one-on-one interviews.

In addition, family childcare providers who had participated in NAFCC Accreditation were randomly chosen from the master list of 17 current NAFCC-Accredited providers in the research state (see NAFCC, 2019a). The master list was randomly sorted, and each provider was assigned a letter and number code, 1–N, for reference throughout the study. All 17 NAFCC accredited providers were sent the initial email requesting participation. Response to the initial participation email yielded four providers agreeing to participate, and these were scheduled for the one-on-one interviews. One additional round of emails was sent to the NAFCC-Accredited providers with the email request for participation, which yielded the fifth respondent giving consent. Five family childcare providers who were NAFCC Accredited were scheduled for one-on-one interviews. Altogether, one-on-one interviews were scheduled for 15 respondents: 10 licensed family childcare providers and five NAFCC-Accredited family childcare providers.



Participants' rights were protected through informed consent provided to family childcare providers with the initial email for participation, including details on the purpose of the study, expectations of their participation, confidentiality protocol, and their right to withdraw from the study at any time. Data collection occurred through semistructured one-on-one interviews scheduled after consent was received over a period of 6 months. This time line was 6 times longer than the anticipated 4 weeks due to the slow responses to the email request for participation. All interviews were conducted through Zoom either in the afternoons or early evenings as preferred by the participant. The first six interviews were scheduled for 60 minutes, as originally planned, yet were completed within 30–45 minutes. Remaining interviews were scheduled for 30–45 minutes for expectation accuracy. All interviews were recorded through Zoom and transcribed through the Transcribe app, and a transcription was provided to all participants following the interview. All interview recordings and transcriptions were saved on a password-secured portable drive for data analysis.

### **Data Analysis**

Data analysis consisted of a careful line-by-line review of each transcribed interview using the inductive attribute and in vivo coding processes. Inductive coding processes were used to determine common and uncommon experiences and perspectives discovered through interview transcripts. No self-study documents were received from interview participants for data analysis.

Inductive coding was used to identify the brief descriptive information and critical participant contexts for analysis (see Saldana, 2016). This coding process indicated the

attribute codes of years in service, education level, accreditation status, and Parent Aware rating, which provided additional insight into participant data. Inductive codes were recorded in an Excel spreadsheet, which enabled me to sort by code.

In vivo coding was used with initial data analysis and was especially suited to interviews because it focused on the participant's language and indicated short phrases or words that honored the participant's voice (see Saldana, 2016). Coding was completed using the lumpers technique with codes identified for every three to four lines of transcript rather than every line. Additionally, in vivo coding revealed language and phrasing unique to the setting and the participant's experience. Data analysis yielded an average of 31 codes per interview transcript, including codes such as "continue to develop," "value a quality rating," "is it helping the kiddos?" and "requirements are pretty minimal." The in vivo codes were initially listed per interview on an Excel document and then, as part of the second cycle of coding, were organized and condensed into the following nine thematic categories: improve program/beyond basics, online preference, continue to develop, Parent Aware, requirements, time/keeping up, finances, for the families, and unaware. Additional sorting and summarizing occurred as all data sources were compared and weighed to develop a multilevel explanation of the data. Further analysis indicated the following categories: professional development, requirements, logistics, and awareness (see Rubin & Rubin, 2012). No discrepant cases were found.

## **Results**

I explored a gap in practice found in the research on the decision-making process regarding participation in NAFCC Accreditation. In this section, I present the results of

the data collected from 15 one-on-one interviews with family childcare providers in which I asked 15 interview questions encouraging participants to share their perspectives and experiences on the decision-making process for NAFCC Accreditation.

### **Demographics**

Attribute coding yielded information on several basic demographics of the participants. During data collection, participants were given individual codes to maintain confidentiality throughout the research process. In Table 1, participant pseudonyms (P1–P15) are organized by order of interview completion. Attributes learned from one-on-one interviews consisted of length of service in family childcare, education level, accreditation status, and Parent Aware rating. Participants had an average of 18 years of service with the range of 1 to 35 years. Education levels ranged from a Child Development Associate Credential to a master's degree with varying fields of study.

**Table 1***Participant Attributes*

Participant	Years in Service	Education level	Accreditation status	Parent aware rating
P1	18	Master's	No	No
P2	27	Bachelor's	No	Yes
P3	33	Master's	Yes	Yes
P4	12	Bachelor's	Yes	No
P5	33	Some college	Yes	Yes
P6	33	Master's	Yes	Yes
P7	7	Some college	No	Yes
P8	1	Child Development Associate Credential	No	No
P9	3	Some college	No	No
P10	35	Bachelor's	No	No
P11	2	Master's	No	Yes
P12	35	Bachelor's	No	Yes
P13	10	Bachelor's	Yes	Yes
P14	14	Associate's	No	No
P15	12	Some college	No	No

As part of the participant selection process, the study consisted of 10 family childcare providers who were licensed in the research state but were not NAFCC Accredited, and five providers who were licensed and NAFCC accredited. Parent Aware, the research state's QRIS system, became a relevant data point as each provider shared their experience with Parent Aware and how the QRIS worked with NAFCC Accreditation. These attributes provided information about the participants in the study, thereby setting the stage for data analysis. Categories of professional development, requirements, logistics, and awareness emerged from the interviews aligning with the research questions. Table 2 includes the categories and themes corresponding to each research question.

**Table 2***Research Questions and Themes*

Research question	Category	Theme
RQ1	Professional development	Theme A: Professional development was regarded as a necessary component and catalyst for participation in quality improvement initiatives
	Requirements	Theme B: Providers participated in quality improvement initiatives to improve their practice and provide what is best for the children in their care, not necessarily due to a requirement
	Logistics	Theme C: Providers were influenced by cost and time as factors in participation
	Awareness	Theme D: Providers were inconsistently aware of NAFCC Accreditation because it is not promoted as a means of quality improvement in the state
RQ2	Professional development	Theme E: Providers felt professional development should be based on a provider's individual growth and interests, and at a time and manner supportive of their needs
	Requirements	Theme F: Providers believed that by requiring participation providers lacked the motivation needed to pursue and maintain high-quality improvement
	Logistics	Theme G: Providers wanted to have the knowledge and understanding of the initiatives to make a choice to participate based on their schedule, funding, and readiness

## **Professional Development**

Professional development was determined as a main theme from responses to the interview questions. Themes A and E (see Table 2) indicated that providers believed professional development was regarded as a necessary component and catalyst for participation in quality improvement initiatives, and professional development needs to be based on a provider's individual growth and interests and should be delivered at a time and manner supportive of providers' needs. Participants had an average education level of an associate's degree, and two had master's degrees in an education-related field. Of those participants with an education level at a bachelor's degree or below, all but one held a degree or had earned college credits in early childhood education or a closely related field. One participant, P4, held an out-of-field bachelor's degree in theology. All participants, as a requirement of being a licensed family childcare provider in the research state, had completed training hours and were subjected to annual reviews to maintain that operational license. Additional training and subjects could be required by state-specific QRIS.

When addressing interview questions aligned to the first research question, providers described the desire and need for professional development as a key component to participating in improvement initiatives and to provide the highest quality care for the children. P1 commented that they needed to "stay fresh, continue to develop and try new things." P5 wanted to be the "best at whatever I did and be the best day care provider I could be." P3 mentioned wanting their program to be "better for me and the kids I care for," and that they are "constantly improving." Providers also described the challenges

with professional development because specific annual training is required even if you already have an advanced degree in early childhood education or a related field. The frustration was heard from P4 with, “requirements have increased in the last three to four years,” and “I would not consider basic training as quality improvement.” P10 commented that they “already have a teaching degree, it is very cumbersome” when talking about additional annual professional development requirements. The challenges were connected to the effect professional development had on their participation in quality improvement initiatives, such as Parent Aware and NAFCC Accreditation. All participants expressed that their participation in these initiatives included such an increased level of training and professional development that it could be a detriment to their program instead of an advantage; particularly regarding time and finances. Participants approached the decision to participate in the high-quality improvement initiatives with reluctance.

When deciding to participate in a quality initiative, all participants mentioned the need for both online and in-person professional development and training. Specifically, P7, P11 and P15 indicated the need to provide some financial support to allow in-person attendance or time away from the children. The importance for allowing the providers to determine their preferred subjects and goals was brought up by P1, P2, P4, P6, P9, and P12. P1 stated that they want professional development to “challenge myself, improve my program and do the best for kids.” All but two of the participants expressed that hands-on, in-person learning is their preference, but they had grown to appreciate the convenience, flexibility and accessibility of online professional development. They felt

with online learning, they had more access to training and allowed them to be independent learners. Two participants, P1 and P5, did not prefer online professional development, but mentioned their understanding of its place and expressed they appreciated being in conversation with others, learning from their experiences and being together. The eight providers who participated in Parent Aware QRIS, shared their appreciation for the required coaching relationship. Parent Aware coaching allows for independent learning in conjunction with a goal setting relationship between the coach and the provider. Using this study's conceptual framework, it is evident that providers' responses were indicative of Knowles' adult learning theory in which learners are especially concerned with professional development that is self-directed, reflecting their own work and practice in their field, ready when they are ready, immediately applicable to their practice and at a time and place convenient for their needs (Appova & Arbaugh, 2018; Knowles et al., 2005; Knowles, 1975; Lee & Pang, 2014).

### **Requirements**

Requirements for professional development and participation in quality improvement initiatives were discussed as part of how participants approached the decision-making process for participating in improvement initiatives. As addressed in both Themes B and F (Table 2), providers participated in quality improvement initiatives to improve their practice and provide what is best for the children in their care, not necessarily due to a requirement. Providers believed that by requiring participation internal motivation needed to pursue and maintain high quality improvement was reduced. The nine providers who earned a Bachelor or Masters degree, mentioned their



concern to complete required basic training on subjects they may have already addressed in their degree completion. These participants also mentioned it felt they already had a “tendency to be a learner,” as per P3, so having required training topics, which may or may not align to their individual, children’s or families’ needs, seemed wasteful. One participant, P4, who had earned a Bachelor degree, commented that they would “not consider basic training as quality improvement.” All participants, except P5, P7, P8, P9 and P15, added they were interested in going above and beyond the requirements to ensure their program met the children and families’ needs. All participants were able to provide information on the required basic training needed to be a licensed family childcare provider in the state, whether or not they included comments on Parent Aware or accreditation.

Since there is no requirement in the research state to participate in QRIS or accreditation, several participants focused on how the requirement would affect their participation, such as with paperwork, red tape, a feeling of being ‘watched’ and requirements not suited to their program. One participant, P2, shared “at first, thought it was disrespectful,” and since “they did not come in my walls” they felt the “state is telling us we were not good enough.” They did not feel trusted when confronted with the encouragement to participate in QRIS. Participants P8, P9, and P14 added that they wanted to “do what is best for their children and families,” but to “make sure they have everything required” before taking on new initiatives such as Parent Aware or accreditation. Providers were feeling disrespected, so they may have been less likely to want to participate in initiatives or take chances; exemplifying a fixed versus growth

mindset and a concern about feeling inadequate (Dweck, 2006; Dweck, 2015; Burton, 2020).

### **Logistics**

Participation challenges involving quality improvement initiatives and QRIS, such as Parent Aware and accreditation, and were mentioned by all of the participants to varying degrees. These challenges included financial investment, time management and customer service with the sponsoring organizations. Themes C and G (Table 2) summarized providers challenges as influenced by factors of cost and time for participation and that providers wanted to have the knowledge and understanding of the initiatives to make a choice to participate based on their schedule, funding and readiness. This data confirmed the outdated literature from Dombro et al., (1995), which offered reasons for why family childcare providers would not be accredited; including not planning to be in the field for the long-term, no increase in income following accreditation, and the high cost and lack of time available. Financial concerns were mentioned with five participants, P2, P5, P6, P10 and P13, who were specifically frustrated about recent changes with the financial grant provided for Parent Aware rating level improvements. The financial grant was only for level to level improvements and not for maintaining the highest level, which currently includes the option for accreditation. These participants chose to stay at the second highest level in order to receive a higher financial grant. Providers who had joined the QRIS at the earliest stages received financial incentives and then grants to continue improvement, but incentives are no longer a part of the ongoing program recognition. Only a few participants, P1, P5 and

P13 shared their concern for the initial financial investment accreditation requires even though P5 and P13 were currently NAFCC Accredited and P1 had been in the past. In reference to financial investment for quality improvement initiatives, P10 mentioned that they “do not do this for grocery money,” and P3 said “they are running a business, after all.”

Time management was addressed by P10 who shared “I just really didn’t have the time” and P5 stated “to do it after a long day” was not enough time to devote to the paperwork requirements. Most participants also mentioned the struggle of balancing both the state QRIS Parent Aware and additional quality initiatives, such as accreditation, which may work in opposition to one another. P2 described the challenge as “I already work 50 hours a week ...then you put in the amount of time for paperwork, licensing... there really is no benefit.” P4 shared that “every piece of paperwork takes away from me having an encounter with a child.” These results were predicted in previous research, where family childcare providers stated working long days, location of related professional development to their home, cost of participation and lack of required participation were key factors in participating with general professional development initiatives (Dev et al., 2019; Dwyer & Dwyer, 2016; Hallam et al., 2017; Hooper, 2018; Tonyan et al., 2017).

Customer service and communication were shared as major issues when it came to the participation in both the state QRIS and NAFCC Accreditation. Participants, P1, P3, P4, and P6, who had completed NAFCC Accreditation several times over their time of service, mentioned the decline in customer service and how challenging it was to reach

a person by phone or receive an email reply. Two participants, P3 and P5, had their NAFCC Accreditation paperwork lost or misfiled, thus causing delays and even loss of accreditation for a brief time. Despite the challenges, both participants maintained their accreditation. One provider, P1, chose to let accreditation lapse due to lack of state recognition and communication challenges with the organization. However, P13, who maintains NAFCC Accreditation and a Parent Aware rating, stated that “paperwork has nothing to do with accreditation,” and “values the quality rating.”

### **Awareness**

Participants were divided as to if and how they were aware of NAFCC Accreditation, leading to Theme D (Table 2) with providers inconsistently aware of NAFCC Accreditation, since it is not promoted as a means of quality improvement in the state (DHS, 2019a). Three providers, P7, P8 and P9 expressed that they had not previously heard about NAFCC Accreditation until they received the email request for participation in this study. All other providers who were not currently NAFCC Accredited, knew of the accreditation but had not pursued it due to the state QRIS not providing explicit recognition for accreditation achievement. According to the Parent Aware QRIS, accreditation will allow for a provider to use the alternate pathway to the highest level of accreditation; there are additional requirements. All participants, not already holding NAFCC Accreditation, commented that their decision to not participate was made at least partially since accreditation was not a required component of the state QRIS. All providers who held a current NAFCC Accreditation intended to continue for now, but expressed that they wanted to see promoted as a means to the highest level of

Parent Aware. According to P4, an NAFCC Accredited provider, they chose accreditation because,

It's not just a state-run program. It's across the country. One of the reasons why I joined is to find out what they are doing across the country. Is there anything we're not doing in [the research state] that we could be doing better or that I could do better?"

P3 mentioned that "Participation begins with understanding the scope of the work. Knowing what has to be done to go through the process and make sure the timing is right." Additional participants addressed the lack of awareness of families regarding NAFCC Accreditation. According to P11, who has only been in business for about 2 years, the need is there for families to seek programs that are accredited, but families were not even aware of the option. P11 said,

If parents come and ask have you got certified from this agency, then I will go for it. It means something to the parent. If you search for me in [the research state], Parent Aware comes first. It should be driven by a parent or they have to give me grants to do this.

Four accredited providers, P3, P5, P10 and P13, mentioned the importance of maintaining NAFCC Accreditation to support military families in their program. P5 shared "My military family said they would get reimbursed for using an accredited provider- so I did it for her."

In summary, participants in the study provided answers to the research questions as illustrated in Table 2, through four categories and seven themes all addressing the

perspectives and experiences of family child care providers on their decision-making processes for participation in NAFCC Accreditation. Family childcare providers' perspectives and experiences included the importance of professional development but with the need to be reflective of their individual growth and development needs. A clarification of requirements is a motivator for improving actual practice, along with the ability for providers to choose participation that matches their personal timing, financial situation, and purpose. The perspectives and experiences discussed in the interviews indicated that family childcare providers are not consistently aware of the NAFCC Accreditation opportunity or steps in the process. Participants found value in the process and credibility of accreditation as a national versus state system. Additionally, there are mixed views as to the value of the Parent Aware system. Due to the nature of family childcare, their time and energy are guarded so any quality improvement requirements must be viewed as worth their effort. As addressed in the recent study by Herman, Breedlove & Lang (2021), coordinated professional development which corresponds to their specific needs in family childcare is lacking which contributes to their job satisfaction and ability to continue in their business. More research is needed to better understand perspectives and experiences on the implementation of NAFCC Accreditation, incorporating other quality improvement initiatives and what is needed to make participation in these initiatives possible, useful and rewarding for family childcare providers.

### **Evidence of Trustworthiness**

The trustworthiness and validity of the study was safeguarded through participant transcript reviews. As mentioned in Ravitch and Carl (2016) and Korstjens & Moser (2018), trustworthiness is an alternative term for validity in qualitative research design and the criteria consists of credibility, transferability, dependability and confirmability. Although trustworthiness cannot be fully guaranteed, taking proactive steps to safeguard credibility, transferability, dependability, and confirmability are part of the research process.

Credibility was first established through prolonged engagement during the one-on-one interviews. Interview questions included requests for examples clarifying their answers and follow-up questions to ensure the topic was thoroughly addressed (Korstjens & Moser, 2018). Additionally, credibility was also addressed by conducting participant validation through the use of participants' transcript reviews in the weeks following the interviews. Transcript reviews were conducted by email with each participant responding affirmatively or with minor grammar corrections needed (Korstjens & Moser, 2018).

Transferability, which is determined by the reader rather than the researcher, was established through the use of thick description provided by rich context from the participant responses (Korstjens & Moser, 2018). Findings can then be interpreted to a reader's particular state family childcare providers' situation and transferability will be determined (Korstjens & Moser, 2018).

Dependability means that research and data collection is stable over time and in line with established research processes (Ravitch & Carl, 2016; Korstjens & Moser,

2018). Dependability was established by documenting the research process in a personal research journal. As the researcher, I was transparent through data collection and analysis and provided a clear connection to the research purpose and questions. I also provided dependability by conducting and recording the one-on-one interviews. In order to provide increased dependability, I used a transcription program, Transcribe, which was used to transcribe the interviews for analysis. I carefully planned the interview questions to avoid biases for or against family childcare as a preferred method of childcare (Korstjens & Moser, 2018).

Confirmability was established through critical reflection and dialogic engagement with a peer field expert who helped me to see the research and data from various perspectives. I scheduled dialogic engagement opportunities at stages throughout the research; after creation of the qualitative interview questions, following three and then seven of the interviews and then again during the data analysis process. Additionally, I completed a personal research journal, which allowed for on-going self-reflection on topics such as developing intentionality, reflecting on the data, and documentation of evolving categories and questions (Ravitch & Carl, 2016).

### **Summary**

The data yielded from this research study, which was to explore a gap in practice found in research on the decision-making process regarding participation in NAFCC Accreditation, provided answers to the two research questions;

RQ1: What are family childcare providers' perspectives and experiences about participating in quality improvement initiatives, such as NAFCC Accreditation?



RQ2: How do family childcare providers approach the decision to participate in high-quality improvement initiatives, as related to the Growth Mindset theory?

For the first research question, participants expressed that their perspectives and experiences with NAFCC Accreditation, as well as other quality improvement initiatives, were varied and were influenced by their education, experience, and their engagement in the research state's QRIS, Parent Aware. Themes also emerged regarding professional development as a necessary component for participation in quality improvement initiatives. Participants wanted professional development to be tied to improvement in their own practice rather than a general requirement. Providers' experiences and practices were also influenced by cost, time available and by the overall awareness of NAFCC Accreditation as a quality improvement option.

Answers from the second research question emerged from interview responses about how participation in high-quality improvement initiatives reflected more of a growth mindset. Participants sought continual improvement for the betterment of the children and were influenced by their need for recognition and support from the state agencies which required quality improvement. Themes surfaced about the preference for professional development to be tied to individual growth and interests, as well as, when and where providers could participate fully. Participants believed that by requiring participation, the motivation needed to pursue and maintain high quality improvement, negatively influenced providers. Their ability to have a growth mindset also was influenced by their knowledge and understanding of NAFCC Accreditation in order to make a choice to participate based on their schedule, funding and readiness.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative case study was to explore perspectives and experiences of family childcare providers regarding the decision-making process related to their participation in NAFCC Accreditation in the research state. The knowledge gained through the study may enable quality improvement and professional development systems to better support family childcare providers in the decision-making process for pursuing NAFCC Accreditation (see Bromer & Korfmacher, 2017). This knowledge may also provide guidance to the NAFCC as they work to encourage participation in family childcare accreditation. Additionally, the evidence gained in this study may provide a clear understanding that to improve the quality of childcare available to families throughout the research state, family childcare providers need have their perspectives and experiences included in statewide quality improvement efforts.

An important finding of this study was that perspectives and experiences with NAFCC Accreditation and other quality improvement initiatives were varied and influenced by the participants' education, experience, and with their engagement with the research state's QRIS and Parent Aware. For participants, approaching the decision to participate in high-quality improvement initiatives reflected both a fixed and growth mindset in that they sought continual improvement for the betterment of the children yet were influenced by their need for recognition and support from the state agencies that required quality improvement. Additionally, participants discussed how requirements stifled their motivation, which did not support a growth mindset. Throughout the interviews, participants also reported how their perspectives and experiences reflected

principles seen in the theory of adult learning or andragogy, including the need for participation to be applicable to their daily work, to be self-driven, to reflect their needs and prior experiences, and to be convenient and ready when they are ready (Knowles et al., 2005).

### **Interpretation of the Findings**

Opportunities for professional development and participation in quality improvement initiatives are driven by state regulations and requirements and are the foundation for a family childcare provider's business operations. Overall, the family childcare providers who participated in this study understood the requirements and how the requirements affect their decision-making ability when it comes to those quality improvement initiatives. Doing what is required always comes first, especially with regard to their operational license. Doing what they prefer will always be secondary. The research state does not require participation in quality improvement initiatives for operation; however, it does require participation in Parent Aware to accept children on state scholarship funding. Participation in accreditation was one way to achieve the highest level of Parent Aware, but has not been incentivized and therefore has not been pursued in the same way. In some cases, participants described how their knowledge of accreditation was absent, while with other providers there was a clear decision to not participate because the incentives provided did not include accreditation or the highest level of Parent Aware. Participants expressed confusion as to how accreditation was not incentivized in the state when it was seen as a national marker of quality. For the family

childcare providers, quality was important, but it was preferred to have that incentive either through family recognition or financial reward.

When approaching the decision to participate in high-quality improvement initiatives such as accreditation, the providers' decision-making process reflected both a fixed and growth mindset. As a sign of a growth mindset, participants sought continual program improvement for the children and families, and shared that they were seeking professional development that challenged their thinking and went beyond the basic requirements. At the same time, several providers expressed their concern with their level of education not being recognized as qualified and that they were frustrated with being thought of as not good enough, which reflected a more fixed mindset.

In addition, participants discussed their perspectives and experiences with the decision-making process for NAFCC Accreditation by illustrating the principles in the theory of andragogy. Participants had become fond of online professional development in recent years, allowing them to complete the training on their schedule in a convenient location and on topics more diverse than the regular required training. Being self-directed and able to be a business owner was shared as being of high value. When deciding to participate in NAFCC Accreditation or a quality improvement initiative, including Parent Aware, participants preferred to make that decision for themselves. An important aspect of their decision-making process was connected to the needs of their particular children and families, such as ensuring they continue accreditation to support military families. With adult learners, having their professional development and learning reflected in their

work and practice in their field is of critical importance. Family childcare providers were proud of their work and impact on the children and families.

### **Limitations of the Study**

Only a few limitations arose as to the trustworthiness of the study. Although the interviews in Zoom were recorded, transcription services through Transcribe were less than perfect. A review of the transcription had to be made to separate speakers, and each transcript was shared with the corresponding participant to ensure their answers were correctly represented. In addition, scheduling and conducting the one-on-one video interviews were more challenging than anticipated. Initially, responses to the request for participation were quickly received; however, completing the planned number of interviews took slightly over 6 months and required repeated outreach. Also, because family childcare providers are busy for approximately 11 hours each day, interviews were scheduled in the evening; however, due to family commitments, personal or family illness, and scheduling errors, rescheduling was common.

### **Recommendations**

Recommendations for future research include conducting research with family childcare providers on their perspectives regarding professional development and the requirements of quality rating and improvement systems on their family childcare businesses. Throughout the current study, participants were open to sharing their perspectives and expressed their enthusiasm for improving the quality of childcare. Through additional research on providers' perspectives, QRIS systems may gain stronger buy-in from family childcare providers. For NAFCC Accreditation, additional research

with previously accredited providers in the research state may provide additional understanding of why they decided to discontinue their participation. Finally, expanding the study to a larger participant sample may confirm results and extend family providers' perspectives on participating in NAFCC Accreditation. The study could be replicated in other states, as well, with considerations made for individual state requirements for accreditation and QRIS. The most important recommendation from the current study is to increase opportunities for family childcare providers to share their perspectives and experiences.

### **Implications**

A gap in practice was found in the literature on exploring the perspectives and experiences of family childcare providers regarding the decision-making process related to their participation in NAFCC Accreditation in the research state. Implications were clear in that the decisions family childcare providers make to participate or not participate in high-quality improvement initiatives, such as NAFCC Accreditation, within the research state needed to be understood. Findings of this study provided insight into family childcare providers' thought processes as they considered participation in these high-quality improvements. Understanding this decision-making process could influence support systems and interest for future family childcare provider participation. QRIS and professional development systems should incorporate an understanding of growth mindset and adult learning theories to ensure all improvement is relevant, flexible, and motivating.

Choosing to participate in NAFCC Accreditation, of which several providers had no previous knowledge, would provide high-quality programs for more families who need childcare to return to work. The gap in research about family childcare providers in the research state contributed to a lack of information on perspectives and experiences, thereby continuing to influence a gap in practice (Bromer & Korfmacher, 2017). There is a lack of understanding of accreditation with little to no end in sight. However, a more thorough understanding of perspectives and experiences of childcare providers' decision-making processes with regard to participating in NAFCC Accreditation may lead to positive social change in the early education field within this state. By increasing the availability of high-quality family childcare programs, more families may have access to high-quality programs, children may be better prepared for school, and families may be able to work with confidence in their child's well-being.

### **Conclusion**

Participation in early childhood education quality improvement initiatives is a decision made by childcare providers, which influences the curriculum, health, and safety of the childcare environment for children across the research state. With a shortage of childcare evident throughout the state, high-quality childcare has been less available even though there has been a statewide system to encourage the pursuit. Family childcare providers are the largest childcare delivery model in the research state. However, with low participation in initiatives, such as NAFCC Accreditation, it is evident that improvement is needed. By exploring the perspectives and experiences family childcare providers have had on participating in NAFCC Accreditation, I was able to better

understand the decision-making process and offer suggestions for further research in the state and throughout the country. Opportunities exist for significant social change impacting the early childhood education industry to expand access to quality family childcare throughout the state.



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