

Participatory frameworks for evaluation: An action research perspective

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Outline

- Consider key features of evaluation
- Background to participatory action research
- Key elements of a participatory framework
- Case example

Evaluation

Judging the value of something

- through gathering of valid information;
- in a systematic way;
- by making a comparison.

(Øvretveit 2002)

Choosing an evaluation approach

- Evaluation approach adopted needs to fit the type of intervention being evaluated
- Much 'developmental evaluation' draws upon similar principles as used in action research
- A participatory framework is helpful when:
 - Immediate changes are required
 - Intervention is complex and changeable or developmental

What is participatory action research?

A period of inquiry:

- describes, interprets and explains social situations;
- executes a change intervention;
- aimed at improvement;
- entails involvement; working with, not on people;
- participation is educative and empowering;
- undertaken through a cyclic process that involves some form of action and reflection (evaluation)

(Waterman *et al*, 2001)

Action research and its position within the research paradigms: (McNiff & Whitehead 2002; Hart and Bond 1995)



In what ways is action research different to other approaches?

- Participatory
- Roots in a democratic impulse
- Simultaneous contribution to social science and social change

Meyer (2000)

5-year action research to develop end of life care in nursing homes

(Hockley 2006)

- 2 nursing care homes:
 - 7-month observation phase (Phase 1) across the 2 NCHs
 - Focus groups; individual interviews; documentary evidence
 - Analysed and fed back results
 - Explored & planned together ACTION/s
 - management, nurses + care assistants

Challenges in relation to staff education and training

- Low morale & lack of support in caring for the dying
- Focus on tasks
- Lack of a learning culture
 - Task orientated reports
 - Staff found it difficult to engage in teaching

REFLECTIVE DE-BRIEFING GROUPS [RdBGs] following a death [inductively derived]

AIMS:

- To encourage experienced-based learning through reflection within the nursing home setting
- To support nursing home staff in the care of dying residents
- To construct any emerging theory around end-of-life care in NHs with those giving the care

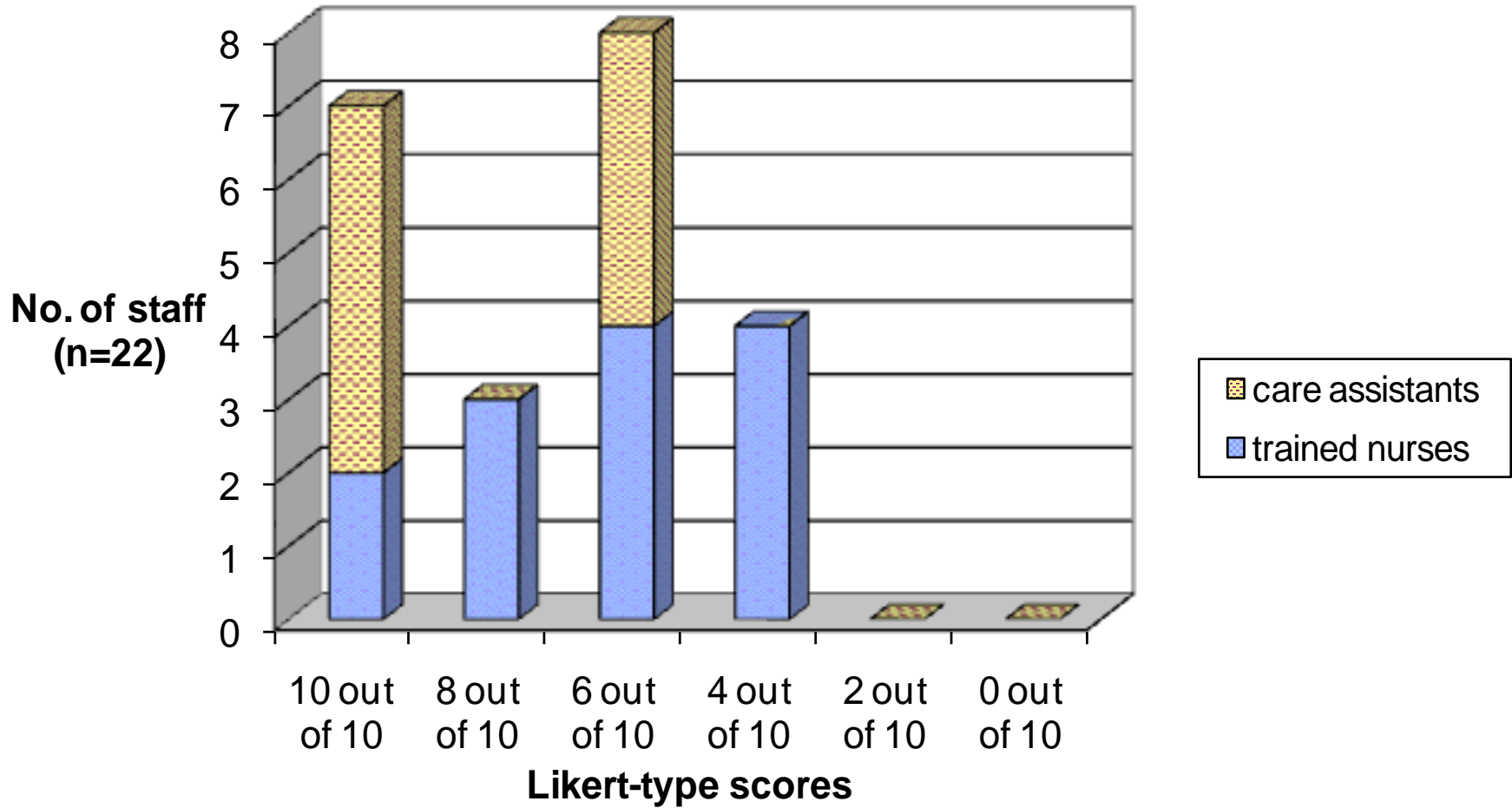
Reflective de-briefing sessions

- Held up to 10 days following the death of a resident
- Any care home staff member was encouraged to come
- Average length of session 40mins
- Over 33 sessions held but 10 sessions were tape recorded
- Sessions were structured:
 - Initial introduction when one/more staff talked generally about resident/family
 - What happened?
 - How did staff feel – exploring personal feelings
 - What went well
 - What didn't go so well
 - What needs changing?

Evaluation

- Questionnaire
 - Closed – likert type questions for every action (not just RdBSs)
 - Open
- Qualitative – through the taped RdBSs

Staff evaluation of RdBSs



RdBS	N H	Age of resident	Topics discussed – during the 10-taped CLGs
1	N H1	97yrs [3yr 5mth]	Dwindling trajectory; dying process; family involvement re EoL decision making; incontinence at EoL; communication with family/other residents
2	N H1	88yrs [2 weeks]	Respite admission & sudden death; guilt; recognising dying; dying process; BBNs over phone; honesty; using the word ‘dying’; sitting with the dying
3	N H1	78yrs [3 weeks]	Gangrenous pain; complex pain control & use of opiates; rehabilitative culture v. palliative care culture; importance of medical background
4	N H1	81yrs [1yr 11mth]	Dying process; premonition of dying; resident dignity/choice; OOHs pharmacy; communicating with family; dehydration & dying; use of opiates
5	N H2 a	88yrs [1yr 9mths]	Dwindling trajectory ; anticipating dying; dying process; taking responsibility; communicating about dying; support of carers; antibiotics & pneumonia as old man’s friend; pain v. agitation – use of anxiolytics;

RdBSs – qualitative evaluation

1) COMMUNICATION:

- “Opportunity to open up to each other as a complete team - including night staff.....cleaners” [Staff nurse 3]

2) SUPPORT:

- “Realizing that one is not alone with ‘these’ feelings” [CA 5]
- “Helpful to discuss any problems more deeply” [Staff nurse 1]

3) EDUCATIVE – taped RdBSs

- ‘being taught’
- developing understanding – ‘penny dropping’
- critically thinking

“.....I have to admit that I was very apprehensive about these reflection times. When you told us you were doing the last one I thought... ‘I’m not sure this is a good idea! Surely after a death people want to forget it and move on. They don’t want to be reminded about it.’ However, I have changed my thinking on it...”

[NH owner, fieldnotes 14.11.2000]

Evaluation

Judging the **value** of something

- through gathering of **valid information**;
- in a **systematic way**;
- by **making a comparison**.

(Øvretveit 2002)

- Value: who defines what is valuable?
- Valid information: what counts as valid information?
- Systematic: How can this be undertaken systematically?
- Comparison: To what is this being compared?

Who defines what is valuable?

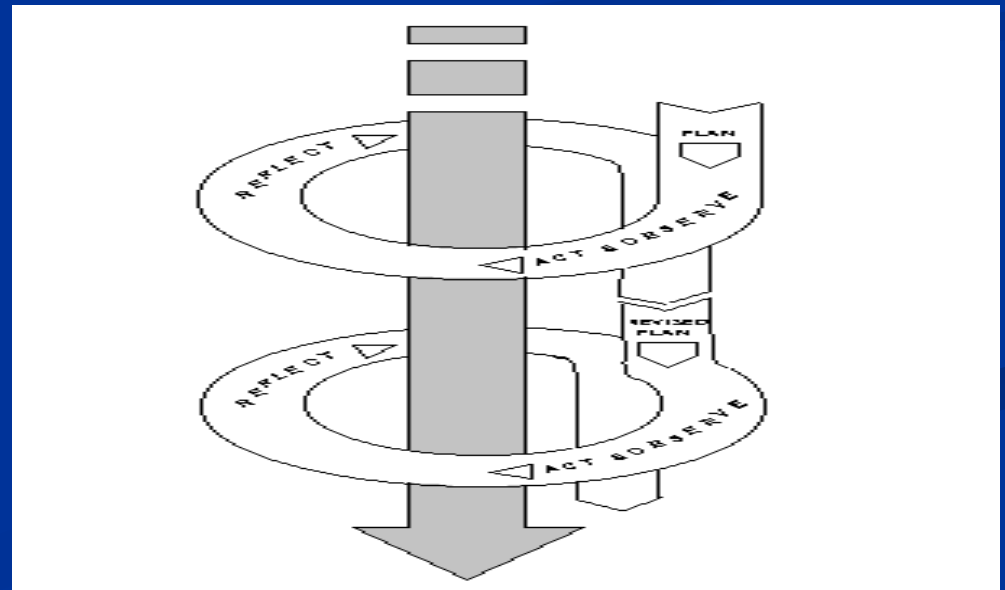
- 'User' defined value of evidence
- How this happens varies depending on approach to participation
 - Continuum from consulting to collaboration

What counts as valid information?

- Information collected has to answer questions being asked
- Different types of evidence use different ways to judge their validity
 - Quantitative
 - Qualitative
 - Participatory

How can this be undertaken systematically?

- Cycles of action and reflection
 - problem identification,
 - planning
 - action
 - evaluation are interlinked



To what is this being compared?

- Internal comparisons
 - across the cycles of action and reflection
- External comparisons
 - With other evidence/benchmarks

Conclusion

- Participatory framework for evaluation suitable in some circumstances
- Any method of data collection can be incorporated
- Internal coherence required to ensure a systematic approach adopted

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