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 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

• Qualitative exploration
  - Focus Group 1

• Identification of FG1 themes & suggestions

• Set & achieve actions from FG1
  - Evaluate

• Identification of FG2 themes & suggestions

• Set & achieve actions from FG2
  - Evaluate

• Identification of FG3 themes & suggestions

• Set & achieve actions from FG3
  - Evaluate

Ongoing….
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**

**Positives**

- 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

**Challenges**

- Death of team member
- Illness of team members
- Size of team (dynamics)
- Experience (novice & expert)
- Discipline approaches
- Shift work (time to participate)
- Staff turnover
Acknowledgments & Questions

- Golden Casket Research Funds (working wonders)
- Nursing staff of the Paediatric Unit & CYMHS & CQHSD

lmoxham@uow.edu.au