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Participatory action research: relevance and use for contemporary nursing research

Lorna Moxham
University of Wollongong, lmoxham@uow.edu.au

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Participatory action research: relevance and use for contemporary nursing research

Abstract

This paper will demonstrate how, using a collaborative, inclusive research methodology, positive impacts on clinical practice and enhanced client outcomes can be achieved.

Keywords

contemporary, participatory, nursing, action, relevance, research

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

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Participatory Action Research: Relevance and Use for Contemporary Nursing Research

Professor Lorna Moxham

School of Nursing, Midwifery & Indigenous Health

lmoxham@uow.edu.au



Participatory Action Research

- A method where creating a positive social change is the driving force
- Roots in social and educational research
- One of the few research methods that embraces:
 - participation and reflection
 - Empowerment and emancipation of groups seeking to improve a social situation



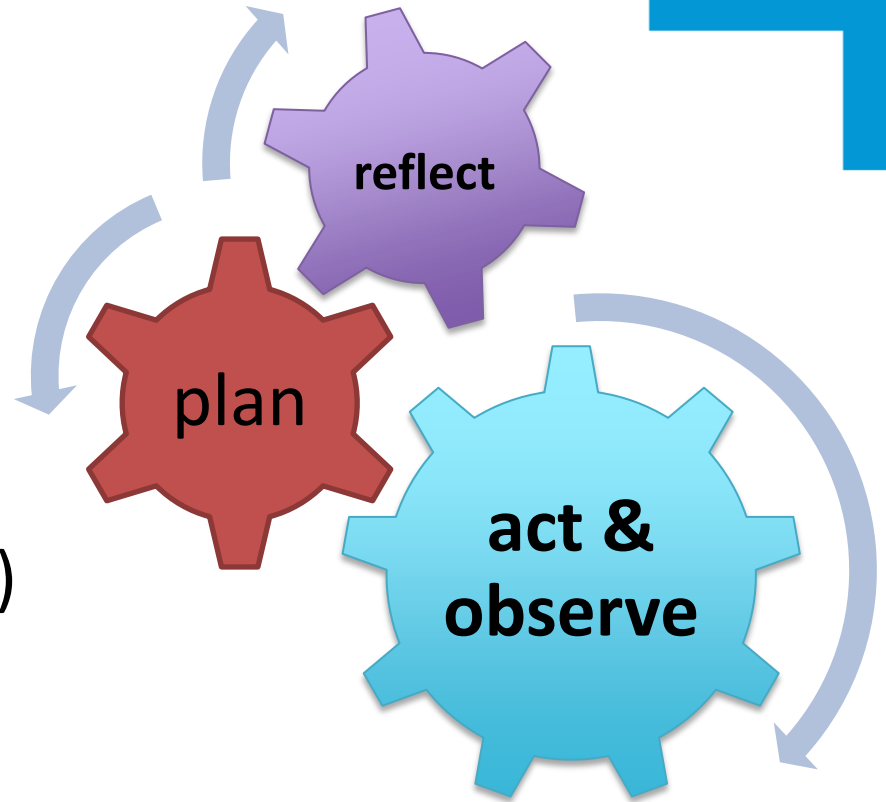
Using PAR in Nursing

- A useful approach for clinicians because it is:-
 - transformative, empowering, straightforward and rigorous



The Approach

- Reflection (look)
- Planning (think)
- Action (act)
- Observation (evaluate)



- Intra-dependent
- Follow each other in a spiral or cycle

A real life nursing application

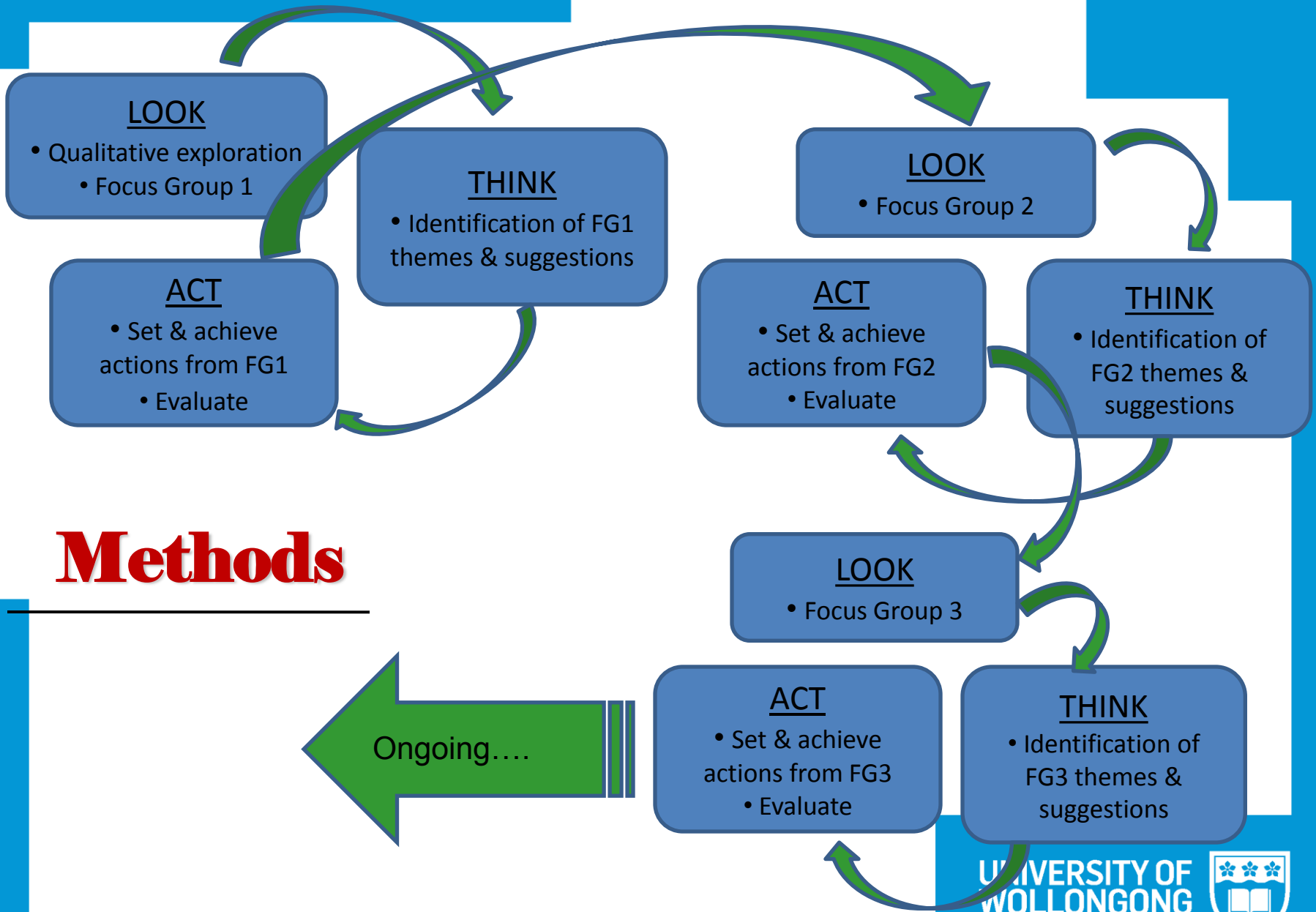
BACKGROUND:

- Paediatric unit located 630ks north of Brisbane
- Outpatient CYMHS service only (8:30 – 4pm: Mon –Fri)
- MH admissions:
 - almost doubled in the last 5 years
 - significant increase of self harming behaviour

Study Aims :

- To create a paediatric ward environment that is accepting of and therapeutic for children and adolescents experiencing significant mental health problems
- To address the needs of paediatric nurses in a general hospital setting in relation to mental health issues





Methods



Reflect

Treatment approaches:

- lack of understanding of what CYMHS does
- lack of understanding what Adult MH does
- lack of understanding of what Paeds staff do
- mental illness not seen as "sickness" - not a priority (task oriented nursing in ward)
- guilt - talking is not working, staff seen as not pulling weight, talking to patients could mean deployment as staff are perceived as not busy

Disempowered:

- little input to admissions discharge
- management (notes & issues disregarded)

Reflect

Role:

- “ we aren't there to provide therapy”
- “ our job is not primarily to be their counsellors”
- “ they might not need treatment they just want to talk”

Consistency of approach:

- setting limits/ the 'rules'
- being consistent & how this changes /staff to staff: shift to shift

The desire to do the right thing:

- staff feel unfulfilled & disappointed at the end of a shift
- worry that they have not done or said the right thing
- worry they have not given enough time



Actions

- Regular education sessions & support for families
- **MH pathways** added to **TrendCare** to allow allocation of resources
- **A/H managers** made aware of different requirements of MH patients & that talking is actually part of therapy
- Regular case meetings to review management of discharged patients
- Caseworker to give verbal handover as well as to write in chart in the morning
- Mental Health Nursing Resource collection (MHNRC) **A camcorder** - education sessions to be taped: **Information on specific disorders** added
- **Mental State Examination** cards developed for staff lanyards
- Rotations to CYMHS
- MH component added to Paediatric Unit orientation
- Development of guidelines for MH care

Positives

&

Challenges

- Paediatric nurses recognising an issue
 - Grant / working wonders
 - Research team (the RA Jody)
 - Dissemination of results
 - REAL changes
 - a better outcomes for clients who have a mental illness who are admitted to a paediatric unit
 - awareness
 - policies
- Death of team member
 - Illness of team members child
 - Size of team (dynamics)
 - Experience (novice & expert)
 - Discipline approaches
 - Shift work (time to participate)
 - Staff turnover



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Imoxham@uow.edu.au

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