

# Participating in Future *Narratives*

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# Look, think and act

In this morning's session I will share two research studies to demonstrate impact (**reform or change**) using a participatory action process coined '**look, think and act**'

In the afternoon participatory action workshops delegates can continue the discussion, ask questions and contribute to a position paper and route map to guide the future of nursing and nurse education which is the desired expectation of this conference.

# **Evoke Human Flourishing**

I will talk briefly about participatory action research as an inquiry approach for development in contemporary health practice. My aim is to position participatory action research as a vital, dynamic and relevant approach that can be engaged by practitioners and health service providers. My intention is to emphasize that participating with people is the way to move forward toward sustainable services that evoke human flourishing.

# Why Participatory Action Research?

Why participatory action research?

What are the incentives?

**Reform, change, improve, remodel or  
restructure an organisation, a situation  
and/or practice, community development**

**\*\*Researching *with* participants \*\***

# **People have a right to have say in decisions that affect their lives**

I hold strong democratic ideals, whilst at the same time recognizing that naivety cohabits with the desire **for reform** in health care. As with all research methodologies, approaches to Participatory Action Research (PAR) will vary with the situation and the researcher. The version of PAR presented today is a hybrid.

# Overview of Participatory Action Research Studies

- Over 40 independently funded participatory action research (PAR) studies researching *with* nursing staff and service users:
- In collaboration *with* participants
- Participants *determine* the agenda
- Participants *drive* the research
- Participants *decide* on actions

# Storytelling and participatory action research

The distinctive aspects of the Koch and Kralik (2006) adaptation of participatory action research are:

1. a story telling component which usually occurs when the person is asked to tell her/his story either in one to one interview sessions or within the PAR group process.
2. **‘Look, Think and Act’** data generation & analysis framework

**Look, Think & Act**  
**in Participatory Action**  
**Research**

# Participatory Action Research in Health Care 2006

- Examines the ways in which research can inform health-care practice
- Includes guidelines for practitioners on implementing participatory action research
- Includes issues related to different disciplines within the multidisciplinary team
- Explores the benefits for community development and health promotion
- Uses exemplars from practice



# Initiating Change: Study 1

Development of a *collaborative* model of care for long term management of incontinence *with* homeless men and women who live with mental illness Funded Department Health & Ageing

*Royal District Nursing Service and The Flinders University of South Australia*

*Research Team: Clinical Nurse Consultant (Shayne Kelly), Prof Tina Koch & Dr Debbie Kralik*

# Researching *with* Participants

- 37 hostel dwelling participants were identified as living with mental illness and incontinence
- Majority (81%) lived with schizophrenia
- Average age 52
- Nocturnal incontinence was related to anti-psychotic drugs (clozapine)
- Self induced water intoxication

# Researching *with* Participants

- One to one interviews
- Tracking of continence status by Continence Nurse Advisor for 12 months
- Separate gender PAR groups

# PAR Process

**Look:** Each participant was invited to talk about their experiences. This is coined the **looking** phase. Stories were transcribed verbatim, analysed concurrently and **feedback** provided before the next PAR session.

**Think:** Thinking was stimulated when participants received condensed **feedback** from the previous PAR session. Participants were facilitated to reflect, interpret and think about ways to improve their situation

**Act:** The agenda was driven by participants. The PAR group decided on **actions** to improve their lives.

# Living with mental illness: Outcomes

## reform & resources

- Improved self management of nocturnal incontinence: ‘alarm clock & piss into bucket’
- Individual care plans were implemented & sustained over 12 months
- Improved quality of life (measured by CGI)
- Able to stay in hostel accommodation
- Researchers initiated a major government review into housing for de-institutionalised people with mental health problems
- Provision of alternative accommodation
- Closure of many hostels

# Initiating Change: Study 2

## **Developing a model for the prevention of workplace violence in the community**

Funded Workcover

*Royal District Nursing Service &*

*The Flinders University of South Australia*

*Research Team: Prof Tina Koch & Sally Hudson*

# **Prevention of work place violence**

## **Aim**

The aim of this project was to work with district nurses to develop, implement and evaluate a best practice model for the prevention of community workplace violence.

# About the service

- 5000 visits per day to clients in their own home
- 400 District Nurses who are Registered Nurses

# The PAR process

- A flyer was distributed throughout the organization inviting district nurses to volunteer
- Nine nurses joined the PAR group.
- A literature review on workplace violence confirmed that a model for violence prevention applicable to community practice had not been published.
- The PAR group met every fortnight for 90 minutes for one year.

# Commitment

- The key to PAR groups successfully making changes to practice is the involvement and commitment of administrators who sanction, support and promote every aspect of the research process
- This meant that organisational structures, contract agreements and communication strategies needed to be negotiated and be in place at the commencement of the study
- Allocated rostered time for participants to attend 90 minutes for each PAR group for 12 months

# Definition of workplace violence

A definition of workplace violence was accepted by the PAR group. 'Workplace violence is defined as any incident where an employer or employee is abused, threatened or assaulted in situations relating to their work' (WorkCover 1998:5).

# Story telling as consciousness raising

**Looking:** Raising consciousness about violence though story telling was seen as an apt way to proceed.

**Thinking:** Let us dwell with the stories

**Acting:** What can be done to change the situation?

# Storytelling and PAR

- We asked PAR group participants to tell their own story relating a violent incident and we analyzed these stories concurrently / collaboratively (pilot study)
- We issued invitation to district nurses to talk about their experience of a violent ‘event’ (these were recorded, transcribed, analyzed and feedback provided )
- The PAR group generated 68 stories about violent events experienced by nursing staff

One Sunday morning I visited an older man needing tracheostomy care, which involved him lying on his back, with me bending over to dress around his stoma and give him a new bib. As I was finishing the care and I had my face close to his, he grabbed my shoulders and tried to kiss me. I overbalanced and fell onto the bed partly on top of him. He held me down and kept kissing me. I was outraged and yelled: “Stop! Stop! Let me go. How dare you”. He paid no attention and started to grope me. I struggled and he laughed. I pushed hard against him and managed to get free and get away. I ran to the door and out to my car. I was very shaken up. Thinking about it later I wished I'd blocked his trachy off with my hand, but I doubt whether I'd really do that. I didn't report it.

# **Data generation and analysis**

PAR group analysis of the 68 stories revealed that abuse and or aggression accounted for 43 percent of incidents, threats 25 percent and assault or physical violence 32 percent.

Many experiences of violence had not been officially reported, which reinforced the view that under-reporting is common, particularly when violence is experienced as abuse or threat.

# PAR Group Action

- PAR group participants made a video on prevention of workplace violence, using the stories generated in the group to give shape and interest to the content.
- Video became content for orientation and staff development model within the organisation
- Pamphlets were designed and distributed illustrating the model and prevention plan

# **Model for prevention of work place violence in the community**

- The organisation ratified & adopted the model to guide policy
- The model became a blue print for prevention of workplace violence in Australian Community organisations

# Participation? Arnstein's 8 rungs

*(1) manipulation*

*(2) therapy*

*(3) informing*

*(4) consultation*

*(5) placation*

*(6) partnership*

*(7) delegated power*

*(8) citizen control*

A Ladder Of Citizen Participation Sherry R. Arnstein

[Journal of the American Planning Association](#), Volume [35](#), Issue [4](#) July 1969 , pages 216 -

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# Participatory Action Research

## Key aspects: Participatory language

- In collaboration *with* participants
- Participants *determine* the agenda
- Participants *drive* the research
- Participants *decide* on actions

repeat

# Participatory Action Research

## Key aspects

### Action /movement toward change/reform

- **Capacity** building
- Building on **strengths**
- Changes are **initiated** by participants
- **Pace** for change is decided by participants
- Outcomes are **actions** (individual growth and/or community development) **reform**

# Participatory Action Research

## **Key aspects:**

Follows an established research process trajectory: research question, aims, objectives, literature review, systematic data generation and analysis, 'findings', report & publications.... Rigour ...

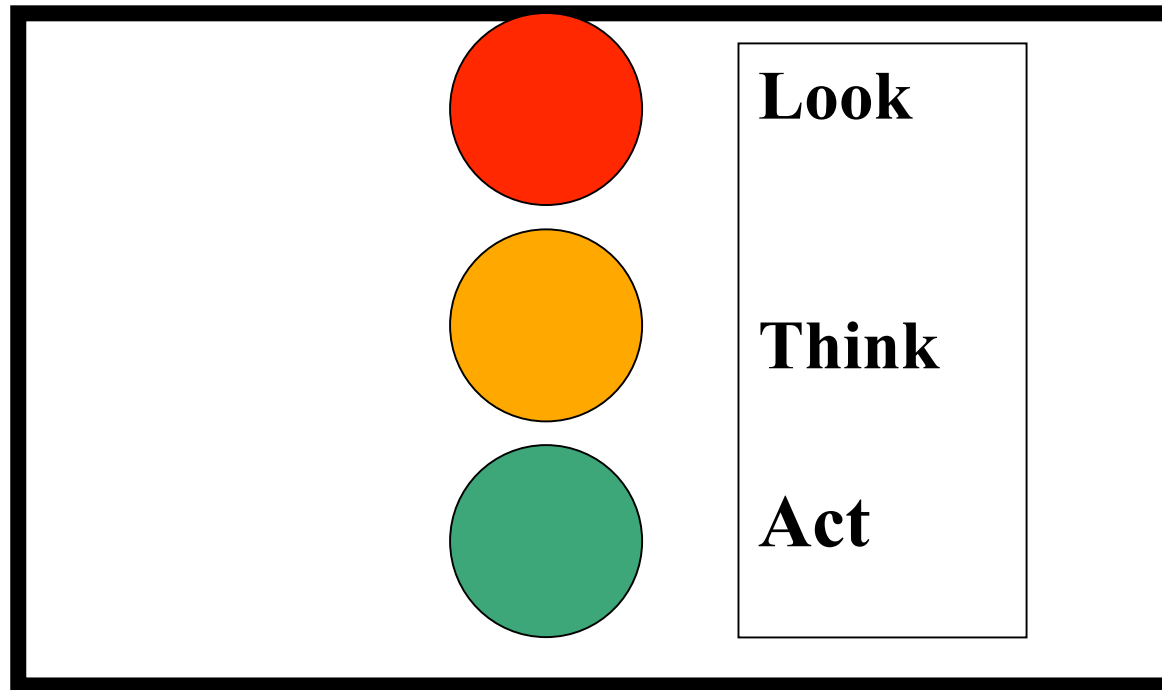
# Role of the facilitator

- The facilitator acts as a catalyst to assist participants to **articulate** the **looking** phase and to **think / reflect**
- The participatory **process** starts where participants are, rather than where we think they ought to be. The facilitator ‘leads’ the group where it wants to go.

# Role of the facilitator

Recognize that the ultimate responsibility for the success of the **process** is with the participants. They need a feeling of ‘ownership’ and thus motivation to invest time and energy to change the status quo.

# Participatory action research cycles



**This morning**

**This  
afternoon**

**Conference  
outcomes  
actions**

**Strength**

**Facilitation**

# Participating in Future *Narratives*

**Today's question:**

**What impact does nursing have on care, health and wellbeing?**

I suggest that we ask our patients, clients, service users, customers, communities, health and social care staff to *participate* in answering this question.

# **QUESTION**

**What impact does nursing have on care, health and wellbeing?**