MASTER CLASS

Using Participatory Action Research to Support Knowledge Translation in Practice Settings

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Abstract

Health care practitioners must underpin their practice with sound scientific evidence. Yet realising this is not straightforward, especially in light of the amount and appropriateness of research evidence available and its relationship to practice, coupled with practitioners' own ideology about the contribution of propositional knowledge *(the use of propositions, ideas and theories)*. Knowledge translation is a collaborative means of making the best use of knowledge resulting from theory, policy and research evidence to ensure delivery of best practice to clients and carers to improve health outcomes. This paper presents participatory action research (PAR) as a methodology to meet the challenge of engaging professional staff in knowledge translation to support practice demands through a considered process of reflection, dialogue and action with others. Insights demonstrating PAR methods and results for knowledge translation will be drawn from the literature and from first-hand experience of a professional practice development research project involving occupational therapists working across a health and academic setting in the United Kingdom (UK).

The principles and practice of PAR methodology, including a brief history of its purpose and development, are examined. Strategies for 'getting going', including consideration of research participant roles, examination of authentic participation and the process of analysis or meaning making are discussed. The overall aim of the paper is to illustrate how PAR might usefully be applied in practice settings to support knowledge translation.

Keywords: participatory, research, knowledge translation, practice

Introduction

In contemporary healthcare culture professional staff are expected to be critical thinkers, wisely appraising and integrating research evidence and theory into their practice whilst maintaining their professional identity and specialist skills (Drummond 2010, Unsworth 2011). There are few educational curricula, professional practice guidelines or policy documents which have failed to incorporate the values of evidence-based practice (EBP); its role being to ensure that practitioners can justify their interventions and demonstrate clinical

effectiveness in addition to meeting ethical obligations for the provision of quality client care (Caldwell *et al.* 2011). As noted by Atwal & Spiliotopoulou (2011) healthcare practitioners must play a part in EBP, not only in undertaking and publishing research but also in ensuring that the research is practice-based and translated. Yet the literature is replete with examples of limited research utilisation and research capacity building amongst professional staff (see McCluskey 2003, Perkins *et al.* 2007). The demands and constraints of the practice setting, unsupportive managers and practitioners' skills are consistently identified as barriers to translating research evidence (Flemming 2007, Lyons *et al.* 2010, Metzler & Metz 2010).

Lencucha *et al.* (2007) identified the need for efficient approaches to integrate evidence into practitioners working lives, not least through the development of an infrastructure to support practitioners in this process (Doane & Varcoe 2008). Practitioners' own skills, attributes and personal motivations require due regard, including recognition of the legitimacy of research evidence alongside other forms of knowing (Wimpenny 2009). This paper examines how participatory action research (PAR), whilst not without its challenges, is an approach that can be applied to stimulate professional discourse by providing a practical means of supporting and evaluating knowledge translation and research generation. Such an approach aligns with the assertion that knowledge translation is a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge (Davis *et al.* 2003).

A collaborative practice development research partnership involving occupational therapists working across health and education provides a context for explaining and examining the methods and results of utilising PAR for knowledge translation for evidence-based practice. Partnership with education providers is considered an essential requirement for translating research evidence to ensure the cross-fertilisation of ideas amongst colleagues (Metzler & Metz 2010, Atwal & Spiliotopoulou 2011) and to redress the segregation between research, theory and practice.

What is participatory action research?

Participatory action research (PAR) involves, as might be expected from the title, both participation and action. As an evolving approach to human enquiry a fundamental premise of PAR is that it embraces the concerns experienced by a group, community or organization (McTaggart 1997). PAR has an explicit set of social values: it should be democratic, equitable, and liberating for those involved. As Cockburn & Trentham (2002, p29) claim, PAR provides a framework 'for new ways of conceptualising relationships with our clients and others with whom we work'. This recognises that those involved come together in a 'communitarian way' (Lincoln 2001, p127), breaking down borders between knowledge producing and knowledge consuming elites. PAR aims to increase participant awareness of external forces affecting decisions in their lives, including aiming to promote the self confidence and capacity to develop decisions which enable a new level of awareness and competence.

PAR offers an opportunity to deconstruct and reconstruct professional knowledge in the light of participants' personal stance and theories-in-use, including their experiential and practical knowledge. It can support a group of practitioners to collectively consider a particular aspect of practice and its effectiveness, examine how it is informed by knowledge and best practice (e.g. research, theory, policy and practical knowing) and explore where improvement may be required and implemented. As a collaborative research methodology it offers significant benefits because it can contribute to the discovery and development of the conditions and actions for sustainable change.

The origins of participatory action research

Action research itself began with an idea attributed to the social psychologist Kurt Lewin whose work related to community action programmes in the United States during the 1940s (McTaggart 1997). Lewin's work and reputation gave action research its profile amongst other disciplines and was used to support organisational development seen in the work carried out by researchers at the Massachusetts Institute of Technology and at the Tavistock Institute in the UK (McKernan 1991). Also of note is Elliott's (1991) work using action research to support the professional development of teaching staff and its potential to improve practice by developing practitioners' capacity for discrimination and active judgement.

The move to more participatory approaches emerged from work such as cooperative inquiry (Reason & Rowan 1981), which sought a clearer focus on the *needs* of the participants involved in the research process. Indeed, PAR is often associated with social transformation and human rights activism (Kemmis & McTaggart 2005) with examples of PAR seen in Camilo Torres's work with disempowered groups in Colombia, Paulo Freire's work in Brazil, Mahatma Ghandi's in India and Julius Nyerere's in Tanzania (Fals-Borda 2001). However, the uses and understandings of PAR have broadened and rather than being seen as a method used when working with the powerless, the use of PAR has application to a much broader range of situations, for example when considering the implementation of evidence-based change in practice settings (Wimpenny *et al.* 2010).

Situating participatory action research

As noted by Savin-Baden & Major (2013) PAR can be situated within a number of research traditions dependent upon the particular focus of a project. With regards to knowledge translation, suggestions for using PAR may include the following:

- Traditional/post positivist

In a traditional approach a primary researcher tends to identify an issue for investigation, presents the relevant research evidence for exploration and possible interventions and involves practitioners in suggested action, for example to test out, validate and refine a particular theory, tool or instrument.

- Practical/pragmatic

Within a more pragmatic approach the primary researcher and practitioners jointly identify a particular practice issue or body of evidence for investigation with possible actions or guidelines to be developed to support practice. This approach is more flexible and relies upon joint negotiation and interaction around immediate issues for consideration.

- Constructivist

When situated within a constructivist paradigm (Lincoln 2001) the focus of PAR relates more to how participants come together to co-create their understandings of the issues under investigation (Crotty 1998). It is focused on helping individuals become more aware of their actions and of what can be learned about the self through being more informed by dialogue with others (e.g. both verbal and written).

- Social constructionist

From a social constructionist perspective (Crotty 1998, Gergen 1999), whilst individuals are seen as engaging in their world and making sense of it, this is viewed in the context of social perspective, ritual and history. Thus something like knowledge translation will embrace the reframing and reconstructing of practices within a social and political

meaning-making process. For example, PAR may be used to explore particular disciplinary differences, including professional role identity.

- Emancipatory/critical

An emancipatory/critical perspective would relate to how PAR could be used with participants, through processes of self-reflection and action, to overcome power imbalances, with both a political and practical focus. This could involve focus on praxis and on the articulation of mutual concern through collective conscious raising or 'conscientisation', a term used by Friere (1970) to denote the ability of participants to use knowledge for their own active efforts. This may be relevant when practitioners work with and utilise evidence from client and carer perspectives to address issues of service (re)configuration.

Whatever the research tradition, a number of basic principles of utilising PAR for knowledge translation need to be considered, as this next section now explores.

The basic principles and practice of PAR – an example from practice

To help illustrate the experience of engaging in a PAR process, and with the objective of sharing how PAR could be used to enhance EBP, data and findings from a practice development research partnership will be described here. A mental health occupational therapy service collaborated with the author, an occupational therapy academic, over a two year period, to explore their professional role and contribution in implementing EBP within their service, with support from an occupation-focused and evidence-based practice model and associated assessment tools. Ideally, a PAR approach would not impose a model or assessment tools; however, in this situation the occupational therapists were aware of the practice issues to be addressed and how implementing evidence-based tools might support practice enhancement, and were open to the use of action change processes. Group supervision served as the method by which the practice/academic dialogue was developed and the research evidence examined, critiqued and considered for implementation. This included recognition and the sharing of the therapists' own theories-in-use, their experiential and practical knowing. Group supervision sessions, facilitated by the author as primary researcher, involved four teams of therapists working across the adult, acute, community and older adult services. The teams met monthly, for two hours over 12 months, and for a further year as follow-up.

The PAR project gained approval from the NHS Trust Research Ethics Board (Ref: CREC 046/03/04).

Getting going

Adopting PAR can involve the use of a diverse range of methods as appropriate to the research context. For example, as the approach focuses on working with participants to collect information about the needs of the 'community' and its problems or issues, quantitative methods, for instance survey data, might be utilised. However, a qualitative perspective is more usual, in particular where the intention is to travel along with participants in their natural social settings. In relation to the example case material used here, alongside monthly group supervision, individuals completed reflective logs and engaged in semi-structured interviews with the author.

Advocates of PAR suggest participants should request to engage in a PAR project in the first instance, yet in reality whilst a group recognises the problems to be addressed they may be more likely to be advised that PAR can help (McIntyre 2008). 'Getting going' with PAR in this case required a substantial amount of ground work, the inquiry process itself having been

initiated by the therapy service manager, who was keen to improve the evidence-base and theoretical knowledge of the occupational therapists working within the service. She was aware of the author's interest in occupational therapy theory and establishing closer links with practice. Whilst the service manager provided the context for the inquiry process to take place, the author was directly involved in facilitating the inquiry process; as Reason (1994) asserts, *someone* has to have the idea and passion to get things started in the first instance.

What is important is that from the outset a PAR process should strive to be collaborative in nature, as it is vital that participants have some level of investment in the study. People are more likely to test out new practices when they participate actively in developing agreed strategies (McIntyre 2008). Early sessions across the groups focused on how PAR might be helpful in examining the contribution of research evidence for practice, exploring the PAR method; encouraging the development of collective decision-making, making a commitment to improvement and considering researcher roles.

Researcher/participant roles

Kidd & Kral (2005) identify the importance of creating opportunities between participants to initiate dialogue and share understandings of the issues at hand. This includes the discussion of roles within the inquiry and the sharing of power in terms of joint responsibility for the research process. However, as has been highlighted (Wimpenny 2009), most groups that engage in PAR are accustomed to traditional research hierarchies and may resist the sharing of power that is offered. The experience of facilitating PAR shows its processes are complex in that importantly they make visible individual values, characteristics, limitations and abilities. Moreover, whilst a primary researcher does not assume expertise, s/he nonetheless needs to be skilled, supportive and resourceful; examining values and questioning motives or problem posing, with an ongoing commitment to (critical self) reflection and action in which others' views and feelings are taken into account (McTaggart 1997, McNiff *et al.* 2003). Negotiating issues of power amongst individuals in the light of one another's own vision of the inquiry, its aims, methods and actions, and making this process amenable to all, is a task not to be underestimated. People cannot be empowered by an external agency. As Duncan (2013) contends, this occurs only when, as co-researchers, people take ownership of their personal and collective development process. The following excerpt, from a reflective log highlights the role tensions evident for the author, who took the role as the primary researcher:

> As Stephanie [therapist] proceeded with her case I felt unsure as to my role. I was conscious of John and Ellie's gaze upon me, as though they were waiting to see if I would stop Stephanie, intervene, and ask a question. I was very conscious of trying to do the right thing. In the middle of all this I was conscious that Stephanie might have felt vulnerable. I felt she was getting lost in her contribution. I wanted to keep things focused, but it was challenging and I felt I was being tested.

The following interview statement is reflective of perspectives shared by several staff members involved in early group sessions:

> My reactions to our group sessions are mixed really... I probably thought it was a good idea and it was you know that it would improve practice, or I think I felt it would just support me in justifying what I do and give me a more professional language and make me work more professionally. That's what I thought on the positive side. On the other side I thought it was time consuming, and actually bringing it into practice, between supervisions, is time consuming. Occasionally I thought that I'm not sure really about all this.

Equally, it is important to appreciate that participants will not hold static positions. Rather, perspectives are likely to shift as the inquiry process unfolds. Nonetheless, from the outset all participants need to feel that they have a valued role in being a co-inquirer/co-researcher and, from the experience of our study, in this role participants may legitimately be more or less engaged (Lave & Wenger 1991).

The use of self-reflective cycles

Although the exact content of the PAR cyclical approach is contested, most contemporary versions tend to include several broad 'phases' (see Kemmis & McTaggart 2005). A typical depiction of these phases would be to begin with an investigative phase, move to a planning phase, take action based on plans, and reflect on the results and process. In all versions of the action cycle the relationship between researchers and participants, and within participant groups, is paramount (Wimpenny *et al.* 2010).

In reality, the process experienced during our study was not a set of prescribed steps or neat self-contained phases of planning, acting and observing. Indeed, as the following therapist's interview data identify, the experience was repeatedly challenging:

> I think some of the initial monthly meetings we had I didn't find those positive particularly because I wasn't getting to grips with it and I sort of dreaded going until the OCAIRS was introduced and then I started thinking 'well this is what I do anyway, oh this is good' and I got to learn more about the tool – So the beginning ones I didn't find positive. I used to find it a bit intrusive actually. I used to find it intrusive to my other proper work to a certain extent whereas now it feels like it has become my proper work.

Furthermore, implementing PAR required an appreciation of how the cycles of reflection and action could become 'operationalised' within the practice setting. Such cycles are considered here as prompting use of a range of learning spaces (Wimpenny 2009). For example, a key learning space and anchor point in our inquiry involved monthly meetings in which the occupational therapists examined their current practice repertoires in light of an occupation-focused and evidence-based model of practice. Over time and as the therapists chose to act, the examination and use of evidence-based tools, and alternative methods of recording and reporting were piloted within each individual's work-based setting. In addition, therapists were seen to use their own personal space for reading and/or reflection. Back in monthly group meetings, amongst peers, dialectic discourse was encouraged and meaningful change considered in terms of creative ways to move the agenda forward (Wimpenny *et al.* 2006). As such, a variety of different learning spaces provided the means by which knowledge translation could be achieved and critical dialectic discourse developed, to enable meaningful change to be considered (Friere 1970).

However, these learning spaces are not always comfortable spaces; disjunction occurred not least due to the necessity for practitioners to be open to others' views whilst potentially feeling vulnerable and challenged regarding their own perspectives, as the following therapist shared:

> I've actually felt really negative over the past two or three [sessions] it has been hard. Oh, the last one I nearly didn't come. It is a learning process isn't it. It's not all going to be easy and I do feel the model is beneficial and will work within the teams; it's just getting it going. I've just felt like I've been whinging all the time. It's how I felt and it's been really difficult to be positive about it.

What is highlighted here is the personal commitment and effort required to translate change. The sharing of personal dilemmas is nonetheless an important part of the group process, as the development of a learning community within a PAR inquiry centres around

the negotiation of authentic participation (McTaggart 1997), a focus which is often under-presented in the literature.

Negotiating authentic participation

As noted by Savin-Baden & Wimpenny (2007), whilst PAR is situated within the everyday working practices of those involved and is premised on the participants' commitment to engage in research for themselves, the notion of participation can be problematic and should be continually questioned with respect to the following:

1. Relocating power: primary researcher responsibilities;

2. Development of a sound dialectic;

3. Generation of knowledge and understanding;

4. Developing shared quality criteria to ensure trustworthiness.

Relocating power: primary researcher responsibilities

Authentic participation in PAR requires sharing the way in which research is conceptualised, practised and conveyed in light of a person's situation (McIntyre 2008). It involves focusing on the production and generation of knowledge as a shared task. In the practice development research project illustrated here, the challenge lay in striking the right balance amongst participants between incorporating rather than imposing knowledge:

> My positive feelings I had on entering the session were quickly quashed. I felt barriers around the room; my involvement was very much questioned as to its value and usefulness. They felt their time would have been better used discussing cases. I was asked why had no assessment tool been produced which they could all start implementing. I felt hot and flushed – especially at sharing my role and what I hoped to bring – I felt they wanted me to have answers to all their frustrations right there and then. I felt got at and vulnerable. I need to have strategies to cope with their frustrations. Should I reflect back how I have been left feeling next session? I feel I need to. I know I need to speak more clearly, reiterate the importance of building a good foundation. (Reflective log; primary researcher)

In an attempt to redress the balance of power in research relationships and encourage ownership of the agenda amongst those involved, the primary researcher needs to engage in an ongoing examination of their own voice and actions, and the effects of these on the research process. Conceptualised as 'inner and outer arcs of attention' (Marshall 2001, Wadsworth 2001), this self-reflexive process provides opportunity for PAR facilitators to embrace critical subjectivity (Reason 1994), an acknowledgement that one does not come to an inquiry with a 'clean slate', but rather that power dynamics prevail, and need to be addressed.

Development of a sound dialectic

PAR is a social process; it requires a deliberate method of discovering, investigating and attaining mutual understanding and willingness of participants to engage in dialogue in order to uncover social practices. Given that a collaborative sense of agency is important (Kemmis & McTaggart 2005), the primary researcher should nurture development of such social practices. Spaces for sharing understanding are only useful when people want and feel able to share their views. Readiness to engage and invest time and energy in a PAR process is a significant challenge. Despite commitment at the outset, participants may well experience personal and environmental barriers, which can impact on their

intentions to act. For example, whilst non-attendance at monthly meetings was an issue for some therapists, it was more easily justified by others:

> I don't think it's a huge issue.. I think it's to do with all the other things that are going on sometimes, like they have got to be somewhere else. I don't think it's just not wanting to come to supervision. That's the way I've seen it, that that person has got to be somewhere else rather than avoiding the supervision session. Their priority is elsewhere at that time, rather than devoting time to [reviewing research papers] and I can kind of understand that – that need to do that. There is no choice sometimes. (Therapist interview data)

In the example here, strategies for negotiating and revisiting ground rules, and individual roles and responsibilities were used to discuss therapists' commitment to the venture. In addition, the primary researcher's role necessitated persistence and resilience in establishing an environment in which openness could be expressed and trust expected. However, development of such relationships does not occur overnight, and during the process there is likely to be resistance and conflict, as experienced in our inquiry:

> Whilst one therapist would present her case, the other would consult her diary...
> (Primary researcher, reflective log)

Further, equal access to resources can be a concern:

> Emma always had the book [a key text] and I thought she was maybe reading up on it and they are all full-time and they have both more time to look at it. So I was a bit reluctant to feed back my work because I wasn't confident about my goals and hadn't been part of any discussion with them, but I don't know whether they picked up on that. Maybe it's because I'm not here, I'm part-time. (Therapist, interview data)

The disruption which PAR can create in participants' working lives is not to be underestimated; feelings of confusion can surface as anger and resentment. Such challenges highlight how learning is never just a cognitive task but is linked to individual biography and involves participation in social practices. Feelings and dynamics aroused in group settings are complex where there are multiple layers of relationships. However, the disruption created can set the agenda for change and strategies are required throughout to enable participants to feel supported and respected. As Savin-Baden & Wimpenny (2007) highlight, such strategies should include:

- consideration of the participants' sense of pride;
- recognition of the importance of validating individuals' skills and attributes, identities and efforts;
- affirmation of the participants' feelings of autonomy and competence and, with that, of their ability to be accountable for their actions.

Developing a sound dialectic within PAR involves using strategies to enable participants to rethink individual knowledge construction in light of complex group dynamics. As in our study, a degree of resentment may have surfaced due to manager-imposed group supervision and outsider presence. Yet being with practitioners and navigating a path through periods of disharmony links with Lave and Wenger's (1991) assertion that learning, thinking and knowing are relations among people in, with and arising from the socially and culturally constructed world. Moreover, as was exemplified in the case example shared here, periods of 'storming' can lead to improved 'performing' (Tuckman 1965); the bonding between participants can be stronger through adversity. Nonetheless, within periods of

more mature group work the experience of being within a PAR inquiry process can remain exciting yet upsetting. Participants may express the emotional distress of trying out new actions which do not go as planned, coupled with the joy and sense of break-through experienced as new practices are realised.

Generation of knowledge and understanding

In terms of how knowledge is created and/or understood, knowing is expressed via the participants' 'thought-worlds' or unique interpretative repertoires (Potter & Wetherell 1987). In social settings this could be evidenced via the therapists' practical knowledge, their individual skills, competencies and their ability to problem-solve issues they faced:

> I feel my practice has changed in that it's developed much more and I feel much more comfortable within the case management role, and I feel that I am able to focus on occupational therapy now whereas I felt that that was getting pushed out quite a lot. (Therapist interview data)

In our experience, the process of knowledge translation for practice required the propositional knowledge to be considered alongside the therapists' other legitimate forms of knowing. However, knowledge development of this kind is often at the tacit level, and McIntyre (2008) highlights the importance within the inquiry process of democratic dialogue and the use of time and sustained effort to identify and share experiential knowledge. Such dialectic discourse can then unearth assumptions leading to intellectual discovery and new presentational knowledge that emerges through the sharing of individual experiences. For example, rather than being viewed as challenging their current practice repertoires, a significant number of the occupational therapists realised that the propositional constructs offered by the evidence-based approach served to underpin and strengthen what they were already doing.

The outcomes from the PAR process are then drawn together and made more explicit by therapists presenting their individual and team-based perspectives regarding the experience in more organised evidence-based practice forums. The findings from Wimpenny *et al.*'s (2010) inquiry served to unearth a considerable range of issues around professional identity. This included examination of learner stance; the notion of capacity building; self-efficacy beliefs and personal agency; and epistemological stance regarding the nature and reconstruction of propositional knowledge. What was revealed was the importance of reflection as a means of knowledge translation, and the different usage of space and time in which to reflect, as the following therapist explained:

> I think the moments of learning for me have been when I've had the time to actually take things home to read them and then have a go back at work and then come back again and reflect again in our group sessions. Also I've had to be very specific with myself as I really didn't want to do it. I thought it was a bit too complicated, yet when I sat down to do it, it was in a five-minute space during the day, and I wrote the information down following an assessment and it was really kind of satisfying. I appreciated there was more for me to feedback on when I used this [volitional] assessment, rather than it just being based on my own information. I think that reflection is also vital at the end of day and I think probably part of getting to grips with all this is having that time to reflect; if you had more time to reflect you might be able to get on better, and move the service on further.

Developing shared quality criteria to ensure trustworthiness

Finally, through sustained contact in the field, practitioners have more opportunity to develop ownership of the study, and reveal what it is important to share through open

discussion. As highlighted by Savin-Baden & Wimpenny (2007), the development of shared criteria during this process requires that the primary researcher:

- pledges a high degree of personal involvement in supporting the process of learning;

- provides genuine opportunities for the shared interpretation of themes amongst all participants, in order to revisit shared experiences and to adequately contextualise the outcomes generated;

- acknowledges that all practitioners have been involved as reflexive individuals, with the ability to disseminate their own experience of the inquiry process with others as it occurs relative to context.

As distinct from questioning concerns with reliability and validity, criteria of trustworthiness (Guba & Lincoln 1989) should be carefully considered if PAR is to be implemented successfully. Most importantly, attention should be focused at the participatory level and questions asked as to whether those involved have taken an active part and whether their situation has improved, or not. At a more fundamental level, questions need to focus on whether the inquiry has achieved as much as it might.

Conclusion

This paper offers PAR as a collaborative process which allows room for individual and collective responses to the EBP agenda, promoting a genuine sharing of interests which appropriately recognises practitioner need and interest. PAR's effectiveness in enhancing the understanding of the inter-relationship between personal agency, professional competence and knowledge translation has been examined with use of case study material from a professional development research project. PAR was selected as an approach to staff development for its active approach to identifying the factors responsible for the success of practice enhancements.

Research evidence underpinning practice needs to reflect the complexity of therapeutic decision making. Differing forms of knowledge required by healthcare practitioners need not be mutually exclusive. Rather, approaches are required that can integrate a range of knowledge, situating client care in a broader context that reflects the contribution and translation of professional craft knowledge alongside other intellectual constructs. Methodological issues, practices and processes to be considered when using PAR to translate research evidence in practice have been discussed. The importance of flexible and responsive action by the primary researcher and the need to nurture research relationships at the group and individual level in order to foster authentic participation have been examined. That aside, in the context of criticism often targeted at the individual level regarding the need to translate research evidence, PAR is promoted as a challenging yet potentially satisfying means of supporting practitioner development, and knowledge translation, through *collective* wisdom.

Acknowledgments

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