Promoting action research in healthcare settings

To coincide with the first annual Action Research conference taking place in London this week, this article promotes the idea of using action research for health care exploration and change. It also introduces the work of the Healthcare Subgroup of the Collaborative Action Research Network, the group’s aims and how practitioners can make contact and be involved with the development. The article also describes the outcomes of a research study that underpin the philosophy, process and potential benefits of the network as a means to promote practice development and change in client care.

Date of acceptance: May 1 1997.

Ralph Nichols PhD, MPhil, RMN, RGN, NEBSS Dip, is Nurse Practitioner/Associate Fellow RCN Mental Health Programme, Dementia Care Services, Shackleton, Isle of Wight; Julienne Meyer PhD, MSc, BSc, Cert Ed (FE), RGN, RNT, is Reader in Adult Nursing, St Bartholomew's School of Nursing and Midwifery, City University, London; Lyn Batehup MSc, BSc, RGN, is Doctoral Student, Department of Nursing Studies, King's College, London; and Heather Waterman PhD, BSc, RGN, OND, DipN, is Lecturer, School of Nursing, Midwifery and Health Visiting, University of Manchester.

KEY WORDS

- RESEARCH METHODOLOGY
- PROFESSIONAL DEVELOPMENT
- COMMUNICATION

These key words are based upon work undertaken by the RCN Library.

ACTION RESEARCH has been a recognised research methodology for 50 years (Lewin 1946) and has been used in a variety of disciplines (Kingsley 1985, Rapoport 1970). It is being used increasingly in healthcare settings (East and Robinson 1994).

The action research approach involves the researcher working closely with practitioners to monitor systematically the issues and problems related to changing practice (Elliot 1991). The aim is to improve...
professional practice and standards of service provision. Action research attempts to bridge the gap between theory, research and practice (Holter and Schwarz-Barcott 1993) and, given the current climate of constant change, offers an extremely useful approach to research in healthcare and social care settings (Hart and Bond 1995). In addition, the approach provides a focus and framework for practitioners to demonstrate and account for how they act as researchers, strengthening the practitioner-researcher movement and the utilisation of research to underpin practice.

The importance of using research to rationalise practice as well as development initiatives that allow change in client care, has been emphasised. Recent initiatives laying emphasis on clinicians and managers becoming more research minded (Culyer 1994, Peckham 1991) are likely to lead to a demand not only for published studies, but also explanations of methodological developments and the practicalities associated with the utilisation and impact of action research in health care on a day-to-day basis.

The need to relate nursing research to what is happening in practice and to ensure nurses have the education, training and support to undertake research were among the stated aims considered by the Department of Health (1993a). In addition, target nine in A Strategy for Nursing (DoH 1993b) stipulates that nurses should identify three areas of practice that have been changed by research findings.

Approaches to action research place emphasis on the full integration of action and reflection and on collaboration between those involved in the enquiry process. It addresses directly the problem of the persistent failure of research in the social sciences to make a difference in terms of bringing about actual improvements in practice. It does so by rejecting the concept of a two-stage process in which research is carried out first by researchers and then applied by practitioners. Instead, the two processes of research and action are integrated because the findings of action research are fed back directly into practice with the aim of bringing about change.

HEALTH CARE ACTION RESEARCH NETWORK
The Healthcare Subgroup was set up over ten years ago by healthcare professionals associated with the Collaborative Action Research Network (CARN). This group comprised a small number of action researchers struggling with action research methodologies before the availability of appropriate literature. Bridget Somekh, then co-ordinator of CARN, co-ordinated the early meetings and worked hard to develop the group effectively. Since then the network has been co-ordinated on a co-operative basis by its members.

The philosophy of the network was to provide a venue for support and a means to demonstrate the impact and value of action research in health care. Involvement with the group has increased as the network has evolved. The aims of the subgroup have not altered and continue as a basis for development. The network continues to promote a community of enquiry and practice involving practitioners, managers, educators and researchers who conduct research and seek a better understanding of action research to enable debate about its potential benefits and the development of ideas.

The promotion of the network relates to the Department of Health strategy documents. There is much in the literature about the need for support but little regarding pathways to enable such strategies to be
implemented. To address the need for support and collaboration, the Healthcare Subgroup aims to stimulate interest in research-based practice by:

- Making research accessible to practitioners and researchers alike
- Relating action research to quality initiatives in healthcare practice
- Exploring the link between action research and current local and national policies
- Linking action research to contemporary theories of change
- Exploring theoretical/methodological issues related to action research
- Illustrating the usefulness of action research in developing knowledge and practice
- Analysing the common problems and issues in changing healthcare practice
- Proposing future strategies for improving practice through interprofessional work.

Networks are generally set up in order to promote communication and the dissemination of ideas, but the benefits of networking have not been explored in depth.

RESEARCH-BASED PRACTICE
To develop a research base for the promotion of the network, a study was conducted based on the philosophy and the processes of networking (Nichols 1995a, 1995b). The aim of this research was to establish the benefits of collaboration and the impact this has on the care provided for clients as well as provide a rationale for further development and continuation of the network.

A COLLABORATIVE INQUIRY GROUP
To provide a focus for the research a collaborative inquiry group was set up involving practitioners in mental health care, some of whom were members of the Healthcare Subgroup.

The processes of setting up a collaborative inquiry group would provide an example of research driven by practice, albeit practice based on practitioner-practitioner communication and collaboration about research to improve client care.

The setting up of the group and what it was expected to achieve was discussed with the head of department responsible for pre- and post-registration education for mental health nurses.

Twelve practitioners were invited to join the group on a voluntary basis. A letter was sent explaining the purpose of the group and that the aim was to use action research to explore nursing practice and empowerment. The group met three times each week over 12 months. The group members were all known to the researcher for their interest in nursing practice development. Some of the group had previously been involved with initiatives associated with practice development and educational audit.

Personal contact and networking before and during the collaborative inquiry helped to provide a climate of acceptance and a message that
each participant had something unique to offer the development of nursing.

After the second meeting, the group gave permission for meetings to be tape-recorded. The group were informed that this allowed the researcher to listen to their comments about networking and empowerment in greater detail. One-to-one interviews with each member of the group were also recorded. The term 'interview' is used to describe what was in practice a relaxed, non-directed conversation between two people.

The study addressed the difficult question of research utilisation in practice as well as the development of research from practical situations and the ideas and experiences of practitioners.

ANALYSIS OF TAPE RECORDINGS

The analysis of the data was focused specifically on a framework suggested by Stenhouse (1980). He argued that documentary evidence pertaining to study may exist in several forms. A researcher may present ongoing evidence of the study data, stored as the archives of the case. The researcher's critical analysis of the practice, which produced these archives, is a summary of the main themes of the practice, constituting case records. Finally, an even more detailed summing up of these records, which Stenhouse described as the case report, provides suggestions about how different forms of practice could be better utilised.

The analysis of conversation established not only principles that underpinned the potential benefits of the Healthcare Subgroup but also the criteria for evaluating its impact on care and the practice of nurses.

The final analysis suggested that:

- Practitioners learn more and want to provide good and better care when supportive structures are set up to challenge practice, set and evaluate policy, and reward achievement
- Nurses are motivated to continue exploring their practice when prompted to share their learning and awareness
- An organisation's leaders need to encourage explicitly the development of human relationships as a means of development and change
- When practitioners explore personal practice and collaborate with others they are able to identify theory from practice
- Providing a supportive structure to encourage discussion and dialogue is a valuable research and quality assurance method
- Supportive structures are needed to demonstrate an organisation's commitment to promoting and upholding a culture of exploration and learning
- The value given to accounts of practice are judged by the quality of action and change that takes place
- Accepting knowledge which evolves from action and reflection on action is empowering
- Accounts of practice demonstrate the influence of empowered practice.

Using the outcomes of research to explain and underpin the further development of the Healthcare Subgroup illustrates that, unlike traditional research, the validity of action research does not depend on...
measuring the extent and frequency of phenomena over time in order to justify precise — and therefore narrowly defined — statements about cause and effect. It illustrates that action research is concerned with exploring the multiple determinants of actions, interactions and interpersonal relationships.

**DISCUSSION**

The principles of the Healthcare Subgroup are particularly important as 'top-down' approaches to change, that do not utilise the experience of practitioners, do not encourage effective client-centred innovation in nursing. Examples of top-down change include the implementation of the nursing process in the 1980s, the uptake of supervised practice and the development of primary nursing. One quote (Box 1), taken from the tape-recorded discussions, illustrates one practitioner's feelings about collaboration, empowerment and networking and what he considers the outcomes have been for his practice.

The energy required to enable practitioners to work together as a collaborative network is overlooked. It is seemingly easier for clinical leaders to espouse outcomes from imposed change often because the demand for results in the NHS has become the hallmark of an effective service.

Providing a focus for networking and collaboration requires sustained commitment and motivation from researchers and practitioners who take on the demands of clinical leadership. This does not mean leadership in the sense of positional power, rather it is about people being empowered and wanting to account for and improve what they do. It is about contacting and communicating with others; involvement with a network offers support in this process.

Other questions must be considered when networking and formulating collaborative groups; much will depend on the organisation within which practitioners work and the political and personal aspirations of local managers and other influential practitioners. Networking as a form of practitioner empowerment may not be valued in more controlling organisations.

Two quotes (Box 2) draw together some of the crucial issues raised in this discussion and offer examples of how practitioners understand the benefits and constraints of action research. They also show how this understanding may assist with the further use of the approach as a means of exploring and accounting for client-centred outcomes.

**CONCLUSION**

There are many other issues in healthcare action research, such as research utilisation in health care, sustaining change and the nature and promotion of organisational commitment, that could provide the basis for individual research studies. However, networking as a collaborative initiative and a means to provide effective support is a move towards making these issues explicit. In short, the nature of action research and the network to support it means that action can be taken to improve such problems in the clinical situation.

This research was funded by The Smith and Nephew Foundation

The Healthcare Subgroup of the Collaborative Action Research Network has over 50 members and meets twice a year at various venues around
the country. The first annual Action Research Healthcare Conference is taking place this week in London. If your work and ideas could be further developed by the use of action research and collaboration with other practitioners and researchers, please contact Ralph Nichols, Isle of Wight Mental Health Services for Elderly People, 57 Pellhurst Road, Ryde, Isle of Wight PO33 3DG.