Action Research to Improve Nursing Practice

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Dr. Udai Pareek introduced his topic by speaking of the fact that nursing, which is inherently practical, requires constant development. Improvement of practice is basic to the professional development. Action Research is one way of improving nursing practice, just as it is in General Education.

He said that over 30 workshops on Action Research have taken place in the field of General Education in India, and this is the second in Nursing. So the principles for Action Research have been well worked out for India.

THE need for improvement is being stressed everywhere and by everyone, but good intentions are not sufficient. Improvement has to be planned. There are many ways of bringing about change or improvement. These are called "models" for change in the more sophisticated language of social science.

Action research is one such approach or model or way of bringing about change. It is not a specific research technique. It is an orientation or approach to change. It is research done to improve practice.

It involves a number of attitudes or values which must become basic beliefs for the action researcher. Anyone who undertakes, or who encourages, action research must subscribe to four main beliefs and place a high value on them. He or she must believe that :—

(*i*) Self-initiated change is more effective and better than imposed change ;

(*ii*) change brought about through planning and research is more effective and more enduring than change brought about on the basis of opinions, intuitions or feelings ;

(*iii*) practitioner research—that is, research carried on by nurses for nurses, is more effective for nursing than research carried on by experts (who know little about nursing) ;

(*iv*) change within human beings is more important than material change. The Action Researcher believes that if he can change human beings he will have to spend less time and money on material change. In nursing particularly most problems are human problems—how can we help human beings to look at things in a different way.

Action research is not a technique. It is a way of looking at the whole problem of change. Change must occur in the mind of man.

Action research may then be defined as the conscious process and effort made by a practitioner, or by many practitioners together, towards bringing about improvement in an area of his or their own work through the various steps of the scientific method—beginning with problem identification and ending with evaluation

Steps in Action research

The following steps are involved in action research :—

(1) There must be some kind of change-orientation in the human being. (This is necessary before any improvement begins.) There must be a *feeling of dissatisfaction* with the present standard of work. And there must be *hope* that he or she can do something about change.

(2) There must be *selection of the problem.* First of all there is a broad problem area in which improvement is desired. In this broad problem area there must be classification and clarification of sub-problems. There must be a pin-pointing or selection or focussing of the problem. Find out what is the real problem for you. Diagnosis is necessary. Consideration of priorities and choice of a problem about which you can do something.

(3) *Hypothesis Formulation.* Here the best possible way of solving the problem is being sought. All the possible and alternative solutions must be considered. The wording or framing of these hypotheses should be in terms of possible proposed action.

Next, mental testing of each hypothesis (or possible solution) is necessary. We try to think how each would work out.

Then one hypothesis (the solution we think most hopeful) is selected for trial.

(4) *Action.* Next comes the planning needed for trying out the action-hypothesis. Plan the steps of the necessary try-out with a time plan. It would not be too long. Depending on the nature of the problem, it might be one month or six months, but normally should not go over one year or session.

Collect evidence before action starts, *e.g.* by questionnaires or interviews.

Action proper—putting your plan into action then follows.

Again *collection of evidence* is necessary after the action has been taken.

(5) *Evaluation* (To see to what extent the improvement has occurred.)

(6) *Planning for the next action.* Replanning now follows evaluation.

So action research starts a chain of continued experimenting.

Panel Discussion

One of the sessions much enjoyed which brought to vivid life how we can apply action research to nursing, was a panel discussion in which a hospital nursing staff meeting was role-played. The staff meeting was called to consider the problem of "Why Our Patients are not getting Good Nursing Care".

The parts were played as follows :—

Parts	*Actors*
The Nursing Superintendent (in the chair)	Miss M. Craig
The Sister Tutor teaching science	Miss R. Harner
The Nursing Education	Miss A. Mathews
The Ward Teaching Sister	Miss A. Cherian
The Public Health Tutor	Mrs. P. Jain
Dietition	Miss S. Mall
The Education	Dr. K. Bose

As the role-playing progressed notes were jotted down on the *sample form* (used as a guide by all workshop participants).

The steps illustrated by the role-playing were : Analysis of the problem, pin-pointing or focussing, diagnosis, decision on proposed study to be done, steps to be taken, methods or techniques to use and the time plan for Action Research on a hospital nursing problem.

Name.....

Address.....

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Initial Concept of Problem :

Patients in hospital 'P' are not getting proper Nursing Care

Analysis of Initial Concept into Smaller Problems :

Smaller Problems	*Felt need*		*Feasibility*		*Significant*		*Data available to collect*		*Socially acceptable consistent with policies of your organisation*
	Yes	*No*	*Yes*	*No*	*Yes*	*No*	*Yes*	*No*	
1. Not enough equipment.									
2. Not enough supervision for staff.									
3. Pay—too low									
4. Overload for each nurse.									
5. Staff nurses do not stay, therefore there is not enough supervision.									

* Recorded in paper by Dr. E. Buchanan, Professor of Nursing, College of Nursing. She was the full time faculty member to work on the workshop.

Name :.....

Address :.....

Problem (pin-pointed) : Why don't our staff nurses stay on our staff ?

Diagnosis of Problem (or analysis) —list of possible causes for difficulty.

Possible causes	*Check*		*Subject to my influence*		*Rank in order of importance*
	Facts	*Opinion*	*Yes*	*No*	
1. Food arrangements unsatisfactory.					
2. To get married					
3. Pay is too low					
4. Hours of duty lengthy and unsuitable.					
5. Hostel accommodation inadequate.					Rank 1. Living conditions.
6. No recreational facilities.					
7. Less provision for leave and holidays.					
8. Bindings of rules and regulations.					

Action Proposed (Study to be done) :—On the living conditions of our Staff Nurses.

Purpose :—To improve these, so our staff will stay with us.

Plan for Action Research :—

Steps	*Methods and Instruments*	*Time*
1. Discover regulations and recommendations for living conditions to set up criteria.	Survey of literature—books, magazines and government regulations.	
2. Find out what the staff nurses think.	'Q'-sort' Continuum Scale—Rank order Interview.	
3. Find out what the staff nurses who have left think.	Questionnaire unsigned —explain purpose —easy to summarize	
4. Find out the actual conditions in our own and other nurses home.	Survey—Inspection —Interview —Check list	
5. Analyse the data collected.		
6. Compare with the criteria set up.		
7. Write up Report.		
8. Follow up-study to evaluate.		6 months if worked out by a team of workers.