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What is Action Research?

This chapter focuses on:

- What action research is
- The purposes of conducting action research
- The development of action research
- What is involved in action research
- The models and definitions of action research
- The key characteristics of action research
- The philosophical worldview of the action researcher
- Examples of action research projects.

Introduction

Action research – which is also known as Participatory Action Research (PAR), community-based study, co-operative enquiry, action science and action learning – is an approach commonly used for improving conditions and practices in a range healthcare environments (Lingard et al., 2008; Whitehead et al., 2003). It involves healthcare practitioners conducting systematic enquiries in order to help them improve their own practices, which in turn can enhance their working environment and the working environments of those who are part of it – clients, patients, and users. The purpose of undertaking action research is to bring about change in specific contexts, as Parkin (2009) describes it. Through their observations and communications with other people, healthcare workers are continually making informal evaluations and judgements about what it is they do. The difference between this and carrying out an action research project is that during the process researchers will need to develop and use a range of skills

to achieve their aims, such as careful planning, sharpened observation and listening, evaluation, and critical reflection.

Meyer (2000) maintains that action research's strength lies in its focus on generating solutions to practical problems and its ability to empower practitioners, by getting them to engage with research and the subsequent development or implementation activities. Meyer states that practitioners can choose to research their own practice or an outside researcher can be engaged to help to identify any problems, seek and implement practical solutions, and systematically monitor and reflect on the process and outcomes of change. Whitehead et al. (2003) point out that the place of action research in health promotion programmes is an important and yet relatively unacknowledged and understated activity and suggest that this state of affairs denies many health promotion researchers a valuable resource for managing effective changes in practice.

Most of the reported action research studies in healthcare will have been carried out in collaborative teams. The community of enquiry may have consisted of members within a general practice or hospital ward, general practitioners working with medical school tutors, or members within a healthcare clinic. The users of healthcare services can often be included in an action research study; as such they are not *researched on* as is the case in much of traditional research. This may also involve several healthcare practitioners working together within a geographical area. Multidisciplinary teams can often be involved (for example, medical workers working with social work teams). Action research projects may also be initiated and carried out by members of one or two institutions and quite often an external facilitator (from a local university, for example) may be included. All the participating researchers will ideally have to be involved in the process of data collection, data analysis, planning and implementing action, and validating evidence and critical reflection, before applying the findings to improve their own practice or the effectiveness of the system within which they work.

Purposes of conducting action research

In the context of this book, we can say that action research supports practitioners in seeking out ways in which they can provide an enhanced quality of healthcare. With this purpose in mind, the following features of the action research approach are worthy of consideration (Koshy, 2010: 1):

- Action research is a method used for improving practice. It involves action, evaluation, and critical reflection and – based on the evidence gathered – changes in practice are then implemented.

- Action research is participative and collaborative; it is undertaken by individuals with a common purpose.
- It is situation-based and context specific.
- It develops reflection based on interpretations made by the participants.
- Knowledge is created through action and at the point of application.
- Action research can involve problem solving, if the solution to the problem leads to the improvement of practice.
- In action research findings will emerge as action develops, but these are not conclusive or absolute.

Later in this chapter we shall explore the various definitions of action research.

Hughes (2008) presents a convincing argument for carrying out action research in healthcare settings. Quoting the declaration of the World Health Organization (1946) that 'health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity', Hughes stresses that our health as individuals and communities depends on environmental factors, the quality of our relationships, and our beliefs and attitudes as well as bio-medical factors, and therefore in order to understand our health we must see ourselves as inter-dependent with human and non-human elements in the system we participate in. Hughes adds that the holistic way of understanding health, by looking at the whole person in context, is congruent with the participative paradigm of action research. The following extract coming from an action researcher (included by Reason and Bradbury in the introduction to their *Handbook of Action Research*) sums up the key notion of action research being a useful approach for healthcare professionals:

> For me it is really a quest for life, to understand life and to create what I call living knowledge – knowledge which is valid for the people with whom I work and for myself. (Marja Liisa Swantz, in Reason and Bradbury, 2001: 1)

So what is this living knowledge? As Reason and Bradbury (2001: 2) explain, the primary purpose of action research is to produce practical knowledge that is useful to people in the everyday conduct of their lives. They maintain that action research is about working towards practical outcomes and that it is also about 'creating new forms of understanding, since action without reflection and understanding is blind, just as theory without action is meaningless' and that the participatory nature of action research 'makes it only possible *with*, *for* and *by* persons and communities, ideally involving all stakeholders both in the questioning and sense making that informs the research, and in the action which is its focus'. Meyer (2000) describes action research as a process that involves people and social

situations that have the ultimate aim of changing an existing situation for the better.

In the following sections of this chapter we will trace the development of action research as a methodology over the past few decades and then consider the different perspectives and models provided by experts in the field. Different models and definitions of action research are explored and an attempt is made to identify the unique features of action research that should make it an attractive mode of research for healthcare practitioners. Examples of action research projects undertaken by healthcare practitioners in a range of situations are provided later in this chapter.

The development of action research: a brief background

Whether the reader is a novice or is progressing with an action research project, it would be useful to be aware of how action research has developed as a method for carrying out research over the past few decades. The work of Kurt Lewin (1946), who researched extensively on social issues, is often described as a major landmark in the development of action research as a methodology. Lewin's work was followed by that of Stephen Corey and others in the USA, who applied this methodology for researching into educational issues. In Britain, according to Hopkins (2002), the origins of action research can be traced back to the Schools Council's Humanities Curriculum Project (1967–72) with its emphasis on an experimental curriculum and the re-conceptualisation of curriculum development. The most well known proponent of action research in the UK has been Lawrence Stenhouse, whose seminal (1975) work *An Introduction to Curriculum Research and Development* added to the appeal of action research for studying the theory and practice of teaching and the curriculum. In turn, educational action researchers including Elliott (1991) have influenced action researchers in healthcare settings.

What is involved in action research?

Research is about generating knowledge. Action research creates knowledge based on enquiries conducted within specific and often practical contexts. As articulated earlier, the purpose of action research is to learn through action that then leads on to personal or professional development. Action research is participatory in nature, which led
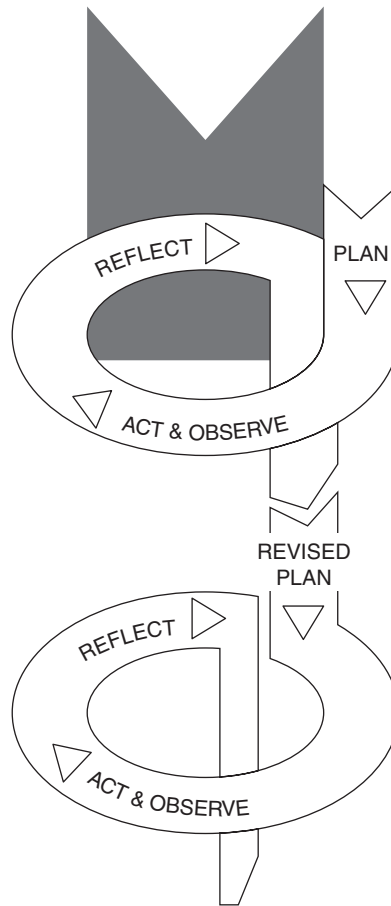
FIGURE 1.1 *Kemmis and McTaggart's action research spiral*

Kemmis and McTaggart (2000: 595) to describe it as *participatory research*. The authors state that action research involves a spiral of self-reflective cycles of:

- Planning a change.
- Acting and observing the process and consequences of the change.
- Reflecting on these processes and consequences and then replanning.
- Acting and observing.
- Reflecting.
- And so on …

Figure 1.1 illustrates the spiral model of action research proposed by Kemmis and McTaggart (2000: 564), although the authors do not

recommend that this is used as a rigid structure. They maintain that in reality the process may not be as neat as the spiral of self-contained cycles of planning, acting and observing, and reflecting suggests. These stages, they maintain, will *overlap*, and initial plans will quickly become obsolete in the light of learning from experience. In reality the process is likely to be more fluid, open, and responsive.

We find the spiral model appealing because it gives an opportunity to visit a phenomenon at a higher level each time and so to progress towards a greater overall understanding. By carrying out action research using this model, one can understand a particular issue within a healthcare context and make informed decisions with an enhanced understanding. It is therefore about empowerment. However, Winter and Munn-Giddings (2001) point out that the spiral model may suggest that even the basic process may take a long time to complete. A review of examples of studies included in this book and the systematic review of studies using the action research approach by Waterman et al. (2001) show that the period of a project has varied significantly, ranging from a few months to one or two years.

Several other models have also been put forward by those who have studied different aspects of action research and we shall present some of these later in this section. Our purpose in doing so is to enable the reader to analyse the principles involved in these models which should, in turn, lead to a deeper understanding of the processes involved in action research. No specific model is being recommended here and as the reader may have already noticed they have many similarities. Action researchers should always adopt the models which suit their purpose best or adapt these for use.

The model employed by Elliot (1991: 71) shares many of the features of that of Kemmis and McTaggart and is based on Lewin's work of the 1940s. It includes identifying a general idea, reconnaissance or fact-finding, planning, action, evaluation, amending plan and taking second action step, and so on, as can be seen in Figure 1.2. Other models, such as O'Leary's (2004: 141) cycles of action research shown in Figure 1.3, portray action research as a cyclic process which takes shape as knowledge emerges.

In O'Leary's model, for example, it is stressed that 'cycles converge towards better situation understanding and improved action implementation; and are based in evaluative practice that alters between action and critical reflection' (2004: 140). O'Leary sees action research as an experiential learning approach, to change, where the goal is to continually refine the methods, data, and interpretation in light of the understanding developed in each earlier cycle.
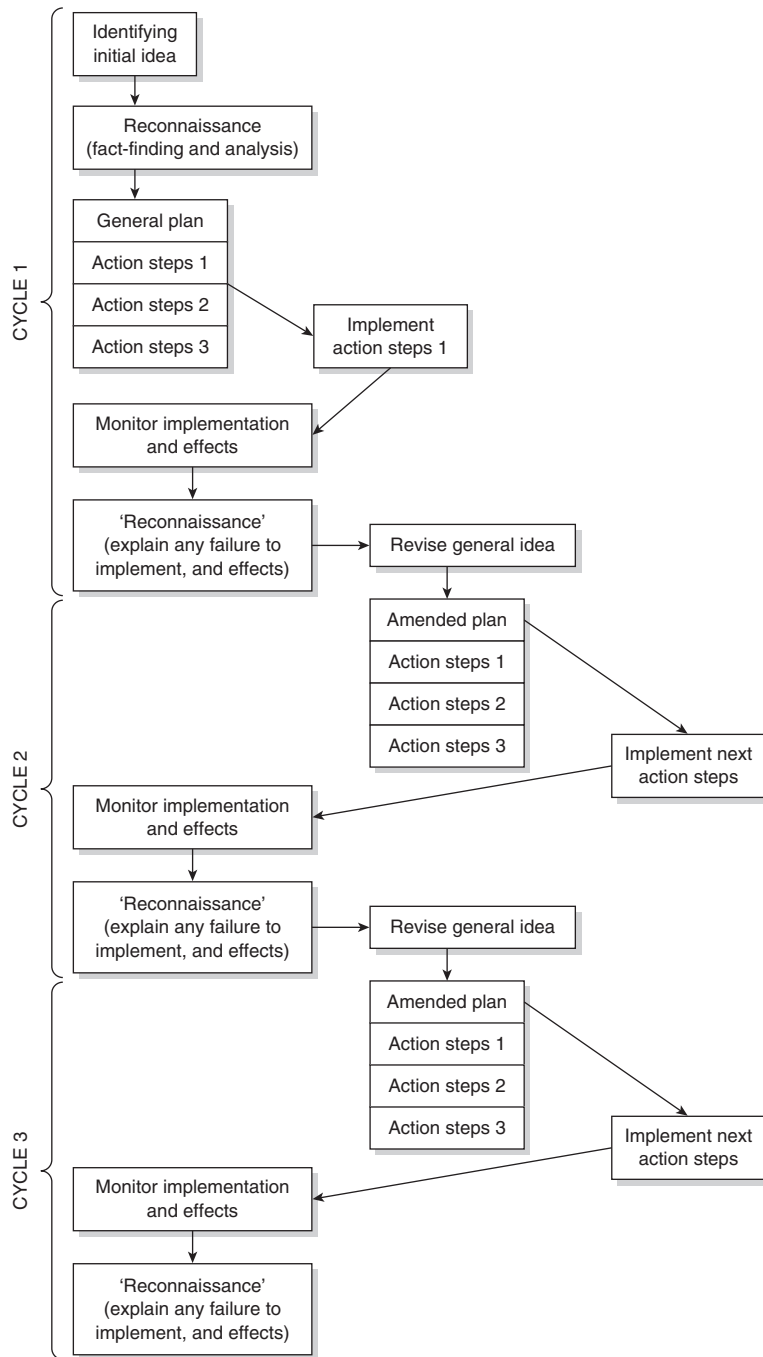
FIGURE 1.2 *Elliot's action research model.*

observe
(research/data collection)

act
(implementation)

reflect
(critical reflexivity)

plan
(strategic action plan)

observe

act

reflect

plan

observe

act
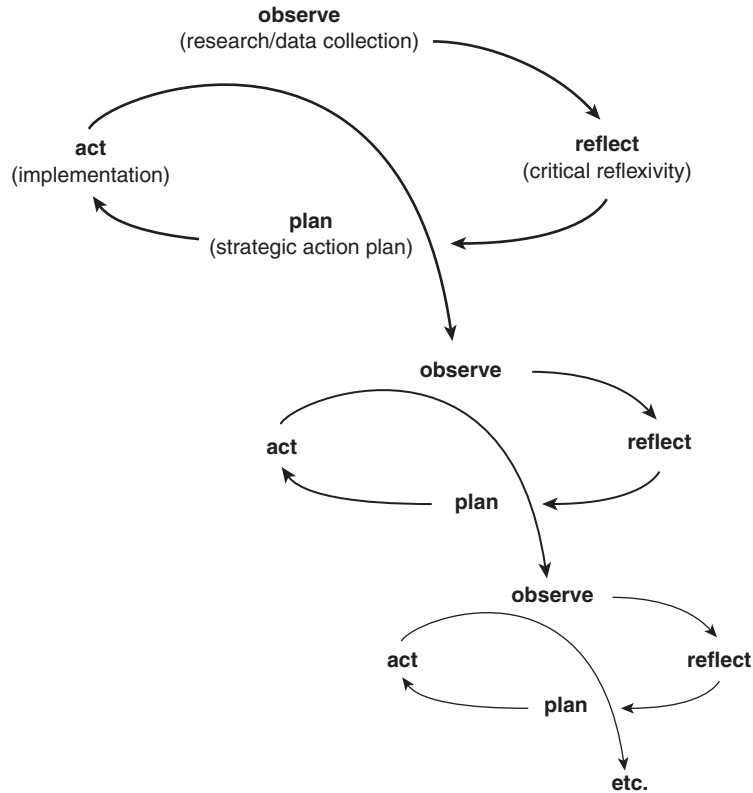
reflect

plan

etc.

FIGURE 1.3   *O'Leary's cycles of research*

Although it is useful to consider different models, we must include a word of caution here. Excessive reliance on a particular model, or following the stages or cycles of a particular model too rigidly, could adversely affect the unique opportunity offered by the emerging nature and flexibility that are the hallmarks of action research. The models of practice presented in this chapter are not intended to offer a straitjacket to fit an enquiry.

Definitions of action research

Closely related to the purposes and models of action research are the various definitions of action research. Although there is no universally accepted definition for action research, many useful ones do exist. We shall consider some of these in this section. Reason and Bradbury (2006) describe action research as an approach which is used in designing studies

which seek both to inform and influence practice. The authors state that action research is a particular orientation and purpose of enquiry rather than a research methodology. They also propose that action research consists of a 'family of approaches' that have different orientations, yet reflect the characteristics which seek to 'involve, empower and improve' aspects of participants' social world. A further list of features of action research, put forward by the same authors (2008: 3), states that it:

- is a set of practices that respond to people's desire to act creatively in the face of practical and often pressing issues in their lives in organizations and communities;
- calls for an engagement with people in collaborative relationships, opening new 'communicative spaces' in which dialogue and development can flourish;
- draws on many ways of knowing, both in the evidence that is generated in inquiry and its expression in diverse forms of presentation as we share our learning with wider audiences;
- is value oriented, seeking to address issues of significance concerning the flourishing of human persons, their communities, and the wider ecology in which we participate;
- is a living, emergent process that cannot be pre-determined but changes and develops as those engaged deepen their understanding of the issues to be addressed and develop their capacity as co-inquirers both individually and collectively.

At this point, it may be useful to explore some of the other definitions and observations on action research as a methodology offered by various authors. We define action research as an approach employed by practitioners for improving practice as part of the process of change. The research is context-bound and participative. It is a continuous learning process in which the researcher learns and also shares the newly generated knowledge with those who may benefit from it. In the context of practitioner research, Hopkins (2002) maintains that action research combines a substantive act with a research procedure and that it is action disciplined by enquiry and a personal attempt at understanding, while engaged in a process of improvement and reform. Cohen and Manion describe the emergent nature of action research in their definition and maintain that action research is:

essentially an on-the-spot procedure designed to deal with a concrete problem located in an immediate situation. This means that ideally, the step-by-step process is constantly monitored over varying periods of time and by a variety of mechanisms (questionnaires, diaries, interviews and case studies, for example) so that the ensuing feedback may be translated into modifications, adjustment, directional changes, redefinitions, as necessary, so as to bring about lasting benefit to the ongoing process itself rather than to some future occasion (1994: 192).

In their systematic review of action research, Waterman et al. (2001: 4) provide a comprehensive and practically useful definition:

> Action research is a period of inquiry, which describes, interprets and explains social situations while executing a change of intervention aimed at improvement and involvement. It is problem-focused, context specific and future-orientated. Action research is a group activity with an explicit value basis and is founded on a partnership between action researchers and participants, all of whom are involved in the change process. The participatory process is educative and empowering, involving a dynamic approach in which problem-identification, planning, action and evaluation are inter-linked. Knowledge may be advanced through reflection and research, and qualitative and quantitative research methods may be employed to collect data. Different types of knowledge may be produced by action research, including practical and propositional. Theory may be generated and refined and its general application explored through cycles of the action research process.

Finally, Winter and Munn-Giddings's (2001: 8) definition of action research, as a 'study of a social situation carried out by those involved in that situation in order to improve both their practice and the quality of their understanding', captures the essence of the philosophy underlying the action research approach.

A careful study of the definitions and viewpoints we have presented in this section should help to highlight some of the unique features of action research. The key concepts include *a better understanding*, *participation*, *improvement*, *reform*, *problem finding*, *problem solving*, *a step-by-step process, modification,* and *theory building.* These words also perhaps demonstrate the reasons for the popularity of action research as a mode of study for healthcare professionals.

Key characteristics of action research

Many attempts have been made, over the years, to identify the characteristics that highlight the uniqueness of action research and distinguish it from other methodologies. Carr and Kemmis (1986: 164) in their seminal text on action research included the underlying principles of the action research approach. These include its

- participatory character;
- democratic impulse;
- simultaneous contribution to social science (knowledge) and social change (practice).

In the *British Medical Journal*, Meyer (2000) explains these three characteristics from a practical perspective which is presented in detail in the following section as this has some important information and practical guidance for action researchers.

Meyer contends that *participation* is fundamental in action research as it is an approach which demands that participants perceive the need to change and are willing to play an active part in the research and change process. Conflicts may arise in the course of the research. It is vital that outside researchers working with practitioners must obtain their trust and agree the rules for the control of the data and their use, as well as acknowledging how any potential conflict will be resolved.

In order to address the feature of *democratic impulse*, according to Meyer, this requires participants to be seen as equals. The researcher works as a facilitator of change, consulting with participants not only on the action process but also on how it will be evaluated. One benefit to this is that it can make the research process and outcomes more meaningful to practitioners by rooting these in the reality of day-to-day practice. Throughout the research process the findings are fed back to participants for validation. In the formative process involved in the spirals of planning, observing, reflecting, and re-planning care needs to be taken because this can be threatening, something which is common in healthcare settings.

With regard to the role of action research to contribute to social science and social change, Meyer highlights the concern about the theory–practice gap in clinical practice; practitioners have to rely on their intuition and experience since traditional scientific knowledge – for example, the results of randomized controlled trials – often do not seem to fit with the uniqueness of the situation. Action research, Meyer maintains, is one way of dealing with this because it draws on a practitioner's situation and experience and can therefore generate findings that are meaningful to them. In this context we are thus made aware of an important feature – that the contributions to knowledge arising from action research and any generalizations are different from other conventional forms of research. Reports from action research projects will rely on readers underwriting the accounts by drawing on their own knowledge of human situations and therefore it is important for action researchers to describe their work in rich contextual detail.

Philosophical worldview of an action researcher

Research is a form of disciplined enquiry leading to the generation of knowledge. The knowledge your research generates is derived from a range

of approaches. Your approach to research may vary according to the context of your study, your beliefs, the strategies you employ, and the methods you use. The research paradigm (a collection of assumptions and beliefs which will guide you along the path to conducting research and interpreting findings) you select will be guided both by your subject discipline and your beliefs. Action research is a specific method of conducting research by health professionals with the ultimate aim of improving practice. Your epistemological and ontological views may influence your research and the research methods you use.

When conducting research of any kind, a consideration of the philosophical stance or worldview (Guba and Lincoln, 1990) is important. Creswell (2009: 6) describes a worldview as a 'general orientation about the world and the nature of the research that the researcher holds'. In an attempt to position action research within a research paradigm we think it may be useful to discuss the positivist, interpretivist, and participatory worldviews here. The positivist paradigm is based on a belief in an objective reality which can be gained from observable data. This worldview is often referred to as scientific method and the knowledge gained is based on careful observation and measuring the objective reality that exists 'out there' (Creswell, 2009). This method relies on quantitative measures and the relationships between variables are highlighted.

Interpretivism, which has emerged as a worldview developed in the social sciences, allows for a departure from positivist constraints. Qualitative methods such as phenomenology, ethnography, grounded theory, and narrative research are used within this paradigm which is based on the belief that knowledge is socially constructed, subjective, and influenced by culture and social interactions. Within this worldview, the researcher gathers data while still retaining their objectivity.

Waterman et al. (2001) provide an illuminating account of the philosophical perspectives that underpin action research in healthcare. They highlight that the most influential of these is *critical theory*, which draws on the writings of Jürgen Habermas (1971, 1984). Waterman et al. also state that this approach arose from a desire to democratize research in order to present a challenge to the institutionalization of research which was viewed as being exclusive and exploitative. One aim here is to encourage those who are actually excluded from the process of informing it, thereby making it participatory. Linked to this is a desire for social improvement: the Aristotelian notion of praxis – of acting on the conditions of one's situation in order to change them (Meyer, 1995) – and Kemmis and McTaggart's (2000) argument that to study practice means

to change it, but also, that practice is changed in order to study it. Waterman et al. (2001) maintain that in this approach value is attached to both qualitative and quantitative research methods; these are seen as complementary. However, critics of this approach would argue that it is idealistic and the desire to create a more just healthcare system is both naive and optimistic.

Some experts would hold the view that action research is located in the *participatory worldview* and that it is unique because it is context-bound and involves action which is designed to change local situations. The researcher is involved in the research process which informs practice and knowledge is generated from practice. As Punch (2009: 135) describes it, 'the central idea is conveyed by the term action research'. Action researchers 'engage in careful diligent enquiry not for the purpose of discovering new facts or revising accepted laws or theories, but to acquire information having practical application to the solution of specific problems related to their work' (Stringer, 2004: 3).

Theoretical positioning of the action researcher

The essence of the type of enquiry conducted by an action researcher is that it involves an investigation of some component or aspect of a social system. Such a system is composed of humans engaged in interaction, using gestures and language, resulting in the creation of impressions and the transmission of information. The quest for knowledge – to be conveyed as information – has its historical roots in metaphysics, which may be regarded as a quest for some form of immutable reality that exists behind the face of changing, transient, social entities. The physical sciences inherited this quest and established forms for the various fundamental, atomic components of our world. The social sciences in embracing action research are driven by the pursuit of meanings and interpretations which are socially constructed, thus forming the systems of belief and understanding that direct and enrich the lives of human beings.

For social systems some would argue that a postmodernist approach looks for knowledge within a social system, as opposed to the positivist approach which demands logical or scientific support for beliefs. They hold the view that action research does not subscribe to a positivist viewpoint concerning evidence and the conclusions inherent in a research exercise and would argue for a postmodernist attitude to epistemology (theory of

knowledge) – advocating questions and discussions within the research exercise – so that emerging beliefs, whilst not embedded in an immutable reality, are the product of a negotiated consensus that contributes to a future harmony of actions and elevations of the life course. The authors of this book would leave the reader to position themself within a view which they feel is compatible with their beliefs and convictions.

Making the researcher's philosophical stance known

When selecting and making a decision about what methodology to use, and to adopt while also reporting on findings, researchers will need to consider their ontological and epistemological stance. Whichever philosophical stance they take, it is important to declare this and understand the implications of doing so with regard to data collection and analysis. In order to do that we need to take closer look, in the next section, at what the different theoretical perspectives mean within the context of action research.

Ontological issues

The term 'ontology' is used to designate the theory of being. Its mandate is the development of strategies which can illuminate the components of people's *social reality* – about what exists, what it looks like, the units that make it up, and how these units interact with each other (Blaikie, 1993: 6). Within action research, researchers would consider this reality as socially constructed and not external and independent. The meaningful construction occurs through interpretations of researchers' experiences and communication. The stories they tell will be based on subjective accounts from the people who live within their environment. The methods of data collection they use will be consistent with their ontological stance. Action researchers must ideally make their theoretical stance clear at the start and also at the dissemination stage.

Epistemological issues

The term 'epistemology' is used to designate the theory of knowledge and it presents a view and justification for what can be regarded as knowledge – what can be known and the criteria that knowledge must satisfy in order to be called knowledge rather than beliefs (Blaikie, 1993: 7). For traditional researchers, knowledge is certain and can be discovered through scientific

means. For an action researcher, the nature of knowledge and what constitutes knowledge are different. The type of data collected is more subjective where the experience and insights are of a unique and personal nature (Burrell and Morgan, 1979). What people say and how we interpret what they do and say are important for an action researcher for knowledge creation. Again, in any reporting of their research and claims to knowledge generation, action researchers need to acknowledge their epistemological stance.

Further reading is also provided at the end of the chapter for those who wish to delve deeper into these issues.

Some practical examples of action research projects

In the following section, four examples of published action research projects will be presented. These projects, set within different contexts and locations, are included here for the explicit purpose of introducing readers to what has been reported previously as action research studies. These are presented here as summaries, while keeping them as close as possible to the original published papers in order to capture the contexts and situations in which they were located, as well as to attempt to present the viewpoints of the researchers in their own words. (We would, however, recommend reading the full version of each paper; full references for all these can be found in the reference section.) And while you may as yet be unfamiliar with the technical terminology used in the papers, these accounts should introduce you to the key concepts involved in action research.

Each project is presented in the same format; it starts with the background of the study, which is followed by the methods used, and then presents any outcomes. Each example concludes with the researchers' commentary on why they selected action research as their research approach.

While reading these examples, based on what has been reported by the researchers themselves, it would be useful to consider *whether and how* their experiences relate to the different models and definitions presented earlier in this chapter. These published examples (where researchers have stated that they have used an action research approach) are presented for the purpose of encouraging critical reflection; we hope the reader will examine each one critically and make an initial appraisal of whether and in what way they reflect the principles and features of action research.

Example 1.1   Development of an information source for patients and the public about general practice services: an action research study (Marshall et al., 2006)

Background

Publishing of information about the performance of healthcare providers is regarded as central to promoting greater accountability and empowering patients to exercise choice. Marshall et al. state that the aim of the study was to explore the information needs of patients in the context of UK Primary Care and to develop an information source about general practice services that was designed to be usable and useful to patients. This project was set against the background of a national call that highlighted a need to provide better and more accessible information about the performance of health-care providers, something that was considered essential if the health services were to become more orientated around the needs of patients and members of the public.

Methods

The study was conducted using an action research approach, making use of data gathering from formal and informal interviews, focus groups, participant observation, and a review of documents. The setting was the geographical areas covered by two Primary Care Trusts in the North of England and two Local Health Boards in South Wales. The participants included 103 members of the public, general practice staff from 19 practices, National Health Service (NHS) managers from four Primary Care organizations, and the research team.

The Primary Care Organizations (PCOs) were selected on the basis of their geographical proximity to the research bases, their willingness to participate in the projects, and their contrasting demographic and organizational characteristics. The research team worked with a senior member of the management team who 'championed' the project and recruited up to six volunteer practices. Each of the practices agreed to work with their patients, PCO managers, and the research team to develop and publish information about their services and performance. Patient participators were drawn from established practice-based patient participation groups, or from individuals who had responded to advertisements in the various practice waiting rooms. While these were volunteers they included representatives from both genders, all social classes, and adults from all age groups.

Data were collected using a multi-method process, which emphasized the iterations between defining the issues, developing solutions, and evaluating. In-depth interviews were carried out with PCO members, managers, and practice staff. Data were also gathered via focus group meetings (conducted with

patients registered with the practice and with practice staff), informal meetings with practice staff and PCO managers, and by participant observation of PCOs. Practice meetings (including patient participation/support groups meetings), backed up by fieldnotes, research dairies, and a review of relevant documentation – such as annual reports and minutes of meetings – also provided datasets.

Data (field notes, interview transcripts, reflective diaries, and documents) were analysed using a *constant comparative* approach. The research team identified emerging themes from participants' discussions that described the factors influencing the public's use of information and their information needs. Themes were explored and interpreted in an interactive way with the project participants and were then triangulated between the different stakeholder groups and sites. The findings were used in turn to guide the development of an information source for patients and the public about general practice services.

Overview of outcomes

The research team found that the public wanted to know more about the quality and range of general practice services, but the sources of information then current did not meet their needs. The public did not like league tables that compared the performance of various practices and only a small number of people wanted to use comparative information to choose between practices. They seemed to be more interested in the content and availability of services and the willingness of practices to improve than in each practice's absolute relative performance. They also wanted to be clear about the source of the information in order to be able to make personal judgements about its veracity. Information was most likely to be useful if it adhered to the basic principle of cognitive science in terms of its structure, content, and presentation format. Using these findings, paper and electronic prototype versions of a guide to general practice services were developed.

Researchers' comments on the use of the action research approach

The authors chose action research as an approach because it was felt to be compatible with the participation and developmental nature of the project and with their desire to empower service users and generate a tangible product. The nature of the complex processes and the role of the researchers as facilitators of change was felt to be compatible with an action research approach. The action research approach also enabled the research team to act as partners in the process, with all of the participants sharing views and contributing to the change processes, according to their knowledge and expertise.

Example 1.2   Valuing autonomy, struggling for an identity and a collective voice, and seeking role recognition: community mental health nurses' perception of their roles (White and Kudless, 2008)

Background

This study was carried out in a large, community-based, behavioural health system that was located in the south east United States and offered a wide range of programmes to provide a full continuum of care, including mental health, substance abuse, and mental retardation services. Programmes such as a Detoxification Unit, PACT (Programs for Assertive Community Treatment) Teams, and Group Homes employed 40 Community Mental Health Nurses (CMHNs). These CMHNs were educated to all levels and assumed different jobs. Nurses, with basic level education work on PACT teams utilizing a case management approach, managed medication clinics or worked as staff nurses in the Detoxification Unit. Those with a Master's preparation worked as Clinical Nurse Specialists or Nurse Practitioners. Clinical Nurse Specialists (called Senior Clinicians) worked alongside other senior clinicians, such as social workers and psychologists or interdisciplinary teams, providing intake evaluations, treatment, and consultations. In this system Nurse Practitioners functioned primarily as psychopharmacology prescribers and treated the complex co-morbid conditions of the consumers. Nurses felt they were 'chained to clerical work' and this left them frustrated at not being able to use their nursing skills directly on behalf of consumers. They expressed their frustration resulting from this situation.

Leaders of this community mental health system approached the problem of job frustration, moral issues, and the turnover concerns of their Community Mental Health Nurses (CMHNs) by designing a study using Participatory Action Research Methodology (PAR). The goal was to understand and resolve CMHNs' frustrations. A consultant researcher was hired to assist the nurses with outlining their concerns and problems and worked with them in giving 'voice' to their frustrations.

Methods

Critical theory was 'both a philosophy and science', according to the authors who used it as an organizing framework. Within the critical social theory framework, Habermas's (1984) philosophy was adopted. This involved a process of allowing all participants to present their claims as to what they held to be 'truth'. Participatory action research which built on Habermas's philosophy was used to approach the problems and concerns of the CMHNs.

Data collection involved using six focus groups and was followed by report writing and validation. The use of such groups was justified as an effective method by the researchers because they felt that interviewing individuals would be more time-consuming and that a diversity of opinion was important in addressing the problem (Munday, 2006).

Six focus groups were formed to address the nurses' concerns and their recommendations. Focus group participation was voluntary. Group sizes ranged from five to ten people and the duration of the meetings ranged from an hour and a half to two hours. Information was reported while ensuring anonymity and confidentiality were met.

Themes were developed from the focus groups to explain participants' overall concerns conceptualized as a process. A final action plan with implementation steps was drawn up and Task Forces were formed to implement this plan.

Overview of outcomes

Three conceptual outcomes emerged as key concerns for the nurses and formed an umbrella for their recommendations for change. These were: 'Struggling for an Identity and a Collective Voice', 'Valuing Autonomy' and 'Seeking Role Recognition'. The study resulted in a plan of action being developed by the participants to address their concerns.

Researchers' comments on the use of participatory action research

The researchers reported that this study, because of its focus group and PAR methods, empowered the nurses through its processes and that the nurse participants were 'invested in the action plan's outcomes'. Using the PAR framework made the implementation of the interventions and actions more effective. From the researchers' perspective, it was important to have CMHNs participate in a process that would elicit their concerns, a process that was specifically aimed at developing a consensus regarding the expressed concerns and, finally, to assist them in identifying any recommendations for change.

Example 1.3 Hospital mealtimes: action research for change? (Dickinson et al., 2005)

Background

This study was designed to address the problem of poor nutritional care within a hospital setting: specifically to improve the patients' experience of mealtimes. In order to implement patient-centred mealtimes for older patients by changing the focus from institutional convenience to one that focused on their requirements, an action research approach was used that focused on action and change. The project was carried out within a 26-bed unit providing care for older patients with complete discharge needs. Older patients were referred to the unit from throughout the acute NHS Trust, when the acute stage of the

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condition that had led to a hospital admission had been stabilised and treated but an immediate return home was not possible because of the resulting frailty and complex diagnosis that necessitated a change in living or care arrangements. Patients generally stayed on the unit for between two weeks and several months.

The aims of the project were to implement patient-focused mealtime practice for older patients within a hospital unit and to promote healthy ageing through improving mealtime care by working towards the implementation of a patient-focused and enabling culture.

The objectives were to work with staff (using an action research approach) to help them to describe and explore the mealtime environment then current on the unit, to explore with staff ways of focusing mealtimes towards the needs of the patients, and to help staff to make changes to the mealtime environment and their practice.

Methods

Qualitative methods were used, which included focus groups, interviews, observations, and benchmarking that utilized the 'Essence of Care' benchmarking tool (Department of Health, 2001). Focus group discussions were held at the beginning of the project, before the action research intervention began, in order to identify any difficulties with mealtimes and nutrition-related work on the unit and this was to be repeated at the end of the implementation phase. The focus group included members of staff working on the unit, together with representation from healthcare assistants, qualified nursing staff, and occupational therapy and physiotherapy staff. Photographs representing mealtimes on the unit were shown to participants as a stimulus to promote a discussion at the beginning of the focus group and the questions used in the groups highlighted various aspects of the mealtime experience. Three focus groups involving 19 staff were undertaken. Qualitative interviews were used to gather detailed in-depth information. The focus was on each individual's experiences and the interviewee was at the centre of this element of the enquiry. Interviews were used to assist with seeing mealtimes from a patient perspective and to explore patients' experiences and views of unit mealtimes. A sample of six patients were interviewed. Observations included the location for eating, the involvement and activity of nursing staff, and the timing and duration of the events; all of these were recorded onto an observational schedule. Data were analysed using interpretive, inductive approaches such as categories, themes, and patterns.

Overview of outcomes

The data fell into three main themes that each impacted on patients' experiences of mealtimes: institutional and organizational constraints, mealtime

care and nursing priorities, and the eating environment. When this paper was published, only two of the three phases of the project had been completed. The changes that had been made thus far included alterations to practice at mealtimes that prioritised mealtime care for all staff on the unit, such as making sure that nursing staff were actively involved and had rescheduled other work, e.g. giving out medication, in order to avoid mealtimes. The 'Malnutrition Universal Screening Tool' was also introduced in order to identify those patients at risk of malnutrition, and changes had been made to the physical environment to ensure it was more conducive to mealtimes, including improving the ambience of the dining room by purchasing new crockery and tablecloths, etc.

Researchers' comments on the use of the action research approach

An action research approach was selected by the researchers, as it aims to generate knowledge about social systems as well as attempting to change these (Hart and Bond, 1995). The researchers maintained that by using action research, they were able to improve the mealtime care of patients. They also suggested that the action research approach worked as a vehicle to enable practitioners and researchers to collaborate in their efforts to improve the real world of practice, including the clinical situation and the outcome for patients.

Example 1.4   Time off the ward: an action research approach to reducing nursing time spent accompanying children to X-ray (Beringer and Julier, 2009)

Background

Accompanying children off the ward for radiological and other investigations is a routine part of everyday practice. The medical staff in the location of the project recognized that while such investigations played an important part in childcare, they also found that delays in the process could mean that the child, the family, and the nurse were absent from the ward for longer than was necessary. The aim of the project was to reduce the amount of time nurses spent accompanying children to the X-ray department for radiological investigations. The objectives were to clarify and improve the process of accompanying a child to X-ray and to promote the development of a positive professional relationship with collegues in the X-ray department.

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Methods

An action research approach, based on the cycle of identifying an issue, collecting base-line measures, implementing change, and re-measuring (based on Lewin, 1946) was adopted.

The project was led by a nurse researcher (AB) from the local university, who was funded by the hospital to facilitate a programme of action research projects throughout the Trust. Project meetings started in November 2006 and ran through to March 2008. A total of ten meetings were held. These took place on the ward and at the university.

An audit was carried out to measure the amount of time spent off the ward by nurses accompanying the children over a period of one month. The audit sheet containing such information as the day and time of the event, the grade of staff, their destination, and the duration of absence was completed by staff each time they left the ward. The results were entered into Excel spreadsheets which were then used to analyse the information that had been collected. The analysis was used to highlight the scale of the issue to colleagues and to persuade them that it needed to be addressed. As part of the base-line information gathering the researchers undertook a mapping exercise, using *Post-it* notes to represent all the stages in getting a child to X-ray and to identify the staff involved in each. Using the process map and identifying the staff involved helped the team to recognize that many stages within the process depended on effective communication between the ward and the X-ray department.

Overview of outcomes

An action plan was introduced which included three main measures: to introduce the practice of ward staff telephoning the X-ray department before each visit; to nominate a link nurse to be a professional representative and conduit for communication; to extend the ward orientation programme for new staff members and students so it would include a visit to the X-ray department. These measures were introduced before a second audit was carried out.

The second audit showed that the proportion of time nurses were spending off ward in X-ray had halved since the first audit – from 24 per cent down to 12 per cent. The actual number of hours off the ward had reduced from 52 to 32. It was also found that the key day when most time was spent off the ward had changed from Tuesday to Wednesday. This was useful when preparing the off-duty rota as it enabled the team to anticipate when more staff would be needed. A link nurse from the ward was then identified who made contact with a radiographer from the X-ray department.

Researchers' comments on the use of the action research approach

The facilitated action research approach gave structure and direction to the improvement of this routine aspect of ward practice which provided the team

with an opportunity to learn new skills while on the project that they felt could be applied to other situations. Examples of some of these new skills included collecting and processing information and finding the best way to engage with colleagues in different departments to bring about changes to practice, as well as how to make a funding application to support attendance at a conference.

Many of the salient features of action research have been exemplified through these four examples presented above. The context of all the enquiries − healthcare − varies each time. Yet it is evident that for the action researchers involved the ultimate objective of the research enquiry was the production of greater understanding of the selected groups within the system in order to produce practical principles and strategies for the improvement of that system. A possible common denominator for all four action research enquiries was that the population of participants who worked within this healthcare context system were engaged in a collaboration designed to benefit all those involved.

The life courses of participants in the research process seem to have been enhanced. That enhancement may be explained with reference to two elements: a greater understanding of the role of participants in the system founded on more detailed and profound knowledge and a greater understanding of self, due to informed and negotiated meanings of activities shared with others and a developed capacity for construction and analysis.

Summary

In this chapter we have tried to give the reader an overview of what is entailed in carrying out action research and the purposes of carrying out action research projects. The presentation of models and definitions of action research can only give a hint of the flavour of the experience – to digest the nature of action research fully you need to be an active participant. Expert views, from those who have contributed to the development and a more widespread acceptance of action research, were indicated and their names and publications were cited as landmarks in the progress of the methodology. A salient feature of action research is its cyclical structure and this was highlighted by the diagrammatic forms. Different readers will, indeed, react to each diagram differently and use them as they see fit within their own action plans. The key characteristics of the action research approach were explored. Some theoretical underpinnings, associated with action research, were briefly presented. Four examples of previously published action research projects were provided to enable the reader to become acquainted with the various processes and stages prior to experiencing them personally.

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