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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Reflections of a novice action research facilitator

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Abstract
Background: Pre-dialysis education that leads to decisions on treatment has traditionally been ad hoc, with programmes lacking a theoretical or evidence basis. A multidisciplinary and service user participatory action research study developed and delivered a self-efficacy, theory based pre-dialysis education intervention. A core principle of action research methodology is critical reflection.
Aims and objectives: The aim of this article is critically to explore a novice's experience of facilitating collaborative participatory action research and the contribution this made to pre-dialysis education. Using the reflective practice framework developed by Rolfe et al. (2001), the article will examine the facilitation challenges encountered, using three questions:

1. What was the issue?
2. So what did I learn?
3. Now what do I need to do to make things better?

Conclusion and implications for practice:

- Effective facilitation requires reflective practice that adds clarity when dealing with facilitation challenges
- Participatory action research provided a clear framework within which to facilitate the review of pre-dialysis education. Its hands-on, action based nature was shown to have appeal for collaborators and has linked theory to practice and ultimately improved practice
- Working in partnership with a multidisciplinary and service user group has enabled changes to be embedded into practice

Keywords: Critical reflection, facilitation, participatory action research, patient involvement, pre-dialysis education

What was the issue?

The pre-dialysis education context

People with established renal disease face difficult treatment decisions. Globally, 1.4 million people commence treatment each year (White et al., 2008) and in the UK this figure is 6,891 individuals (Renal Registry, 2013). Established renal failure occurs when renal function declines and estimated glomerular filtration rate drops to between 15ml and 29ml/min/1.73m^2 – less than 30% of normal renal function. Guidelines recommend that pre-dialysis education and planning for established renal failure treatment should begin at this point, with a view to preparing for treatment decision making (Department of Health, 2005; 2009; NICE, 2014). The treatment options for established renal failure are transplantation, haemodialysis, peritoneal dialysis and conservative management. Uniquely,

haemodialysis and peritoneal dialysis are in clinical equipoise – that is, there is no clear clinical basis to choose one over the other (Mehrotra et al., 2011). However, they have diverse and extensive lifelong implications for individuals, which will fundamentally change the way they experience life (McCarthy, 2014).

Pre-dialysis education that precedes treatment decision making has traditionally been ad hoc, with programmes lacking a theoretical or evidence basis. A research question was developed to address this issue:

Who should deliver pre-dialysis education, what intervention components should be delivered and how should they be delivered?

Methods

A participatory action research (PAR) methodology was selected to unite diverse stakeholders in a common endeavour to improve pre-dialysis education provision. It provided the opportunity for systematic enquiry, collaborative decision making and the development and delivery of an educational intervention. The study sought collaborative participation to effect change through the use of action reflection cycles: reflect, plan, act and observe (McNiff, 2002). The result was an interventionist, enquiry based approach to achieving change that was reflective and collective in nature (Vezzosi, 2006).

The PAR collaboration worked over an 18-month period to review and make changes to the pre-dialysis education delivered at the study site. Seven meetings, held at three-monthly intervals, provided the framework for group collaboration. PAR collaborators included:

- Clinical nurse specialist
- Renal dietitian, renal social worker and renal psychologist
- Dialysis sister and transplant sister
- Pre-dialysis service user and transplanted service user
- Patient information librarian
- Nurse researcher as facilitator

Action research meetings provided a forum where experiences were described, qualified, contextualised and interpreted, with conclusions drawn about their meaning and implications, and actions generated (Northway, 2000). This process was one of collectively and continuously acting on reflection and reflecting on the action, for the duration of the study. The cyclical nature of action research allowed the knowledge and skills that pre-dialysis educators have, or need, to emerge and highlighted gaps between theory and practice. For this study context, the focus was a localised solution (Stringer, 2007). The iterative process and cyclical nature of the study is illustrated in the meeting contents excerpts in Table 1.

Table 1: Participatory action research meeting content

Meeting	Content
Meeting 2, held in December with 10 attendees	• Minutes from previous meeting • Presentation of literature review and needs assessment study findings • Discussion: potential education components to explore and introduce • Refreshments • Patient education day review (flipchart, remodelling) • Ethnic minority education provision discussion • Agreement of individual action points
Meeting 3, held in March with 7 attendees	• Minutes from previous meeting • Feedback and discussion on current education resources identified • Revised patient education session feedback (clinical nurse specialists) • Refreshments • Continued education session review • Service directory need identified • Agreement of individual action points
Meeting 4, held in June with 9 attendees	• Minutes from previous meeting • Feedback on revised education session (multidisciplinary) • Refreshments • Service directory development plan • Relaxation CD discussed • Agreement of individual action points

The facilitation context

As a novice facilitator, my concern centred on my ability to translate the theory of effective facilitation into practice. My critical questioning and examination of my own practice, in relation to my facilitation role, aimed for greater insight and self-awareness; participatory action research methodology provides a framework to achieve this. Therefore, following each meeting and throughout the study, I kept a reflective and reflexive diary, to add clarity and credibility to the qualitative research (Dowling, 2006). Reflexivity can be defined here as the researcher's awareness of their influence on the research process, gained through critical self-awareness. Reflecting on facilitation of practice development illustrated how my own learning connected with and influenced research development and progress. Three key facilitations skills that emerged, which are explored in the following section, were:

- Encouraging participation
- Building relationships
- Power sharing

So what did this teach me?

Encouraging participation

The frequency and duration of the PAR study, and the meeting schedule, were designed with potential participants in mind, to minimise barriers to participation. Holding meetings every three months over an 18-month period aimed to avoid overloading busy healthcare professionals, as well as to provide implementation opportunities in the interim. Studies of less than 12 months' duration have been shown to be less successful in their implementation (Titchen and Binnie, 1993). The timing of meetings was negotiated with collaborators to facilitate maximum convenience. For patient participants, funding for travel and parking costs was negotiated. These considerations were designed to maintain participation for the duration of the study (Snoeren and Frost, 2011). Senior management support for the study was sought and gained (Swantz, 2001), to ensure protected time for meeting attendance (Boomer and McCormack, 2007). Additionally, all healthcare professional collaborators were in senior positions and autonomous in terms of time management, potentially further reducing barriers to participation. However, it is acknowledged that the consequent reduction in group diversity was a disadvantage.

Building relationships

Relationships are a central foundation of PAR. The benefits of being an 'insider researcher' include a vested authority (Titchen and Binnie, 1993). In addition, I already had established working relationships with collaborators based on fostering a patient-centred nursing approach. This proved beneficial in the development of the trusting relationships so central to PAR success (Walsh and Bee, 2012). For service users, honesty and transparency in the research process arguably allowed individual perspectives to be constructed, and, as Cohen and Manion (2007) identify, the validity of these perspectives is equal to our own. Establishment of a critical friend (clinical nurse specialist) and validation group (clinical nurse specialist, dietician and psychologist) confirmed the authenticity of these working relationships, created collective control in the collaboration and facilitated alternative interpretations of findings (Northway, 2000). As a facilitator, it was critical to be completely open and clear about the roles of the researchers and others within PAR. The role of facilitator, knowledgeable in the conduct of PAR, was tempered by a limitation in my knowledge of pre-dialysis education practice. The need for a diverse and experienced collaborative expert group, whose members could learn from each other and from the complex workplace context created by working together, was recognised (Dewing, 2010). The key elements of the research approach highlighted were therefore the use of systematic enquiry, decision making involving all relevant stakeholders and professional practice intervention (Reason and Bradbury, 2008).

Unambiguous indication was given that individuals had been invited to participate on the basis of their experience, expertise and, in the case of the healthcare professionals, knowledge of pre-dialysis education delivery (Walsh and Bee, 2012). This aimed to underline to individuals the value of their participation. Throughout the PAR process, individual views were sought, and opinions were fed back and incorporated into the ongoing research process. Individuals were supported in leading sections of the research, when they were the obvious choice in terms of the ability to achieve goals or when they expressed an interest in leading. However, this was monitored to ensure no one individual was overloaded or, conversely, dominated the process.

There are many ways to show respect and appreciation for individuals participating in a project. Acknowledging their expertise is a good start, but a consistent appreciation that goes beyond words can be more effective. Ensuring the location for the meetings was designed for maximum engagement and comfort was important (Bens, 2012). Making the effort to bake and provide renal friendly cakes (low in potassium) and incorporating informal time into each meeting, aimed to be inclusive of all participants and show a personal gratitude to individuals for their participation. Furthermore, the intention was to provide an atmosphere that helped participants to disengage mentally from their usual working environment. Meetings were held away from the renal department in rooms designed to maximise comfort and minimise interruptions (Rees, 2005). The aim was for participants to feel they were coming into an environment where they were cared for and cared about.

When participants were unable to attend, a non-judgemental approach was taken. Problems with attending usually related to departmental workload. Full meeting minutes were provided to all participants and electronic or face-to face feedback sought. For those sending apologies, an informal one-to-one meeting was arranged to keep them up to date and engaged. At times, this demanded micro-facilitation on an individual basis, to resolve issues and keep momentum going. This almost invisible process of encouraging, tracking and negotiating was the thread that held the process together in the early stages. There were no issues with regular non-attendance. Only one meeting was cancelled, due to extreme weather conditions, with electronic feedback on developments being sought instead.

Power sharing

With pre-dialysis educational input being the focus of the PAR, one bonus from the outset was that the collaborators potentially stood to benefit from the research (Foucault, 1980). For this, it was important

that all participants felt the research to be relevant to them. (Hammersley, 2000). Recognition of varying knowledge, expertise and experience and the value it brings to PAR was made explicit at individual and collaborative levels. It was acknowledged at the first meeting that PAR could only work with collaborative input and the expertise brought by each individual (Walsh and Bee, 2012).

The research process was demystified through straightforward visual, written and oral explanations. As facilitator, through sharing knowledge I aimed to share power (McNiff and Whitehead, 2006). By developing individuals' understanding of PAR and respecting their abilities, I was able to support individuals in taking the lead during parts of the research. As Scott (2013) argues, capturing suggestions and facilitating productive meetings empowers staff to gain ownership of their project. Openly admitting that I, as facilitator, lacked some of the specific skills required to facilitate parts of the research allowed participants to gauge their position and aimed to promote confidence and engagement (Shaw et al., 2008). The level of support and input required was negotiated with those taking the lead. Importantly, it was also promoted as a learning opportunity for the facilitator, reversing the power dynamics within the collaboration.

Now what do I need to do to make things better?

Throughout the research process, the use of a reflexive and reflective diary facilitated explorations of my subjective attitudes and beliefs. This level of self-awareness influenced and amended my approach to collaborators and the entire PAR process. As a central concept in qualitative research, reflexivity adds credibility (Dowling, 2006). By making the research process transparent and identifying the reflexive procedure explicitly, I was able to add rigour to the qualitative research.

The need for and benefits of theory based pre-dialysis education were identified through a literature review and a patient needs assessment, and formed the theoretical foundation for the PAR development (McCarthy, 2014). With hindsight, this theoretical phase could have been better conveyed to the wider renal workforce to help promote recognition of the validity and benefits of change. Identifying the need for change is an important first step in service development and will in future form an early and ongoing part of any action research project or indeed service development.

Collaborators in this study were invited on the basis of their direct involvement in pre-dialysis education delivery and because they had experience and/or expertise in the area. As a novice researcher this provided me with a secure environment within which I could develop facilitation skills. The problem with the approach of seeking experienced participators is the potential to limit diversity and alienate members of staff not invited, and then spend time trying to rebuild relationships with them. Equally, if changes are being made to current practice, staff can feel defensive and fearful that their work is being judged. This reflects back to the initial justification of the need for change and highlights the necessity for wider service engagement. If possible, allow varying levels of participation in order to get more people involved. As a minimum, keep staff routinely updated and ask for their feedback, views and opinions. To some extent, these issues were addressed by the implementation opportunities we allowed between meetings, but in hindsight this involvement could have been built in in a more structured way.

However, even with institutional approval established, individual commitment may still be a challenge. If an individual invited to participate elects not to do so, for whatever reason, the researcher can try to explore reasoning but has to accept the individual's decision, even if that person's input had been identified as potentially important. Differing degrees of interest and involvement in action research collaborations are to be expected (Snoeren and Frost, 2011). Sometimes, no amount of reflexive and reflective practice will provide insight into the unexpressed rationale of another's thought process.

The skills involved in facilitating action research, such as encouraging participation, building relationships and sharing power are important but sometimes the result is greater than the sum of the parts. In this

case, the result was the empowerment of collaborators. In this study, the empowerment of others was not a prime objective or indeed a conscious act; however, the secondary effect of individual practitioners using reflective practice resulted in the instigation of changes within their department. In future studies, empowerment would be a core objective, not just a fortunate by-product. This action research project has been shown to be influential beyond the confines of the project itself. Development of reflective practice acted as a catalyst and allowed collaborators to go back to their own working environment and question and improve their practice (Hart and Bond, 1995).

Collaborators provided a spectrum of experience, perspectives and value interests, and these were fundamental to the development of the changes achieved. However, it is recognised that without the clinical nurse specialist's consistent determination, drive and position of influence to implement changes, facilitation of change would have been far less successful. Her position of authority, as lead for pre-dialysis education, enabled rapid and decisive implementation of change. This highlighted that no matter how committed and effective a PAR group is in developing enquiries, without crucial key members capable of implementing them, little may come to fruition. The initial establishment and subsequent development of the PAR group is critical to change impact and influences success.

Conclusion

These considerations give an insight into the importance of reflection as an active, ongoing process in action research. However, having completed the study, it was useful to reflect on the overall action research experience and the facilitation skills developed along the way. To develop and deliver a self-efficacy, theory based pre-dialysis education intervention, which is embedded into practice, required collaboration and attention to detail; details you become aware of through the experience of getting some things right and some things wrong.

Traditionally within the NHS, value is placed on evidence based practice, acquired through academic knowledge and understanding. The notion of valuing the practical and experiential knowledge of those living with an issue was a challenge to the established model of practice development. This PAR challenged such dogma with a methodological approach (Greenwood and Levin, 2007) that required active participation throughout a research project.

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