Action Research for Nurses

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ONE

What do you need to know about action research?

This chapter is about what action research is and what it means for nurses to do it. The chapter asks questions such as:

- What do you need to know about action research? Why do you need to know it?
- How do you do action research?
- What are the core assumptions of action research?

Briefly, action research is a form of enquiry that helps you as a nurse find ways to evaluate and improve your practice where necessary. You learn how to do things differently, which means that you create new knowledge about what you are doing. Doing action research also enables you to communicate this new knowledge to others so that they can learn from you how they might do the same. Potentially you can contribute to other people's learning and thereby to the development of your profession. Action research is therefore by nature educational.

To appreciate what action research involves and how to do it means first appreciating what is involved in doing all kinds of research. This chapter is organised to address the following questions:

1. What is involved in all kinds of research?
2. What do you need to know specifically about action research? Why do you need to know it?
3. What are the core assumptions of action research?
4. What are the purposes and uses of action research?

Chapter 2 develops these ideas by asking why it is important for nurses to do action research, how the knowledge generated may be used, and some of the choices involved.

First, then, consider what is involved in all kinds of research.

1. WHAT IS INVOLVED IN ALL KINDS OF RESEARCH?

All research, including action research, involves the following:

- Doing research enables you to make a claim to knowledge. You test the validity (truthfulness, believability) of the claim through gathering data and generating evidence, with a view to contributing to new theory.
- The research contains a philosophical base, which gives you explanations for the research and its methodology. You can state the reasons and purposes for doing it, and for doing it in a particular way.
- The research has a practical element, which contains advice about the methodological steps involved in order to achieve its reasons and purposes.
- The research contains a written element, which serves to communicate the research findings.
- The research requires critical reflection, which enables you to articulate the significance of what you have done and found, and what needs to be done next.

Doing research enables you to make a claim to knowledge

Research is always about knowledge, whether this means discovering knowledge and finding things out that you did not know before (the knowledge is new for you), or creating original knowledge that no one knew before (the knowledge is new for everyone). As a nurse you can contribute to existing knowledge of the field; this could be in the general field of nursing, or in a specialised field such as psychiatric nursing or children's nursing.

If you wish to make a knowledge claim (you claim that something is known now that was not known before, whether by you or someone else), you need to test its validity, that is, to demonstrate its truthfulness or believability. Testing and demonstrating the validity of knowledge claims therefore comes to stand as a sign of researcher authenticity and responsibility. When you write your dissertation or report, virtually the entire text is given over to testing and demonstrating the validity of your knowledge claim. How you do this is explained in Chapter 7.

The knowledge you create can contribute to new theory. Broadly speaking, the word 'theory' means 'explanation'. You can say, 'I have a theory about [I think I can explain] how and why we can help psychiatric patients be more involved in their own wellbeing'. We all have millions of theories like this that guide our everyday practices. When you actively research your practices and come up with innovative ideas about how to involve psychiatric patients in their own wellbeing and why you should do so, you can claim two things:

1. You can claim these ideas as new knowledge, and say, 'I have developed strategies for engaging psychiatric patients in their own wellbeing'.
2. You can also claim that you have generated a theory of practice: this means you can explain how and why you have developed new strategies. When you generate theory, you outline the reasons and purposes for what you are doing, explain how this is grounded in appropriate research procedures, and show how the validity of your emergent knowledge claims has been tested against the stringent critique of peers and others.

Consider these knowledge claims:

- [I know that] Mr Green is recovering well.
- I have studied counselling and developed my therapeutic skills.
- I know the importance of reflective practice in nursing.

Each claim implies that you know what you know and you know how you have come to know it.

To get to this point of articulating claims to knowledge and the processes that have led up to them, it is useful to be able to use some specific terminology, especially the words 'ontology, 'epistemology' and 'methodology'.

Ontology refers to a theory of being, how you view yourself. Your ontological values are to do with matters of identity and inform who you think you are.

Epistemology refers to a theory of knowledge, a theory of knowledge acquisition and creation, and a theory of testing the validity of knowledge claims: in other words, you are able to say what you know and how you have come to know it, and explain how you have checked that what you say may be believed.

Methodology refers to how we do things. It is different from 'methods', which refers to specific techniques such as when gathering or analysing data.

The research contains a philosophical base, which gives you explanations for the research and its methodology

Research is never undertaken in a vacuum: you need to give reasons for doing it (say why the research is necessary) and your purposes (say what you hope to achieve). Research therefore becomes political, because it aims to destabilise and possibly change established personal, social and institutional structures through developing new thinking and practices. This carries implications for researchers, because it then becomes their responsibility always to interrogate contexts that are otherwise taken for granted. Several major authors speak about the need for critique. Hannah Arendt uses the analogy of a pearl diver 'who descends to the bottom of the

sea … to pry loose the rich and the strange, the pearls and the coral in the depths and to carry them to the surface …' (Arendt, 1968: 205). Foucault constantly emphasises the need to 'make the familiar strange' (e.g. Foucault, 1980a).

Interrogating contexts helps us to become aware of what is going on, and of our own social, political and historical situatedness, that is, our involvement in the situation we are investigating. We tend usually to take these things for granted without questioning them. Bourdieu (1990) uses the analogy that a fish does not know it is in water. By doing research we can make ourselves aware that we are in water, and of the state of the water we are in and where it comes from. We especially become aware of how we learn to accept what is said and not to interrogate the language used to communicate messages. These matters are especially meaningful for nursing. Rolfe (1996, 1998), for example, tells the story of how, historically, nursing has been positioned as subservient to medicine; how nurses' knowledge still remains subjugated; and how many members of the establishment still refuse to accept nurses' theories of practice as serious contributions to the field. It is the same issue outlined by al-Takriti (2010), who speaks about 'negligent mnemocide', when colonised people's collective memories are eradicated through the imposition of the coloniser's language and traditions. Many of the nurses we spoke with in our research appeared to feel something similar: many felt that a huge part of their own knowledge base had been erased because it does not fit into the currently accepted models. Perhaps, instead of discounting those aspects for which we have no language to describe or means to measure, we should develop a new language by carrying out research into our own work areas that is more relevant and fit for purpose than the accepted dominant form.

The research has a practical element, which contains advice about the practical steps involved in order to achieve its goals and purposes

All research is, in Stenhouse's (1983) words, 'systematic enquiry made public'. Action research has the additional element of contributing to social transformation towards democratic and egalitarian ways of being (McNiff, 2013).

However, there are different kinds of research, each with their own methodologies, forms and methods. Conventional social science research, which is the basis for most nurse research, tends to adopt a linear format. It begins with a hypothesis and follows a straight path towards a final answer: a → b → c → d → the end, aiming to show the cause and effect relationship of 'If x, then y'. Action research, on the other hand, is generally understood to follow a cyclical process of plan → act → observe → reflect → re-plan … though there are many variations on the theme (see Figure 1.1).

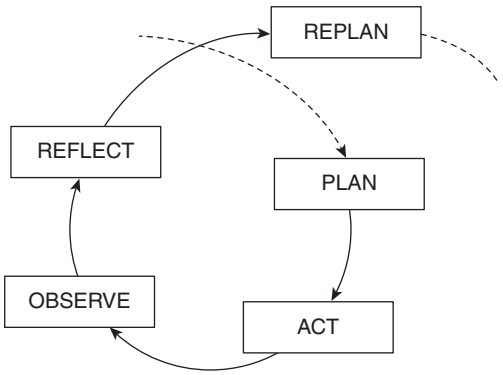

Figure 1.1 The cyclical nature of action research

The metaphors of action research are those of emergent processes with mutual reciprocal influence, where the whole contains multiple interrelated parts and each part contains the whole within itself (see for example, Sumara and Davis, 2009). This complex systems perspective is different from a reductionist perspective that

> … generates knowledge and understanding of phenomena by breaking them down into constituent parts and then studying these simple elements in terms of cause and effect. With systems thinking the belief is that the world is systemic, which means that phenomena are understood to be an emergent property of an interrelated whole. *Emergence* and *interrelatedness* are the fundamental ideas of systems thinking. (Flood, 2001: 133, emphasis in original)

These ideas about emergence and interrelatedness are especially relevant to nursing, which is about helping others to move back into wellbeing and maintain their sense of coherence as a whole person. Nursing itself has moved beyond the curative and preventative models of the 1990s towards a twenty-first-century relational view, which we develop in this book as a dialogical model. The ideas are also important because they show the theoretical commensurability between the philosophy and methodology of action research and nursing. In action research researchers work collaboratively with one another, while in nursing the patient is not seen as a 'what' (a case or the recipient of a procedure: see also Liaschenko, 1997) but as a 'who', an active partner in a constellation of other agents and actors, a participant in a dialogue of equals. This has considerable implications for the ethics of nursing (Chapter 3) and the development of an educational, dialogical view of nursing.

The research contains a written element, which serves to communicate the research findings

Research of all kinds needs to be made public in order to communicate its findings and knowledge claims and its potential significance for different areas. Writing is not an add-on undertaken after the event but is a main vehicle for making sense of practices. It serves many purposes in research, including the production of reports, writing for a higher degree, and writing articles for publication in academic and peer-reviewed journals (Williamson et al., 2012: 170–187; see also Burnard et al., 2011).

Writing can also act as a form of reflective practice, a process of making explicit what is implicit. This is a core aspect of professional learning: Schön (1983, 1995), Eraut (1994) and Sternberg and Horvath (1999) all speak about the need to recognise professional competence as rooted in the tacit knowledge of the practitioner. Within a clinical nursing context, Higgs and Titchen (2001) emphasise that knowledge always belongs to a knower, and that professional craft knowledge is essential to nursing competence. Using the analogy of an iceberg, Titchen and Ersser (2001: 48) make the point that 'only the tip of the iceberg is available for critical, public scrutiny and for its acquisition by others in their development of expertise'.

Writing therefore can act both as a means to record events and articulate their significance as well as a means of reflection and analysis. The capacity to reflect on one's actions and thinking, and to reframe these in light of better understandings is the basis for improving one's understanding of personal practice and of reframing existing frames of understanding (Schön and Rein, 1994).

The research requires critical reflection, which enables you to articulate the significance of what you have done and found, and what needs to be done next

When we do research we always need to ask, 'So what? What is the point of doing it?' Sennett (2008) tells the story of how Hannah Arendt stopped him in the street to make sure he would communicate through his writing the fact that 'people who make things usually don't understand what they are doing' (p. 1). Research is a form of making, creating knowledge that did not exist before. But it can also be like Pandora's box, where evils are released as well as good things. When you do research be as clear as possible about what you are doing it for. The purpose of action research is always to influence processes of personal and social change. Check also that you are living in the direction of your values and not compromising them. This kind of conflict of values is illustrated by a comment from one of our research participants:

> "I was offered the attractive opportunity to do research on two products and do a comparative analysis of them. I was told my research would benefit patients. However, on closer inspection I came to the conclusion that the two products were made by the same company, and any research report I produced would

have little benefit for the patients, and would mainly benefit the company. I decided against doing the research.

However, while reflection is essential in helping us to be clear about our reasons and purposes, reflection alone is insufficient to effect social change. Social change happens when people think about things and decide to take focused action. Mendieta reports Rorty's views that:

> When faced with opponents who don't share our worldview … we cannot hope to refute them, but we can concretely elucidate our worldview in the hope that it will make their worldview look untenable. 'There is no answer to a redescription', [Rorty] pronounced, 'save a re-re-description'. (2006: 10–11)

Mendieta terms this 'incremental redescription', which is what often happens in action research: we take action, reflect, re-act, re-reflect, and so on, in a never ending incremental flow of expanding action and reflection.

Now consider what is involved specifically in action research.

2. WHAT DO YOU NEED TO KNOW SPECIFICALLY ABOUT ACTION RESEARCH? WHY DO YOU NEED TO KNOW IT?

This section addresses the following issues:

1. What action research is and what it is not.
2. How do you do action research?

What action research is and what it is not

First, consider what action research is.

What action research is

Action research is a form of enquiry that enables practitioners in every job and in every walk of life to evaluate what they are doing and to find ways of doing it better. They look at their practice and the contexts they are in and ask, 'What am I doing? Is it satisfactory? If not, why not?' This helps them to take stock of and evaluate what they are doing. They also ask, 'What can I do to improve my practice? Why should I do this?' This helps them to take control of their practice and find ways of improving it as they see fit. They then systematically investigate it with the aim of describing and explaining what they are doing to other

people and why they are doing it. The descriptions and explanations they give come to act as their personal professional theories of practice, which they can then share with others, and from which others may learn if they wish. When nurses improve their personal and collective knowledge of their practices they can use this knowledge to enhance the quality of their professionalism, as well as contribute to its enhancement and democratisation. Importantly they are able to identify patient needs, extend their practices out to their patients, and explain what they are doing and why they are doing it. Action research questions often take the form, 'How do I …?' or 'How do we …?' In this case nurses could develop individual or group research programmes around the questions:

- How do I help patients to take more informed control of their own medication? This will lead to greater independence and earlier identification of possible side effects.
- How can we teach new staff the essentials of oxygen administration and develop awareness of individual patients' requirements and responses?

What action research is not

Action research is not conventional scientific or social scientific research; action research and social science traditions are different in core respects of intent and methodology.

The aim of scientific research is to predict and control what will happen through demonstrating a cause and effect relationship between variables. You can test the effect of a drug on patient recovery through randomised controlled trials. A lot of nursing research takes the form of social science research and is based on the same assumptions and principles. It is assumed that you can influence a patient's progress through applying a specific procedure and monitoring the subsequent results. However, these approaches can be limited, mainly because they assume a simplistic cause and effect relationship. Real-world nursing is not like this. Patients are real people and need personalised care and comfort, much of which cannot be explained in terms of simplistic cause and effect relationships.

Social science perspectives permeate nurse education (Rolfe, 1998). It is assumed that nurses should learn a given body of knowledge and apply it to their practices. This often leads to what is called 'the theory-practice gap', that is, when well-formed 'pure' theory cannot be mapped onto untidy, frequently chaotic real-world practices. Sadly this assumption that theory can be directly applied to practice has often led to catastrophic practices, where nurses have focused so much on getting the application of theory right that the personal needs of patients have gone unnoticed. At least a positive outcome is that calls are now made for nurses to research their own practices and make their accounts public (see The King's Fund 2013 report). This means that nurses should do action research, which is premised on the idea that nurses (and all practitioners) can and should research their own practices.

These different research perspectives lead to different researcher positionalities. In social science forms, researchers stand outside a situation and ask, 'What are those people over there doing?' This kind of outsider research (also called 'spectator research') adopts an externalist, objectivist stance. Action research is usually insider research. Nurses see themselves as part of the context they are investigating and ask, 'Are we doing this right? How do we improve our work as necessary?' If they feel their work is reasonably satisfactory, they produce authenticated evidence to show why this may be the case. If they feel something needs improving, they work on that aspect, keeping records and producing regular oral and written progress reports about what they are doing.

Here are some examples of questions asked about nursing practices that show the difference between a social science outsider perspective and an action research insider perspective.

Examples of social science outsider questions are:

- What is the relationship between nurses' practice-based knowledge and the quality of patient care?
- What is the best way to apply a dressing?
- What is the effect of regular hydration practices on patients' wellbeing?

Examples of action research insider questions are:

- How do I improve my practices as a nurse for the benefit of patients?
- How do I learn to apply dressings?
- How do I ensure that patients get sufficient hydration?

Action research refers broadly to the processes involved in taking action for political action. The 'action' is always action in the world, with social and political intent: it aims to help others to live and think autonomously and enjoy full engagement with life. It means thinking carefully about what you hope to achieve, which means checking that what you intend to do will lead as much as possible to social good rather than to harm.

It is always important to remember that the term 'action research' contains two words – 'action' and 'research' – and that these refer to different things.

> ***Action*** refers to what we do. There are different kinds of action: we can take unplanned action such as when we make a mistake in drug dosages. We can also take intentional, planned action, such as when we help patients get dressed. This is the kind of action that is relevant to action research.
>
> ***Research*** refers to how we investigate and find out about what we do. We come to new understandings and create new knowledge. In action research the knowledge is always about practices, and involves investigating the reasons for, as well as the outcomes of, any actions we take.

> A high number of our patients have asthma, even though this may not be the primary cause of admission. I noticed that many do not seem to be making the best use of their inhalers because they use them at inappropriate times and not in the way they are intended for use. This concerns me because the long-term effects could be detrimental. I decided it would be a good idea to try to give updated advice on how they could best use them. I was aware that many people feel a great sense of ownership of their condition and can resent people interfering as they see it. I decided, as first step, to have a brief discussion with a number of patients and asked them how they would feel about answering questions and having a discussion about their own inhaler usage.

It is also important to appreciate the difference between professional learning and doing action research. Professional learning often takes the form of action learning; for example you could:

- initiate meetings for relatives and patients to get feedback from both parties and suggestions about how the service could be improved;
- set up brainstorming meetings among staff to solicit ideas about how to manage a ward better.

These would be action-oriented practice-based projects, but they would not be research projects because they do not fulfil research criteria such as gathering data and generating evidence. However, they can be extended to become practice-based research projects, as follows:

- Initiate meetings for relatives and patients to get feedback from both parties and suggestions about how the service could be improved. Keep records of activities and feedback, analyse the feedback to see if the initiative is contributing to better communication and producing concrete suggestions about how services can be improved.
- Set up brainstorming meetings among staff to solicit ideas about how to manage a ward better. Keep records of activities and feedback from the meetings, analyse and collate the data from the meetings, come up with new ideas and assess their effectiveness.

These days too many texts (even those that call themselves action research texts) stop at the level of action. This gives action research a bad name and also fails to promote the idea of nurses as educational researchers rather than only practitioners.

A key point here is that action research is educational in that people learn to develop a critical stance towards their own and others' learning. Critique is essential. Without critique we accept unquestioningly what we are told, and this leads easily into fundamentalism and stasis, themselves barriers to growth.

In summary, the main purpose of doing action research is to find ways to contribute to improving the social situation we are currently in. This calls for

wise action, which begins with developing understandings of what we are doing within our particular situation and imagining ways in which it could be better. It means developing nursing knowledge, not only knowledge about nursing.

Now look at how you do action research.

How do you do action research?

Action research is a practical, common-sense way of understanding a practice thoroughly and improving it as necessary. This involves critiquing what is being said by others as well as what you have come to believe. You begin by asking, 'What is going on here?' This can apply to what is going on in the social situation you are part of, and also to your own thinking and understanding. For example, you may ask, 'Why have self-discharges increased over the last year in our unit?'

Action research is a disciplined, systematic process where you:

- review your current practice in the specific social situation you are in;
- identify an area you wish to study and improve;
- gather data about the existing situation;
- ask questions about how you can improve it;
- try it out and take stock of what happens;
- continue to monitor progress and begin to generate evidence;
- evaluate progress and establish procedures for making judgements about what is happening;
- test the validity of emerging knowledge claims;
- modify practice in light of the evaluation;
- explain the significance of what you are doing orally or in writing.

This process tends to take the general form of a cycle of action, reflection and modified action in light of the evaluation, as in Figure 1.1 (p. 15).

This notional plan can be turned into a set of reflective questions, as follows:

- What issue do I wish to investigate? What is my concern?
- Why do I want to investigate this area? Why is it important? Why am I concerned?
- How do I show the situation as it is? What kind of baseline data do I need to gather to do this?
- What can I do about the situation? What will I do? How will I do it?
- How will I gather data and generate evidence to show the situation as it develops?
- How do I check that any conclusions I come to are reasonably fair and justifiable? How do I test the validity of any provisional claims to knowledge?
- How do I modify my ideas and practices in light of my evaluation?
- How do I explain the significance of what I am doing? (see also McNiff, 2013; adapted from the original Barrett and Whitehead, 1985)

In practical terms, this means that you would:

- identify a particular concern or issue that you want to find out more about;
- gather initial baseline data to show what the current situation is like and show why the situation needs investigating;
- try out a different way of doing things;
- monitor what you and others are doing on an ongoing basis and continue to collect data;
- reflect on what is happening;
- generate evidence from the data and establish its authenticity;
- check out any new understandings with others;
- develop new practices in light of your findings that may or may not be more successful than previous ones;
- be prepared to explain to others the significance of what you are doing and its potential implications for others.

For example, you may wish to monitor and evaluate how well you are relating to patients and how they are responding to you, so that you can encourage them to believe in their chances of a full recovery. This is the basis of a person-centred approach to nursing (McCormack and McCance, 2010). Or you may wish to find ways of encouraging novice nurses to have greater faith in their own capacity for learning: this is the basis of an apprenticeship model of nursing. Benner (1984) outlines how nurses can develop from novice, to advanced beginner, to competent nurse, to proficient nurse, and finally to expert nurse. She makes the point that this is not simply about learning procedures but also about developing wisdom – a deep knowledge of what is involved in helping another person achieve a state of health that involves full engagement in life (see also Senge et al. (2005), who speak about the need for *presence* in practices).

A notional action plan could like this.

Identify a particular concern or issue that you want to find out more about

I need to check why Mr Brown is reluctant to start mobilising even though he had been walking unaided before admission and seems well enough to do so now.

Gather initial data to show what the original situation is like and show why it needs investigating

In my reflective diary I noted that when asked about this he was non-committal and said that he was rehabilitating well. One of my colleagues mentioned that he sometimes talked about his time in the army and showed quiet pride about his service. I noted this conversation too. When I was next changing his dressing I asked him about his experiences in the army and what he had learned. As he chatted it emerged that he felt it was unmanly to show weakness or dependency on others supporting him.

Try out a different way of doing things

During our next conversations I pointed out to Mr Brown the importance of developing strategies towards gradual independence and using the available support to ensure full independence. We agreed a walking frame would give him confidence to become more ambulant and that he could lessen its use as his confidence returned.

Monitor what you and others are doing on an ongoing basis: reflect on what is happening

Other staff and I observed whether Mr Brown was starting to walk short distances to the toilet and sitting room. We entered our observations on the nursing notes. I chatted with Mr Brown when I met him at various places around the ward and he seemed cheerful and confident.

Generate evidence from the data and establish its authenticity

The previous notes had referred to his lack of mobilisation. Now the notes constantly referred to his walking around the ward area. I selected those pieces of data that referred to his mobility or lack of it to show the situation as it developed and to generate evidence.

Check out new understandings with others

Colleagues and I agreed that we may have initially overlooked the value of simply listening to patients' own narratives and views. We felt that we could have used initial everyday chats with Mr Brown to learn more about him and his feelings about his present situation.

Develop new practices in light of your findings

We discussed at ward meetings the benefits of using everyday interactions in a more guided or focused way to help build up our overall picture of the individual person and their reactions to their present circumstances. This shows the importance of engaging dialogically with patients. It enables and encourages them to contribute to their own care plans and have a greater sense of agency.

The process of 'observe – reflect – act – evaluate – modify – move in new directions' is generally known as action-reflection, though no single term is used in the literature. Because the process is cyclical it tends to be referred to as an action-reflection cycle (Figure 1.1), and because it is open-ended, dynamic and transformational it may be known as educational. The process is ongoing because as soon as we reach a provisional point where we feel things are satisfactory, that point immediately raises new questions and it is time to begin again. In 1984, McNiff outlined her idea that action research processes can never be seen as straight, because issues may generate other issues, which may need to be dealt with before proceeding with the main issue. She produced the model illustrated in Figure 1.2 to communicate this generative and unpredictable aspect of action research.

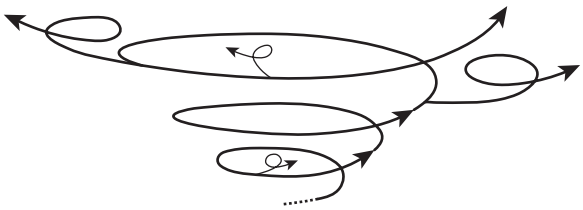

Figure 1.2 Visual to represent a generative transformational evolutionary system (McNiff, 1984)

Implications of these ideas are explored below.

3. WHAT ARE THE CORE ASSUMPTIONS OF ACTION RESEARCH?

Here are some of the most important assumptions of action research:

- Action research is values-based.
- Action research values and integrates all kinds of knowledge.
- This knowledge contributes to the generation of new theory.
- Action research is emergent and developmental.
- Action research is collaborative and inclusive.

Action research is values-based

Action research is values-based, and, like nursing, is always to do with care and respect for the other. This means it is democratic, egalitarian and ethical, because all people are valued equally. This idea is shown most strikingly in how people position themselves in relation to others, especially when explaining their choice of positioning as outsider or insider in the research. These ideas are developed in Chapter 3.

Action research values and integrates all kinds of knowledge

We said above that the aim of doing action research is to create knowledge and generate theory. However, it is important to appreciate that there are different kinds of knowledge; the main kinds are as follows:

- know-that;
- know-how;
- personal knowledge.

Know-that is also called propositional or factual knowledge and refers to knowledge about facts and figures. You test the validity of knowledge claims through pointing to empirical evidence: you can say, 'I know that today is Friday because it says so on today's newspaper'. Know-that is essential for nursing practices: you say, 'I know that patients need regular hydration', so you ensure that your patients get regular hydration. Knowledge of treatments and procedures is usually acquired from external sources such as books and other more knowledgeable people. It is also linked strongly with technical knowledge, which is essential for knowing about technology in patients' treatments.

Know-how is also called procedural knowledge and refers to skills and competencies and the application of procedures. It is a core element of nursing practice. Nurses need to build up their skills and expertise on a systematic basis. You demonstrate the validity of your claim that you are a skilled nurse by showing how you do things: you show that you can give an injection skilfully by doing it. Your evidence of the validity of your knowledge claim is in the testimony of your patient who says they didn't feel a thing.

Personal knowledge refers to the wisdom of practice and is linked strongly with common sense, built up through experience. It is also linked with the idea of your values: you listen to the inner voice that tells you what to do. Often nurses work on intuition: they know what is the right thing to do at the right time and the right kind of words to use in a particular situation. Polanyi (1958, 1983) speaks about personal knowledge as the basis of wise practice. No one can teach you personal knowledge; you have to learn it for yourself. It is linked strongly with the Aristotelian idea of phronesis, that is, wisdom in practice.

When you do action research as a nurse you draw on all these different kinds of knowledge. You develop and use:

- propositional knowledge for knowing about a patient's illness and treatment;
- procedural knowledge for knowing how to treat a patient; and
- personal knowledge for knowing what is the right thing to do at the right time in the patient's interests.

No one kind of knowledge is better than another, and they are all integrated within a nurse's practice. Unfortunately in today's university-based nursing education, know-that is given priority over all other kinds. Professionalism is reduced to what you know rather than how you know it or how you use your knowledge. It is a narrow, barren epistemology, with a focus on pieces of information, while not recognising that you need a different kind of interpretive capacity, usually acquired through experience, to bring all the pieces together as meaningful wholes.

Knowledge contributes to generating new theory

It is understood that knowledge can contribute to the generation of new theory. The word 'theory' means, broadly speaking, 'an explanation'. If you say, 'I have a theory about nutrition and recovery' you are saying, 'I know how nutrition and recovery work' and 'I can explain why they work in this way'. There is nothing mysterious about the idea of theory. We all have millions of theories about the way the world works, and we are constantly creating new ones. For example, you might find through experience that it is wise to start medication rounds earlier to allow for interruptions and avoid hurrying, which can lead to errors.

As with knowledge, there are different kinds of theory, including abstract theory and personal theory (there are other kinds, too, which we will not go into here).

Abstract theory (also called 'conceptual' or 'propositional' theory) is the kind of theory usually found in textbooks. As with propositional knowledge (know-that), it is the dominant form of theory used in universities. Nurses are expected to apply other people's abstract theories to their practices. These kinds of theories work from an idealised 'if only …' perspective: Kant thought perpetual peace was possible if only people would behave in a certain way (see Bohman and Lutz-Bachmann, 1997). Habermas (1976) thought that an ideal speech situation would be possible if only … and Rawls (1972) proposed a theory of justice that would work if only … . These idealistic theories set out what a perfect world would look like. Unfortunately, they do not tell us how to get people to behave in such a way as to make the theory come true. To achieve this we need practical theories of real-life practice.

Personal practical theory is the kind of theory that people create for themselves. They study and monitor what they are doing, gather data to show the processes involved, and generate evidence from the data to ground their emergent claims to knowledge. You could say, 'I have come to understand why it is important to turn patients regularly' and you can compare this knowledge with the theories you read in the literature about the need to turn patients regularly to avoid pressure ulcers. However, while practical practice-generated theory helps us understand and explain how to improve practice, traditionalist academics are unlikely to accept it as valid theory. Back to the politics of knowledge.

Action research is emergent and developmental

When you do action research you ask questions and look for new understandings, not for final answers; this makes it distinctive from traditional social science research that focuses on getting to an end point where all answers will be revealed. In action research you begin from where you are, wherever this may be: you ask, 'What is happening in this place at this moment?' and you take stock so that you can work forward from there. This idea mirrors real life: we are always in the middle of something, and each ending is a new beginning. It is the same in nursing, which begins with the patient in the here and now. When you

research your nursing practice in action you ask questions about intriguing or puzzling situations, so you can work out a better way of doing things. You always start from where your patient is, not from where you wish they were, although you would have a vision of where you hope they will be – in full health and full engagement with life. You do research into your actions to help you get to where you wish them and yourself to be.

Action research is pluralistic, collaborative and inclusive

Action research has always been linked with the idea of popular movements towards democracy and social justice. Accounts of its historical development appear in Greenwood and Levin (2007), Noffke (2009), McNiff (2013, 2014) and others. Most commentators agree that action research has been around since at least the 1930s, in different contexts committed to collaborative working (see for example, Stringer, 2007). They also agree that authors such as Freire (1970) and Dewey (1963) provided a theoretical basis for action research, though they were not identified as action researchers. The name 'action research' became popularised during the 1930s and 1940s, primarily through the work of Lewin (1946), who emphasised the need for the involvement of all in work situations. So it is commonly agreed that action research is pluralistic: everyone is acknowledged as of equal worth and equal status, and should be free to pursue the kind of life they wish to lead in negotiation with others. This carries considerable implications for nursing, because it means seeing everyone, including patients, as people in their own right. It means prioritising patients' interests above the organisation's: this has major implications for what counts as appropriate practices in nursing, and especially what counts as ethical behaviours (Chapter 3).

We now turn to the purposes and uses of action research.

4. PURPOSES AND USES OF ACTION RESEARCH

Action research is today used around the world in different ways. Two of the most important are:

- as a form of professional learning;
- as a form of social and political activism.

Action research as a form of professional learning

These days action research is widely seen as a powerful form of professional learning. It has been particularly well developed in education, specifically in relation to teaching and pedagogy (Carr and Kemmis, 1986; Elliott, 1991), and is now

becoming established in nursing and related disciplines (Higgs and Titchen, 2001; Higgs et al., 2011). When people do action research they transform traditionalist models of teaching (the idea that in order to learn you have to be taught) into models of learning (everyone can learn for themselves). This has huge implications for traditional forms of nurse education, which tend to be based on a model of teaching: even in episodes of self-directed learning there is still the assumption that the student will go to the existing literatures. When people do action research they investigate their practices at first hand, including how they learn, individually and collectively. Collaborative learning and researching is a great way for individuals to explore their capacity for knowledge creation together.

These ideas were given especial importance through the development of the new scholarship, an approach developed by Boyer (1990), who spoke of the need for university teachers to develop different forms of pedagogy and integrate different forms of enquiry. He talked about the need for a scholarship of teaching, which involved:

- a scholarship of discovery, when you find out facts;
- a scholarship of integration, where you put the facts in perspective and make connections across disciplines;
- a scholarship of application, where you apply what you find to new areas;
- a scholarship of teaching, which begins with what the teacher knows and transforms and extends it. In this book we argue for a new scholarship of nursing.

These ideas were complemented in 1994 by Gibbons et al. who distinguished 'Mode 1' and 'Mode 2' forms of knowledge production. In Mode 1 forms, they said, knowledge is seen as disciplinary, static and hierarchically ordered, whereas Mode 2 forms are diverse, dynamic and 'socially accountable and reflexive' (p. 3). Mode 2 forms of knowledge production focus on solving problems and improving practices, are relevant to specific social situations and can be adapted to future similar contexts; we can learn from what we are doing and we can develop and adapt our learning. These ideas about Mode 1 and Mode 2 forms are similar to those described by Rolfe (1998) who refers to Popper's 'two worlds of knowledge'. Popper spoke about 'World 3 knowledge', which could be 'found in books, journals and other publicly accessible media' (Rolfe, 1998: viii), and World 2 knowledge, which is about what people know about themselves but is not in the public domain (World 1 knowledge is about knowledge of objects). Rolfe emphasises the importance for nurses of distinguishing between World 3 and World 2 kinds of knowledge:

> Scientific World 3 knowledge tells us how patients with a certain illness *tend* to respond to a particular treatment, whereas personal World 2 knowledge allows us to look beyond the illness to the patient himself [sic]. (1998: viii; italics in original)

Professional education requires the integration of all forms of knowledge.

Action research as a form of social and political activism

This idea that all people can learn has special implications for nursing because it means that nurses and their patients and families may be included in debates about what counts as nursing knowledge and practice, and how these can be used for the benefit of all. This development is part of wider world movements towards increasing democracy and the inclusion of all people, including those on the fringes of mainstream society.

In his Masters dissertation (2006), Odd Edvardsen tells the story of how he and his colleagues worked with local nurses and medics to set up a chain of survival networks in Kurdish North Iraq, to help them develop the skills and knowledge to support themselves. He writes:

> My study shows the importance of having a network of actors who are deeply rooted in the local context in which one operates. In this way the intervention can develop according to the villagers' needs. This close contact with the realities of the villagers has made it possible for the project to develop according to changes in the injury panorama and also to start taking care of all those who have been exposed to injuries. The need to increase their competence has brought the chain of survival into the local health institutions. The challenges in the future will be to implement the model within the framework of the public trauma care system in the province. (Edvardsen, 2006: 3)

A major implication of the above is that action research and nursing are both real-world, living processes; they are always changing and have the potential to influence wider change processes. They are also always socially-oriented, and are therefore political because deliberate human interactions are always political in one way or another. This has considerable implications because it raises questions about how we understand processes of change, how we position ourselves in relation to other people, and how we understand the purposes of our work as nurses and researchers.

These aspects are explored further in Chapter 2, where we speak about why nurses should do action research, and whose interests this serves.

SUMMARY

This chapter has outlined what you need to know about action research. It has first considered what is involved in all kinds of research, followed by descriptions of how action research is distinctive, how you do it, and some of its core assumptions. Some of the purposes and aims of action research have also been identified.

The chapter has outlined ideas about knowledge claims, researcher positionality, the differences between professional development and action research, and the values-oriented nature of action research. The chapter also explains how action research can take the form of social and political activism.

Reflective questions

- Are you clear about what a knowledge claim is? Can you explain why critical reflection is important, and how this can enable you to articulate the significance of your research?
- Can you say what action research is and what it is not? Can you explain the differences between action research and professional development?
- Are you reasonably confident about how to do action research? What different methodological steps are involved? Can you comment on whether they are flexible or fixed?
- What are some of the core assumptions of action research? In what way are these different from the core assumptions of conventional social science research?
- What do you think are the purposes and uses of action research? Would you use action research? If so, when would you use it? Why would you use it?