

Hypothesis: The Research Page

Participatory action research

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In an earlier paper, we outlined the nature of participatory research methods.¹ This paper will describe and discuss the research methodology known as participatory action research (PAR).

Action research is defined as doing research with and for people, rather than doing research on them.² It focuses on working with people to identify problems in practice, implement solutions, monitor the process of change, and assess outcomes. Action research incorporates three elements, all of which contribute to both the process and the outcome: participatory methods; equality between researchers and participants; and praxis, which includes reflection and action.³ The strength of action research lies in its ability to influence practice positively while systematically collecting data.² Systematic feedback makes it possible to evaluate the accuracy of data and to change the process over time. Our next paper in Hypothesis: The Research Page will describe the evolution to full participation with communities, known as transformative action research.

Green and associates⁴ defined PAR as a “systematic inquiry, with the collaboration of those affected by the issue being studied, for the purposes of education, taking action or effecting social change.” It has been described as a “collective knowledge seeking and knowledge creating process” and as the “new frontier of fruitful research.”⁵ Participatory action research mirrors in research the principle of family medicine defined as being central to the role of the family physician, which is that of the doctor-patient relationship.⁶

The methodology of PAR appeals to clinicians because it translates into action much faster than bench research does. It is, nevertheless, a rigorous methodology, just as demanding as any other but more flexible in the constantly changing clinical environment. Participatory action research has more immediate relevance than research that attempts to control the variables, a situation impossible to achieve in clinical practice or in communities. For this reason, PAR is being used more and more by

primary care researchers to inform health service policy makers.

Participatory action research sees the subject (individual or community) in context and attempts to understand the meaning of and implications of the research problem and its solution for the community. It sees an individual or community as a partner and respects this partner unconditionally. Together professionals and the community seek common ground in defining the problem, in the process or investigation, and in anticipating action that results. Participatory action research is concerned with prevention and health promotion. The relationship between professionals and partners is central and of paramount importance for building success. At all times, both parties must be realistic in their expectations depending on the context, resources available, and time constraints. In these ways, PAR mirrors a clinical consultation.

Participatory research principles are espoused by a variety of organizations, evidenced by the Tri-Council Policy Statement⁷ and the Working Group of the North American Primary Care Research Group.⁸ In addition to these principles, it is important for professionals and communities to negotiate their own working guidelines, as this exercise builds trust and commitment. Principles worked out by the Academics and Community Advisory Committee of the Community-Based Tuberculosis and Health Research Project in Alberta are shown in **Table 1**.

Hall⁹ outlined the following seven characteristics of participatory research.

- The “problem” originates within the community or workplace itself.
- The research goal is to improve fundamentally the lives of those involved, through structural transformation.
- The people of the community or workplace are involved in controlling the entire research process.
- The focus of participatory action research is on oppressed groups affected by inaccessibility, colonization, marginalization, exploitation, racism, sexism, cultural disaffection, and so forth.

- Participatory research helps to enable action by strengthening people's awareness of their own capabilities.
- The people themselves are researchers, as are those who have specialized research training.
- Researchers with specialized training might be outsiders to the community, but are committed learners in a process that leads to change rather than detachment.

Table 1. Foundation principles from the University of Alberta's Community-Based Tuberculosis and Health Research Project

- Honour life circumstances of the people with whom we work.
- Be sensitive and responsive to the values, cultures, and priorities of individuals and communities.
- Promote sustainability of community networks and research capability.
- Codes of ethics and foundation principles should be planned and negotiated in conjunction with the community advisory committees, community associates, and cultural communities.
- Research is to be responsive to identified community needs.
- Research is to be educational.
- The primary commitment should be to those who are most at risk and to enhancing coping strategies for the most challenged.
- Advocate for equity to support those who have the most barriers or challenges.

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Like clinical consultations, however, PAR is not without challenges that need to be resolved if the process is going to move forward. The first issue to keep in mind is authentic participation. Is the community really involved at all stages (including question definition, analysis, and interpretation of data)? Merely collaborating on data collection in a passive way is not authentic participation.¹

Participatory action research is designed to facilitate change, and working to implement changes suggested by the findings and recommendations is an integral part of the process. Professionals must not abandon the community when it comes to the action phase. This is very different from, and requires a different motivation from, submitting bench research to a learned journal or conducting old-fashioned "helicopter research." "Flying in," collecting data, and "flying out" again is no longer ethically or scientifically acceptable when working with communities, especially on issues concerning their health that could have associated stigma (eg, rates of sexually transmitted diseases, alcoholism).

Unlike some forms of research, outcomes are not all withheld until study completion. An important part of the learning that emanates from PAR occurs during the process, and it is crucial that evaluation of the process is integrated into the project from the start. In PAR, research is both process and product.⁵ During a PAR project, professional researchers learn a great deal about the community; often they can use the experience of doing the research and any required training in subsequent projects.

Finally, but certainly not least important, is the issue of power and the perceived power differential between the research professionals and the community. This issue must be addressed openly and honestly from the beginning. Researchers (with perceived power) sometimes have to work diligently to ensure that a genuine power balance in the partnership is both perceived and real. The whole PAR experience is one of learning both for participants and for researchers, and as such should lead to joint action for improved health of the community. For family physicians, it is a classic example of being a "resource to the community," another of the four principles of family medicine.⁶ ♦

References

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