

*Commentary Article***Action research in healthcare****Mary Casey<sup>1\*</sup>, David Coghlan<sup>2</sup>, Áine Carroll<sup>3</sup>, Stokes Diarmuid<sup>4</sup>, Kinley Roberts<sup>5</sup>, GERALYN HYNES<sup>6</sup>**<sup>1</sup>Department of Nursing, UCD School of Nursing, University College Dublin, Dublin, Ireland.<sup>2</sup>Department of Emeritus at Trinity Business School, University of Dublin, Dublin, Ireland.<sup>3</sup>Department of Healthcare Integration and Improvement UCD/NRH, School of Medicine, Dublin, Ireland.<sup>4</sup>Department of Agriculture, College of Health and Agricultural Sciences, Dublin, Dublin, Ireland.<sup>5</sup>Department of Rehabilitation Medicine, National Rehabilitation Hospital, Dun Laoghaire, Co Dublin, Ireland.<sup>6</sup>Department of Nursing, School of Nursing and Midwifery, University of Dublin, Trinity College, Dublin, Ireland.

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**COMMENTARY**

The utility and versatility of action research has brought about an increase in the level of interest, application and usage of action research in a variety of healthcare contexts in the past 20 years as healthcare systems continue to undergo transformative change and manage the impact of COVID19. Traditional research approaches are somewhat limited in their application to change as they tend to produce abstract thinking and the practical application of the findings can be a secondary concern. In this regard, action research is a growing area of popularity and interest, essentially because of its dual focus on theory and action. This greater interest and usage largely relates to the fact that in the context of change, action research aims at both taking action in a particular system in response to particular forces, such as COVID19 for example, and therefore brings a change. It simultaneously creates knowledge or theory about that action or change that provides actionable knowledge for other health care contexts. Another reason for the increased application of action research in healthcare is “its participatory paradigm, which invites participants to be both embedded and reflexive in the creation of collaborative learning and of actionable knowledge where research is with, rather than on or

for, people”. Action research therefore attempts to link theory and practice, thinking and doing, achieving both practical and research objectives, and therefore provides improvement by closing the gap between researching and implementing.

The action research process involves engagement in cycles of action and reflection and always involves two goals: to find a solution to a real world issue and to contribute to science through the elaboration of extant theory or the development of new thinking. These are the dual imperatives of action research. However, it is the creation of actionable knowledge that is the most rigorous test of knowledge creation. Asking such questions as:-does the particular solution work in practice? and if not why not? and then what can we do to improve the situation further? To address such questions, action research employs a set of principles and outlines definite steps on how to engage in the research process. These steps are cyclical and spiral in nature and iterative and some argue that two overlapping spirals of activity exist, where one spiral depicts the research activity and the other depicts the work interest.

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Action research has its focus on generating solutions to practical problems and its ability to empower practitioners because of its emphasis on participation as a core strategy and implementation of action. Active participation in a research study can be more threatening than participation in the traditional designs and there are increasing calls for evidence of impact and outcome from participation and co-design. Participation in healthcare is rendered complex by the different lens through which different professional groups view and understand problems while patients must engage with these within an organizational hierarchical background. Participative values are embodied within the relational component of the action research and has thus been described as a multivoiced process and embraces multiple ways of knowing-for-action. Indeed, there is an expectation that participation from participants and co-researchers increases involvement and commitment and sustainability of action research outcomes; however, the measurement of this has been inconsistent and almost absent. In some published accounts we have seen the very fundamental inclusion of stakeholders in interviews and focus groups, as essentially constituting the entire spectrum of the core values of participation and inclusion of the quality of the co-researcher partnership. Patient participation demands greater attention from healthcare providers and researchers to ensure that the voice of vulnerable people is heard in a system that was originally designed to accommodate the needs of healthcare professionals and for academics in ivory tower centres of education.

This raises the question of rigor and the scientific basis of

action research. Attest that, like other traditional forms of research, action research is scientific and although it is context dependent, nevertheless it offers explanatory theories, and these theories can be falsified. In this regard, Reason and Bradbury suggest the judge for rigour in action research be on quality and on the basis that it develops a praxis of relational knowledge and knowledge generation reflects co-operation between the researcher and participants. These authors also ask whether the research is guided by a reflexive concern for practical outcomes and whether the process of iterative reflection as part of the change process is readily apparent. In other words is the view of the patient or participant clearly visible? Therefore, action research must acknowledge multiple realities and a plurality of knowing evident in the inclusion of various perspectives from the participants without attempting to find an agreed common perspective. The significance of the project is also an important aspect of quality criteria and whether the project results in new developments such as sustainable change. The necessary evidence of the quality of action research studies can be achieved by: i) demonstrating knowledge of the practical and academic context of the project; ii) creating participants as co-researchers; iii) enacting cycles of action and reflection as the project is being implemented and knowledge is being co-generated; and iv) generating outcomes that are both practical for the delivery of healthcare system in the project and robust for theory development about change in healthcare. It is imperative therefore that all action research addresses these four points and not only justify their research approach but also to demonstrate the quality of their empirical studies.