

Action Research to Improve Nursing Practices

Stephen M. Corey

At the time of this workshop Dr. Corey was on leave from his post as professor of Education, Teachers College, Columbia University, and was acting as research technician attached to the National Institute of Basic Education in accordance with an agreement between the Government of India and the International Cooperation Administration of the United States of America. Dr. Corey in his talk gave very valuable ideas suggesting lines of improvement in nursing through action research.

ACTION research as it applies to the field of nursing, is the research the nursing practitioner conducts to improve her own practices. It is somewhat different from the more common type of research in nursing which is conducted by a research specialist to improve the practices of other people.

In action research the practitioner-investigator works through a series of steps as she tries to improve her way of coping with some practical problem. As each of the steps is taken, an attempt is made to be as disciplined and objective and free from bias as is possible. Every opportunity is availed of to base decisions and inferences upon evidence and facts rather than opinions.

The phases of the nurse's action research are not necessarily in a predetermined sequence. They are given below, however, and commented on in the sequence that seems to be most common. The problem used as an illustration, is imaginary.

Phase 1. Dissatisfaction with one's own ability to deal adequately with problems in a rather broad area.

A public health nurse, for example, who heads a child welfare clinic may be quite dissatisfied with what she has been able to do to increase the influence of her clinic upon the pre-and post-natal behaviour of mothers in the clinic's neighbourhood, which consists entirely of labouring people. As long as this dissatisfaction is general, vague and unfocussed, the nurse will not only continue to be worried, but will probably be unable to take any constructive action to improve the situation.

Phase 2. Focus on a specific circumscribed problem about which something can be done.

Out of her general dissatisfaction with the influence of the clinic, this nurse decides she is most concerned about the attitudes of prospective mothers toward the help the clinic is set-up to provide. She suspects these attitudes are generally negative and her conversations with a number of young mothers about their earlier attitudes towards the clinic confirms her suspicions. Improving these attitudes becomes the focus of her research.

Phase 3. Problem Analysis.

This nurse tries hard to analyze the problem in order to get at the reasons for the current unfavourable attitudes. She talks to her colleagues, reads some literature about child welfare clinics, asks many questions, and records her thoughts about reasons for the unfavourable attitudes in this way :

Reasons for bad attitudes	Check if fact	Check if opinion	Can I effect this ?	Rank in importance
1.				
2.				
3.				
4.				

As the reasons are listed, evidence is sought to confirm or deny what is subjective opinion, especially in respect to important reasons about which the nurse feels she can take some action.

Eventually this nurse concludes that one important cause for the negative attitudes of prospective mothers toward the clinic is that they do not communicate easily with, or quite trust the well educated nurses who work in the clinic, and frequently go out into the community to talk about its services. Many of these nurses, too, are single women and are thought not to know much about child bearing.

Phase 4. Action Planning

The nurse tries to think of actions she might be able to take which would reduce this distrust and poor communication between the labouring women and the nurses in the clinic. Again she talks to her colleagues, she tries to do some reading on the topic and she examines her own clinic experience carefully. Finally she decides to try the following and determine its effects :

(a) Select three or four of the young women in the neighbourhood, who have been helped in the care of their children by the clinic, and who will have some influence in the neighbourhood.

(b) Train these young mothers to go out into the community and talk with other young women who are pregnant, telling them of the help they can get at the clinic, and showing their own healthy children.

Phase 5. Design of the Experiment

The nurse, being research oriented, realizes she must plan her experiment carefully if its effects are to be known, rather than guessed. Hence she plans :

(a) a systematic way to measure the attitudes of prospective mothers toward the clinic before training and sending out the emissaries.

(b) a method of selecting and training the emissaries and regularly having them go out into the community over a 3 month period.

(c) a second measure of the attitudes of prospective mothers toward the clinic at the end of the 3 months of work by the emissaries.

(d) a procedure for comparing "before" and "after" attitudes to find out the effect of the emissary's work.

Phase 6, of course, is the actual experimentation according to the planned design. As has been said this illustration is imaginary, but it might easily be descriptive of a real action research study. The head nurse at the clinic decided that she must conduct some research or some experimentation if the situation that dissatisfied her so much, was to be improved. She analysed the problem carefully trying to identify reasons for the poor attitudes toward the clinic. She did this because she recognised that whatever she might try to improve the situation must be related to some of the reasons that caused it. She recognised too that if she were to know the effect of her plan, it would be necessary to get some before and after measures of the attitudes of the young mothers.

The way most of us solve our professional problems all too often represents what might be called "common sense". This nurse in trying to improve a specific unsatisfactory situation, exercised a great deal of "uncommon sense". To the degree she was aware of the *process* she employed as she worked to solve her problem, and the importance of careful analysis and the procurement of evidence to determine whether or not what she did was effective, this nurse was conducting action research.

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MEETING IN GENEVA

To represent TNAI, the President, Miss Anna Jacob, is scheduled to leave India on August 2 to attend the ICN Board of Directors Meeting to be held in Geneva from August 4 to 10, 1963.

Before returning to India, Miss Jacob will carry out an Indian Red Cross assignment to attend the XVIth Session of the Nursing Advisory Committee of the League of Red Cross Societies to be held from August 12 to 14.

We wish our President a safe journey and a successful mission abroad.

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IN APPRECIATION

On behalf of Special Commissioner, N.E.F.A. I am to thank you for the gracious donation by the Trained Nurses Association of India through the Baptist Christian Hospital, Tezpur, for Bomdila Hospital.

The items donated have been immensely appreciated by the Bomdila Hospital Staff.

K.S. PURI
For Chief Liaison Officer &
Special Commissioner,
N.E.F. Agency, Tezpur.

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This is to acknowledge with thanks the kind donation of blankets and other material for the NEFA Hospital at Bomdila. I am sure your gesture of goodwill and the articles will be greatly appreciated by the Political Officer, his medical staff and the people.

We are very grateful for your kind assistance.

P.N. LUTHRA
Commissioner, North East
Frontier Agency,
Shillong.

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Dear Colleagues,

I want you to know that I am very grateful to the International Committee of the Red Cross for the recognition it has accorded me in awarding me the Florence Nightingale Medal for the year 1963, and I humbly accept it on your behalf.

It was a great privilege for me to have the opportunity to serve as an active member of the Trained Nurses Association of India, and I will continue to work for the welfare of the nurses of India.

May the memory of the lighted Lamp, passed down to us by the great Lady, after whom the Medal is named, inspire our nurses to follow her example and resolve to dedicate our lives to the nursing profession which means service above self.

Thank you all,

EDITH PAULL *