2

Action Research as a Strategy for Implementing Change

Introduction

In a robust attack on traditional research approaches Greenwood states:

> People do two things: they make observations … and they perform actions. The most important difference between making observations and performing actions is the intention with which they are done … in making observations the intention is to discover what is the case, i.e. it is *theoretical* … In performing actions, however, the intention is to bring about change, i.e. it is *practical*. (Greenwood, 1984: 79–80)

Greenwood asserts that since healthcare is a practical discipline and a social phenomenon that refers to people, their behaviour and interactions, and to groups and institutions and their interrelationships, then action research is a more appropriate research strategy. Practice, she argues, is specific and local, full of concrete content but inherently dynamic. Discussing change in healthcare management generally and organizational development in particular, Bate (2000: 480) claims that action research has been 'inseparable' from change management and specifically it is useful in relation to 'learning' or 'knowledge-creating' organizations (see Chapter 8). Thomas et al. (2005) develop this by maintaining that there is now a growing recognition that models developed from learning organizations and action research are effective in managing change in healthcare.

This chapter discusses action research as a method of implementing change and:

- contrasts its philosophy with traditional research;
- outlines its historical roots;
- sets out its methods and potential weaknesses.

Traditional research

The clinical practice of medicine and other health related occupations is based on universal knowledge created through the 'modernist' tenets of the rational scientific approach. Practice is based on the assumption that in the real world there are patterns, causes and consequences that are natural, regular and enduring and, hence, predicable. Hodgkin (1996) claims that two 'modernist' beliefs form the basis of clinical trials and most medical practice: first, the enduring belief that there is one truth 'out there' which can be known, understood and controlled by those who are rational and competent; and, secondly that there exists the potential to achieve objective understanding of reality which is true for all times and places. As Chalmers observes:

> Science is to be based on what we see, hear, and touch rather than on personal opinions or speculative imaginings. If observation of the world is carried out in a careful, unprejudiced way then the facts established in this way will constitute a secure, objective basis for science. (Chalmers, 1999: 1)

Principles of positivism are based on a belief in objective reality: knowledge gained from empirical data, isolated from its context, validated by independent observers yielding phenomena which can be subjected to empirical testing. Alderson (1998) maintains that medicine is based on its use of reliable, hard data with emphasis on diagnoses and treatments and assumes that these are universally constant, replicable facts.

Outcomes of positivist science are claimed to be context free, value-neutral, validated by logic and measurement, have the consistency of prediction and control and carried out by researchers who are detached from their subjects (Alderson, 1998; O'Brien, 1998 Coughlan and Coghlan, 2002), thus, evidence-based medical practice, and the gold standard of clinical trials, promise certainty (Hodgkin, 1996). As May (2001: 10) concludes, 'the results of research using this method of investigation are then said to be "true", precise and wide-ranging "laws" of human nature'.

Doctrines of modernity

Berge (2001) claims that believing in scientific rationality and secularization was inspirational in ushering in the epoch of modernity as a protest against the traditions of folk and religious beliefs from earlier centuries. Howe (1994) identifies *pre-modern* Europe as seeing the world as pre-ordained, managed and controlled by God through his divine order. Truth was to be revealed by God and uncritically accepted by humankind through his Word. Knowledge was transmitted through narratives – story telling – which reinforced social conventions and, through the power of the storyteller, controlled and promoted social unity (Seidman, 1994).

In contrast, *modernity* arose within a distinct set of intellectual, historical and social circumstances in Western Europe. These developments include the scientific revolution

in the sixteenth and seventeenth centuries and the Enlightenment Project and Industrial Revolution in the eighteenth century.

The emergence of science coincided with a decline in religious belief. It offered the opportunity for alternative explanations of the world and enabled people to discover, examine, understand and control it. Discoveries in physics, astronomy and biology challenged the previous traditional religious authority which was dismissed as ignorance, superstition and a sign of an inferior civilization (Seidman, 1994). The creation of scientific measurement and instrumentation allowed increasingly detailed examination of nature to uncover 'objective' truth – the telescope to observe stars and the microscope (the symbol of positivist objective examination, Alderson, 1998: 1007) to study cells. Thus began the move towards considering the world and the body as machines independent of an all-powerful deity (Howe, 1994).

The Enlightenment focused on the importance of social structures and laws leading to the dominance of the concepts of justice, liberty, individualism and human rights and a belief in the pre-eminence of human progress. Knowledge began to be classified into distinct bodies such as psychology and biology. The development of medicine was itself an Enlightenment project, designed to free people from the burden of illness and disease (Dent, 1995).

As Charlton (1993: 497) claimed 'Modernity is a world in a state of progress towards the goal of enlightenment – objective progress through the application of rationality'. Modernism therefore rejected religious thought as the basis of truth and replaced it with rationality, reason and science. As Howe observes, it was Reason which lead to truth, not Revelation:

> Moderns detach themselves from the Universe in order to examine it, probe it, penetrate it, fathom it, see of what it is made, understand how it works, explain it, control it, use it, and exploit it … [They] proceed by *rationally* investigating objects and events in terms of their internal properties, their essential character, nature's universal laws. (Howe, 1994: 514)

The consequence of modernism resulted in the development of so-called meta-narratives such as 'science' (described by Lyotard (1984) as *métarécits*) that competed with and challenged pre-modern religious narratives such as Christianity and Buddhism. O'Mathúna explains that a meta-(grand) narrative transcends time and place and seeks to explain the world from its own particular perspective while attempting to justify its existence: 'Adherents to one meta-narrative believe theirs is the true one, and all the other meta-narratives are wrong. They will try to convince others, using reason, magic, or war, or whatever methods their meta-narrative values' (O'Mathúna, 2004: 4).

The scientific meta-narrative justifies its position through the application of its methods – positivism – generally accepted as involving quantitative measurement, hypothesis testing and causal analysis (Hammersley, 2004). Morrison and Lilford (2001: 437) describe modernism's method as a continually improving and progressive world through rationality and application of the scientific method:

1 description of what can be observed and an assessment of its patterns.
2 formulation of an overall theory.

3 formulation of testable hypotheses.
4 collection of evidence, under specific and repeatable conditions, leading to the falsification or support of the hypotheses.
5 examination and proposal of the theoretical and practical implications of the evidence.

Since medicine fully embraces the modernist/scientific approach and is 'modernity in action' it now finds itself in an 'anomalous position … an island of rationalistic modernity floating in a shifting sea of subjective post-modernity' (Charlton, 1993: 497).

In a similar vein, Rolfe (2006) claims that modernism remains 'undoubtedly the dominant paradigm in nursing at the present time' and that, in healthcare generally, the modernist stance can be seen in the evidence-based medicine movement and the trend towards the randomized clinical trial (RCT) as the highest form of evidence (Rolfe, 2001).

In an analysis of four doctrines of modernity, Walker (2005) suggests that they demand serious consideration of their current relevance to, and impact on, nursing science.

Logocentricity – where the naming of an idea or phenomenon has the effect of reifying or bringing it into existence. This can be seen in the practice of diagnosing and labelling a set of phenomena thereby creating a pre-determined cognitive journey. Its aim is a quest for an authoritative language revealing truth and moral rightness (Seidman, 1994).

Binary logic – where power influences can be applied to situations, decisions or data where 'either/or' can imply 'right or wrong' and particular outcomes can be enforced. Cartesian dualism is an example that promotes one area (the body) over another (the mind). Seidman (1994) adds further binary oppositions as masculine/feminine, nature/culture and cause/effect. He argues that these oppositions lie at the core of Western culture yet do not represent equal values – the first is considered superior, the second, as undesirable and subordinate. Alderson (1998) suggests that modern medicine itself has blurred the edges of such concepts as life and death rendering treatment decisions more complex. In his case against modernism, Walker (2005) argues that 'both/and' promotes inclusiveness compared to 'either/or'.

Privileged voice – where a dominant order, formed through a masculine, Eurocentric history built on establishments such as the Church, medicine and law oppresses and marginalizes weaker groups such as the poor, disabled, older people and other minority categories. Walker (2005) claims this motif has failed and opportunities should be found through research to give voice to marginalized groups in healthcare.

Individualism – where classical liberal theory promotes personal freedom, autonomy and self-determination as a right. This ensures that the locus of decisional control rests within the individual and that personal rights are paramount to and privileged over social obligations. In contrast to this motif, Walker suggests a refocus on human relationships which allows expressions of individualism within groups and communities (Walker, 2005).

Spitzer (1998) argues that the 'modern' project, based on the Newtonian machine paradigm for the last 300 years, is incapable of producing the right configuration for

understanding and managing complexity in the modern world (Plsek and Greenhalgh, 2001). As Howe (1994: 530) concludes 'modernity expects knowledge to be consistent and coherent, cumulative and progressive, integrated and unidirectional'.

Post-modernism

In contrast to modernism, post-modernism posits that truth is not 'out there' waiting to be discovered – there are no transcendent criteria of truth (Howe, 1994), no meta-narratives of progress, no centres of authority, no universal systems of beliefs (Lyotard, 1984), no overarching frameworks to steer by (Hodgkin, 1996). Certainty is replaced by scepticism around what counts as knowledge and who determines validity (Alderson, 1998).

Truth is 'decentred and localised so that many truths are recognized in different times and different places' (Howe, 1994: 520); reality is constructed by people through their language. Truth need not be based on any particular belief system but on an agreed basis within a society or group at a particular time (Raithatha, 1997). Truth is 'not based on reality but on the status of those who are charged with saying what counts as true' (Foucault, 1980: 113). In abandoning absolute standards, post-modern science favours local, contextual and pragmatic strategies (Seidman, 1994). In place of the *métarécits*, post-modernism promotes the *petit récit*, the small narratives from lived lives, which are individual, subjective, diverse, complex and unique (Lyotard, 1984).

Doctrines of post-modernity

Howe (1994) claims that certain aspects, or 'influences', of post-modernity can be recognized in contemporary social work (and by extrapolation, healthcare) theory and practice. These contrast significantly with 'doctrines of modernity' and have noticeable similarities with the philosophy underpinning action research.

Pluralism – this recognizes difference, multiplicity, diversity, the loss of belief in universal explanations of the world. It sees the world as unstable and unpredictable; knowledge is tentative and incomplete and therefore there exist many truths of equal validity. Furthermore, if there are no universal truths then 'differences' should not only be tolerated but celebrated as a reflection of the 'non-consensual' nature of the social world. No group has a monopoly on the truth or control over what is valued, nor should any group define the experience of another – what is 'natural' in one area maybe 'un-natural' in another (Howe, 1994).

Participation – this demonstrates the development of relevance and meaning. If there are no 'privileged perspectives' or 'absolute authorities' (which are modernist constructs), then truths are working and relative; practical judgements are formulated through the full participation of all those involved in decisions. Meaning is developed in the context

in which people find themselves and in collaboration with others; as meaning develops *in situ*, so this legitimizes actions.

Power – Howe (1994) argues that post-modern analyses no longer accept that the knowledge base of social workers is determined by the nature of the diagnosed condition – rather it is mediated through local and situational access to professional and specialist knowledge and skill; as all-encompassing theories of society and history (meta-narratives) are undermined, they become less certain, less reliable and therefore lose their power. As Lyotard explains (1984: xxiv) 'I define postmodern as incredulity toward meta-narratives'.

Many observers argue that post-modernism is a highly contested construct and should not be simplified to the extent that it is regarded as a complete relaxation of the rules and methods of science (Rolfe, 2006). Others reject its relevance entirely (Kermode and Brown, 1996).

In his analysis of its contested state, Rolfe makes a distinction between those who adopt an extreme relativist position, where there is no reality 'out there', but claim reality is constructed separately by each individual, and that truth is 'subjective, multiple and fractured' (Rolfe, 2006: 9). These, he calls 'judgemental relativists'. Alternatively, those who adopt a more questioning stance towards taken-for-granted assumptions about truth and its origins he classifies as 'post-modern ironists'. Rolfe claims that 'post-modern ironists' would argue that the idea of a scientific and single 'gold standard' for judging truth makes no sense:

> How is it, for example, that the RCT is taken as the 'gold standard' for healthcare research rather than, say, the phenomenological interview, the ethnographic participant observation, or even the introspective reflection of the healthcare practitioner? The modernists would claim that the RCT provides better or more accurate information on which to base healthcare decisions, whereas the post-modernists would point out that, in a decentred universe, there are no absolute standards against which to measure those claims … the post-modernists point out that there are no good reasons why we *should* judge research methods against the modernist scientific criteria of the RCT. (Rolfe, 2001: 41)

Post-modernists therefore propose that the absolutism of modernism is no longer an acceptable or appropriate way of understanding the world (Brown and Jones, 2001). To summarize: in the pre-modern age truth was found through God and his word; from the pre-modern to the modern, God was replaced by the scientific instrument and what it revealed; from the modern to the post-modern, the instrument is replaced by the individual and what she or he thinks and feels.

Action research

Action research can claim to share many 'post-modern' aspects in its underpinning principles since its methods go beyond the confines of the scientific paradigm (Rolfe, 1996). Hart and

Bond (1995: 21) claim that modern day action researchers 'do not seek to find universal laws of human behaviour through which behaviour can be measured' rather they emphasize awareness raising, empowerment, collaborative working and for practitioners themselves to become action researchers. It operates from a specific value objective to promote democracy and emancipation, recognizing that there is unequal distribution of power and resources in the world (Brown and Jones, 2001). Berge (2001: 281) claims that in the historical era of 'later modernism' action research 'could be a useful method to enhance social justice in local contexts'.

Criticism has been levelled at the 'theory–practice' gap in clinical practice where research results do not always fit the uniqueness of many practice situations in healthcare (Meyer, 2000). Action research, on the other hand, has arisen amid growing criticism of positivism, in particular its applicability to the context in which care is being delivered and its ability to understand the complexities and subtleties of caring for human health and illness (Morrison and Lilford, 2001; Plsek and Greenhalgh, 2001).

Quoss et al. (2000: 51) describe action research as a 'post-modern mode of inquiry' and Grbich (1999: 211) describes a type of 'post-modern action research' which deemphasizes the search for truth and in contrast looks for ways knowledge is produced, which groups exert power and who benefits. Hence, inherent power structures within and between groups and organizations can be examined and identified in order to restructure and transform them. Order, hierarchy and rationality are rejected in favour of flexibility (see Chapter 3).

The primary purpose of action-based research is to bring about change in specific situations, in local systems and real-world environments with aims to solve real problems. As such it is context-bound, those within the locality participate and collaborate demonstrating major differences with traditional research. Box 2.1 illustrates action research's philosophy of involvement and improvement at the local level.

Box 2.1 Overview

Leighton (2005) reports on a study concerning a 12- and a 6-bedded mental health rehabilitation unit in the UK designed to assist institutionalized patients to normalize within society using a modified therapeutic community approach. However, problems were encountered affecting success – these included inappropriate admissions, lack of suitable placements, user over-dependence and sick-role activity, and financial restrictions leading to 'bed-blocking'. The smaller unit was closed leaving the 12-bedded unit directionless and isolated from the mental health services, running at 60 per cent capacity and closed to student placements.

Exploratory and planning phase

Service users, relatives and unit staff undertook a review and audit of mental health rehabilitation services in the area. A staff focus group was held to identify historical problems and group experience of the unit and a literature review undertaken. Data

generated were measured against government and Trust policies. This revealed the unit had suffered from: inconsistent management; erratic funding; inappropriate admissions requiring specialist input; non-rehabilitative care; creation of over-dependence of users; staff suffering low morale; poorly defined rehabilitative pathways from admission to discharge; and lack of facilities for users with combined clinical and social needs.

Decision and action phase

A steering group was created. Managers, staff and users agreed a range of problem-solving goals with the aim of re-establishing social involvement based on the principles of 'community':

Their goal was to establish new unit aims based on the 'recovery' model and incorporating:

1 appropriate referrals – governed by age limits, mental state, and motivation;
2 contracts based on the Care Programme Approach;
3 genuine rehabilitative therapies;
4 minimization of user over-dependence;
5 staff involved in meaningful rehabilitation tasks to raise morale;
6 unit Integration with its locality.

Second observation/reflection phase

The new system was to be evaluated every 6 months via staff questionnaires, focus groups, audits and user assessments, including:

- staff self-reports – measuring the effectiveness of the new configuration and wider; interface with the rehabilitation system;
- service users – focusing on admission, assessment improvements; and success in onward placements.

Summary

The self-determination qualities of the action research process assisted in breaking the institutionalized deadlock and breathed new life into the old system. As in many management projects some people became more involved than others and some showed indifference.

Since new knowledge is created or expanded to solve specific problems, action research also develops theory. The 'theory generating' aspect of action research characterizes it as research and significantly differentiates it from other change management approaches (Sandars and Waterman, 2005).

These aspects of action research ensure its suitability in many other professional human and practice-based areas such as education (Elliott, 1991), leadership (Williamson, 2005), management (Eden and Huxham, 1996; Coughlan and Coghlan, 2002), occupational

therapy (Taylor et al., 2004), primary care (Nichols, 1997), sport (Frisby et al., 2005), and in wider health related settings generally (Meyer, 2000). Action researchers achieve change through planning interventions, by working with people to help influence their environment, or by providing sufficient information to enable them to take responsibility for making changes. Through this, it actively promotes organizational learning (see Chapter 8).

Eden and Huxham (1996) raise cautions arguing that action research is an 'imprecise, uncertain and sometimes unstable activity' when compared with many other research approaches. Greenwood (1984), however, justifies its appropriateness since it is:

- situational: it is concerned with diagnosing a problem in a specific context and attempting to solve it in that context.
- collaborative and participatory: its partnership approach ensures that researchers negotiate their plans and interpretations of the situation with other involved individuals.
- evaluative: its cyclical nature means that modifications and changes are continually monitored within the situation making it flexible and adaptable. This reflects practice that is dynamic.

Action research may therefore accord with Hodgkin's (1996: 1568) comments regarding definitions of 'truth' from a post-modern view. He claims that to the post-modern eye truth is not 'out there' waiting to be revealed but is something which is 'constructed by people, always provisional and contingent on context and power'.

Action research defined

Definitions of action research are varied and there is little agreement (Dickens and Watkins, 1999). Livesey and Challender (2002) state that the literature is too diverse to present a cohesive view, however Hart identifies the main concepts: '[Action research] is problem-focussed, context specific, participative, involves a change intervention geared to improvement and a process based on a continuous interaction between research, action, reflection and evaluation' (1996: 454).

It is evident from the above that action research differs from traditional research outlined earlier. It attempts to bridge the gap between theory, practice and research and between researchers and practitioners. Dickens and Watkins (1999) outline other differences:

- Traditional research is reductionist in its treatment of human phenomena. Action research works holistically in naturally occurring settings.
- Traditional science assumes substantial knowledge about hypothetical relationships. Action researchers may begin with limited knowledge of the specific situation, requiring work with others to observe, reflect, clarify and change the situation.
- Traditional research collects data and culminates at the point of discovery. Action research collects data expressly to guide future plans.

Bellows (cited Zaner, 1968) distinguishes *static* research and *action* research. He designates the former as 'elemental' or 'analytical' and the latter as 'dynamic'. In action research a 'whole solution is sought for a real problem in a living situation which is commonly complex in nature' (Zaner, 1968: 29).

While Hammersley (2004: 174) maintains that much inquiry does indeed arise in the context of a problem and is concerned with resolving that problem, he asks if action research is a form of research or a form of action. He notes that given its 'context-specific' hierarchy and its primary focus to bring about change in practice rather than produce knowledge, calling it 'inquiry-subordinated-to-another-activity,' he cautions that in practice this can generate contradictions.

Historical roots

Grbich (1999) claims that action research was first used around 1900 by a doctor using group participation and co-researcher methods with prostitutes in a community setting in Vienna. Modern action research developed from the progressive and democratic ideas of Kurt Lewin (1890–1947) as a form of 'rational social management'. His seminal paper in 1946 was a response to a plea to improve inter-group relations in communities in Cleveland, Ohio. He cited his earlier work in Connecticut as being 'action research – research which will help the practitioner' (Lewin, 1946: 34), since it was a way of 'generating knowledge about a social system while, at the same time, attempting to change it' (Elden and Chisholm, 1993: 121). Hart and Bond explain that as Professor of Child Psychology at Iowa University Lewin acted as a consultant to the Harwood factory in Virginia (see Chapter 9) to assess the effect of worker participation on productivity. Workers had grievances about piece rates, turnover, low productivity and output restrictions and expressed aggression towards management. Managers wanted to know why change was resisted so strongly and why, following changes, workers were aggressive, output decreased, and absenteeism and staff turnover increased:

> A theory of frustration was developed based on [Lewin's] field theory and his equilibrium theory of change which hypothesised that frustration arose from a conflict between two opposing forces, the driving force corresponding to the goal of reaching the standard rate for the job, and the resisting force corresponding to the difficulty of the job. (Hart and Bond, 1995: 18)

The experiment to solve these problems at the factory created three work groups; one did not participate in the changes, another participated through representatives and a third participated fully in all aspects and took part in discussion with managers. The results showed that the non-participating groups suffered a fall in production and morale, whereas the fully participating group worked effectively and improved its productivity. Lewin concluded that democratic participation was preferable in solving work-group problems to the 'coercion' commonly associated with scientific management (see Chapter 4) (Hart and Bond, 1995).

The 'scientific' debate

Action research therefore developed in opposition to quantitative research and its claims of 'objectivity', reliance on observation and measurement, and tight control over the field of study.

O'Brien (1998) argues that what separates action research from general professional practice, consulting, or daily problem-solving is its emphasis on scientific study. This means that the researcher (or facilitator) manages the problem systematically and ensures that interventions are informed by underpinning theory.

Holter and Schwartz-Barcott (1993) claim that action research does not require any special method of data collection and that models and methods can be both 'explorative and creative'. Furthermore, its philosophy does not preclude the use of traditional data gathering methods (Coughlan and Coghlan, 2002). O'Brien (1998) argues that its holistic approach allows it to employ a variety of methods though these usually reflect a qualitative paradigm (Sandars and Waterman, 2005) yielding 'soft' data and commonly include not only questionnaire surveys, structured and unstructured interviews (such as patient satisfaction surveys), but also journal keeping, document collection and analysis, participant observation, focus groups and case studies (see Box 2.2). 'Hard' data are also important to gather and evaluate, and examples in healthcare may include epidemiological data, treatment inputs, patient throughput and output. Lilford et al. (2003: 103) argue that action research does not preclude the use of any research method and that a study could include a 'series of randomised trials carried out within the iterative cycle'.

Lewin asserts that 'this by no means implies that the research needed is in any respect less scientific or "lower" than would be required for pure science in the field of social events, I am inclined to hold the opposite to be true' (1946: 35). This view is shared by Bate (2000), who claims that action research is not just an evidence-based methodology but rather one of the few examples of an actual process of implementing an evidence-based approach. Coughlan and Coghlan (2002) stress that what is important in action research is that the planning and use of tools is well thought out and clearly integrated in the research process. Furthermore, they claim that action research should 'not be judged by the criteria used in positivistic science, but rather within the criteria of its own terms' (2002: 226).

Eden and Huxham (1996) caution that action research should not be used loosely to cover a variety of approaches, nor as a way of excusing 'sloppy' research, nor as a reason to ignore issues of rigour. Good action research, they stress, should be good science.

In a closely argued paper, Morrison and Lilford (2001) propose three criteria whereby research can be judged as being scientific:

- Explanatory theories are developed.
- Theories are comprehensive in that they apply to the whole domain.
- Theories are falsifiable where persistent test failures count against the theory.

They propose an 'idealized' definition consisting of five 'tenets' found in most action research projects, and promoted by action researchers, which carry an implied criticism

of mainstream research. They then judged these against their criteria for a scientific approach:

1 'Flexible planning' – the content and direction are not to be determined at the outset but rather develop as data are collected.
2 'Iterative' – research activity proceeds by a cycle of defining the problem, proposing action, taking action, learning the lessons of that action and reconsidering the problem in the light of those lessons.
3 'Subjective meaning' – the meaning to those involved with the problem should be allowed to determine the content, direction and measure of success of the project.
4 'Simultaneous improvement' – the project must set out to change the situation for the better.
5 'Unique context' – the project must acknowledge the unique nature of the social context.

Though they dispute that action research can be judged as scientific under their stated terms, they do accept that some of its tenets are tailor-made for health services and that they could and should be considered by mainstream researchers, and, if adopted, findings are likely to be more usable by health professionals and managers.

Methods of action research

As yet, no definitive set of guidelines has emerged (Quoss et al., 2000). Coughlan and Coghlan (2002) emphasize that since action research requires dynamic co-operation between the researcher and the client group, the methods require continuous adjustment to new information within a series of unfolding and unpredictable events. As Meyer argues:

> Action research ... relies more heavily on the skills of the enquirer, with the approach being more personal and interpersonal than methodological. As such it is not possible to delineate clearly the stages of action research in advance. Each study is unique and follows its own pattern of development. (Meyer, 1995: 25)

Methods therefore consider the structure, process and outcome triad. However, the dynamism of the situation does not mean that the approach is haphazard. Stringer (1996) suggests a simple format of 'look' (problem definition), 'think' (planning) and 'act' (implementation).

Lewin stresses the importance of planning which is a key function of management operations (see Chapter 4). Planning begins with an examination of a general idea of a problem or issue:

> Planning starts usually with something like a general idea. For one reason or another it seems desirable to reach a certain objective, and how to reach it is frequently not too clear. The first step then is to examine the idea carefully in the light of the means available. Frequently more fact-finding about the situation is required. If this first period of planning

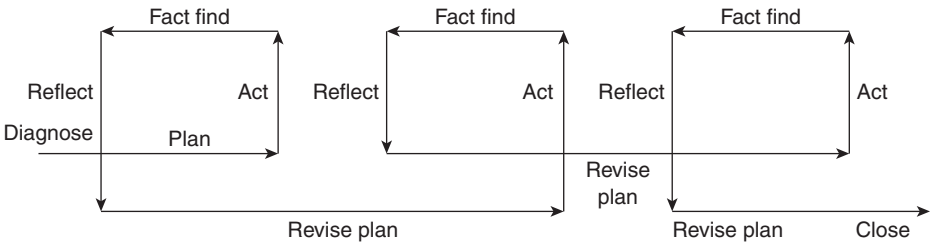

Figure 2.1 The recursive action research cycle

> is successful, two items emerge: namely, an 'over-all plan' of how to reach the objective and secondly, a decision in regard to the first step of action. Usually this planning has also somewhat modified the original idea. The next period is devoted to executing the first step of the original plan. (Lewin, 1946: 37)

This is followed by the collection of baseline data or measurements. Lewin called this 'reconnaissance' or 'fact-finding' which:

1 evaluates the action;
2 gives the planners a chance to learn – to gain new insight;
3 assists in planning the next step;
4 helps to modify the overall plan.

The cycle of fact-finding, planning, action and evaluation is repeated (see Figure 2.1). Each step is assessed determining the next step that may involve modification of the original idea. Lewin continues:

> The next step again is composed of a circle of planning, executing and reconnaissance or fact-finding for the purpose of evaluating the results of the second step, for preparing for the rational basis for planning the third step, and for perhaps modifying again the over-all plan. Rational social management, therefore, proceeds in a spiral of steps each of which is composed of a circle of planning, action and fact-finding about the result of the action. (Lewin, 1946: 38)

These stages are supplemented by actions such as: negotiation, seeking assistance, assessment, investigating, making choices, working through implications, reviewing changes and withdrawing. Lewin claimed that 'fact-finding' was central to action research as it established whether an action led to an improvement. These terms indicate implicitly that action research relates closely with both management and learning:

> If we cannot judge whether an action has led forward or backward, if we have no criteria for evaluating the relation between effort and achievement, there is nothing to prevent us from making the wrong conclusion and to encourage the wrong work habits. Realistic fact-finding and evaluation is a prerequisite for any learning. (Lewin, 1946: 35)

Groups themselves define these issues and instigate, implement and assess action for change in a collaborative manner. In this sense action research is democratic. As Zaner summarizes:

> It must be borne in mind that chief among the purposes of developing a comprehensive plan – essentially an action research plan – is the involvement of the responsible authorities (people) in co-operative planning and subsequently in the implementation of their joint plan or collaborate set of ideas. (Zaner, 1968: 31)

The example in Box 2.2 illustrates these democratic principles at the wider community level.

Box 2.2 Overview

Lindsey and McGuiness (1998) claim that though PAR is gaining in credibility, little is known about how to involve the community in social action. The 'STEPS project', funded by Health Canada's Seniors Independence Program and involving over 166 agencies and organizations, was designed to create a safer environment for those at risk of falling by raising public awareness of falls, reducing hazards and developing 'community hazard reduction risk management plans'.

Exploratory and planning phase

Four qualitative methods were used:

1 *Study-related documents*: committee meeting minutes, media reports, letters of invitation, tape and video news recordings were analysed to assess community involvement.
2 *Participant observation* of STEPS steering group meetings, presentations and member presented workshops.
3 *Individual interviews* with key participants – members of the STEPS steering committee, university researchers, a volunteer and an engineer.
4 *Focus group interviews* with members of the above groups.

All interviews were consented, recorded, transcribed and validated by participants who were purposively sampled from those with significant involvement in the project. Interviews focused on reasons for involvement, experience in the project and views on successful community involvement.

Decision and action phase

The significant elements were summarized under five main themes which emerged from the data.

1 Planning for participation:
- develop effective communication strategies.
- identify major stakeholders, potential benefits and exchange ideas.
- identify and invite target groups.
- identify the political issues and power holders.

(Continued)

(Continued)

2 Structural components of community involvement:
- develop a steering committee with active, knowledgeable people with broad community interests.
- facilitate smooth running of committee meetings.
- involve the community in data collection, analysis and dissemination.
- timing – PAR projects take considerable time and effort to progress.
- maintain commitment, recognize achievements, identify barriers and develop strategies to overcome them.
- wrap up the project – plan a concluding event to provide closure.

3 Living the philosophy of PAR:
- engage the community in diagnosing the problem and monitoring Change.
- ensure that university and community researchers have congruent values.
- develop trusting and collaborative partnerships – critical to the success of PAR.
- promote effective change – the committee anticipated, facilitated and supported effective change.

4 Credibility and the community:
- The reputation of the two university researchers adds credibility.
- The focus of research (safety) addresses the immediate concerns of the community.
- Influential power brokers lend support and promotion to the project.

5 Leadership style:
- PAR is more than employing a set of leadership techniques.
- PAR needs to be guided by a belief in community participation leading to effective change.
- Leadership needs to emphasize facilitation, collaboration, co-ordination, rather than being directive.
- The community should be used as a source of expertise.

Summary

The STEPS project created positive and involving experiences for participants. They experienced personal growth, learning and satisfaction in making a difference to the safety of the community. The results can provide a framework and guidance to others embarking on action research projects.

Building on Lewin's sequence (1946) and Stringer's (1996) look, think and act process, action research phases can be expanded to:

1 **Exploratory/diagnostic/fact finding phase**
- Identification of a problem.
- Fact-finding to develop an overall plan (via work placement observation; staff/patient interviews; SWOT analysis (strengths, weaknesses, opportunities, threats); task analysis; literature reviews).
- Determine measurement tools, if appropriate.

2 **Planning/decision/action phase**
- May involve modifying the original idea.
- Considering alternatives.
- Planning key changes in discussion with participants.
- Planning strategies of intervention.
- Taking action.

3 **Evaluation/reflection phase**
- Critical personal reflection on process, data and learning.
- Fact-finding (review) of the impact of the action - may be formative or summative.
- Judgements regarding improvements.
- Use of group meetings, questionnaires, interviews, reflective diaries.

4 **Second data-collection phase**
- Repeat of phase 1 concentrating on evaluation of levels of change or achievement.
- May include focus groups, questionnaires; interviews.
- Repeat and reflect.
- Identify lessons learnt.

5 **Evaluation, reflection, re-planning and re-implementation of action**
- Repetition of cycles 2–4 as necessary.

6 **Final assessment of changes and utilization of results**
- Closure, theory generation and write-up.

This is not a rigid set of sequences that action researchers must follow religiously, rather researchers should aim to freely flow through the phases (Williamson and Prosser, 2002a) which will vary in time-span depending on the needs, complexity and dynamics of the situation. However, the essential recursive rather than the linear process of traditional research is clear.

Summary of action research

The key aspects of action research can be summarized as being:

- centred on change and changing workplace situations.
- problem-focused: solving problems rather than merely collecting data.
- a cyclical process where research, action and evaluation are interlinked.
- collaborative: based on relationships with participants in the change process.
- educative: aims at organizational improvement thus promotes organizational learning (see Chapter 8).
- concerned with individuals as members of social groups.
- characterized by openness to participants, researchers, methods, change, validity and ethics.
- It creates and develops theory.

Advantages of action research

The principal advantages of action research can be summarized as follows:

- It offers a means of solving local problems.
- It promotes an interest in research amongst those not previously involved.
- It defines individuals as active participants rather than passive subjects.
- Group participation helps motivate and maintain interest.
- Focus of research is usually meaningful to participants.
- Results of change are monitored alongside action for rapid feedback.
- An acceptable and appropriate method for social and healthcare contexts.
- Promotes a 'bottom up' approach to managing change.
- Encourages self-awareness from both participants and researcher.
- Results may be able to inform other, similar, contexts and situations.

Limitations of action research

The main limitations of action research can be summarized as follows:

- Lack of precision over its nature and definition.
- potential limitations on generalizing findings beyond the local situation.
- attracts attendant problems of change management including resistance and conflict (see Chapters 9 and 10).
- Can be time consuming for little gain.
- Can encounter cultural, professional and managerial constraints on change initiatives.
- Methods can conflict with notions of autonomy and individualization particularly where they are highly valued.
- ethical issues require careful explanation and management.

Issues within action research

Ethical issues

The ethical issues within action research delineate it from standard management strategies of change implementation. In most circumstances the vital ethical issues in action research are no different from those in any other research. These include, informed consent for taking part, maintaining confidentiality and accuracy of data, and assurances that participants will not experience harm and have the right to withdraw at any time.

However, given the dynamic and changing nature of data and actions, Williamson and Prosser (2002a) suggest that ethics in action research is more complex and poses particular challenges to researchers. They argue that whereas participants should strive for an ethical stance, there is a need to be aware of the issues, notably the vulnerability of participants. Regarding consent, they ask what are participants consenting to since

they cannot know exactly where the journey will lead them. If the research concerns a team, what is the situation if members do not wish to take part, or withdraw from the study midway through – does this compromise their position and are they expected to engage in the final improved state? Other standard research ethics such as confidentiality may pose problems because of the open and collaborative nature of the processes, some data may have to be shared amongst the participants causing discomfort and resentment amongst individuals. When sensitive data are shared with another participant, is the disclosure to a 'co-researcher', 'colleague' or 'friend'? This raises issues of trust, particularly where senior staff or managers are involved in the project. Confidentiality can also be compromised where particular roles can be identified in a report (Williamson and Prosser, 2002b). Williamson and Prosser (2002b) share data from their study into developing the lecturer-practitioner role where Prosser was a participant to Williamson as the researcher. Prosser makes it clear that her consent could not be 'informed' as neither she nor Williamson could know how the study would develop. Furthermore, as there were so few participants, it was likely that she could be identified even though reports were anonymized.

Reliability and validity

Generally action research literature agrees that these concepts, central to the rigour of research, do raise difficult questions. Hope and Waterman (2003) recognize that reliability and validity are derived from positivism and therefore are already value laden, and there is a view that they have no place in action research. They suggest that more alternative terms may be 'ensuring quality' 'credibility', 'transferability' or 'dependability'. Badger (2000) appeals to common sense in that data and arguments are presented in a logical, unbiased, way, but points out that it is more important that researchers are reflexive and aware that their own actions, beliefs and biases can affect research outcomes. This is a strategy used by Marincowitz (2003) who, as researcher and medical practitioner, was open to ideas from other participants through active listening, using reflection in a research diary and being aware of preconceived ideas about mutual participation. Validation of data can be ensured by the facilitator checking with participants either as individuals or within a group, the detail of the analysis and interpretation. This transparency will give first-hand knowledge. As Whyte (1991: 41–2) asserts 'cross checking … provides a higher standard of factual accuracy'. Others have suggested that as the main aim of action research is to change and improve a situation, then the face validity that findings fit reality can be sufficient (Greenwood, 1984) but only tentative generalizations beyond the situation can be made.

Conclusion

Action research is more than simply 'work' and problem solving; it has qualities and constituents above and beyond both 'research' and 'management'. Rather it is a change

management approach which uses research methods; in this way it is systematic, scientific, participative and collaborative. Those facilitating action research approaches require deep and critical reflection skills, understanding of both qualitative and quantitative methods and interface management skills, since, to implement change in healthcare it is necessary to cross professional and status boundaries and develop meaningful partnerships. The key way of achieving this is to start from the concerns and problems which participants already own.

Chapter summary

- Action research is a process that focuses on solving local problems, promoting social change and improving the quality of service provision through a democratic process.
- It is participative and educative and involves groups with a common purpose, interest or need.
- Through its philosophy it has been described as a 'post-modern' approach in contrast to traditional approaches.
- It uses progressive and iterative processes of problem identification, planning, action and reflection/analysis.
- Criticisms focus on a lack of definition, the usual difficulties and challenges associated with change (see Chapter 6) and problems with validity and reliability.
- The particular methods used in action research raise issues of a political, ethical and methodical nature that researchers and participants have to manage.