Local experience – central knowledge?

Methodological and practical implications for knowledge development in local mental health care settings

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Action research is a research approach that includes taking action, developing and integrating the knowledge or theory on which the actions are based. This article draws on methodological reflections and empirical experiences of doing research in mental health care settings by means of a collaborative approach to knowledge development. The aim of this article is to reflect upon what possibilities exist in local practices to create relevant, knowledge-for-use – which also have ‘transfer value’ into other settings. In order to answer this question the authors first comment on two central aspects of the relationship between local experience and central knowledge, namely relevance and evidence. Then the meaning of practice-oriented research is outlined, followed by describing the essentials of collaborative research with special attention given to co-operative inquiry. Finally, there is a reflection on which conditions that can promote or hinder a productive research process in practical settings.

Keywords: action research, co-operative inquiry, evidence-based practice, mental health care, practice-oriented research, situated evidence
Various forms of actions research have gradually gained attention and acceptance particularly in work and health related research (1–3). Action research can also contribute to integrate theory and research with practice. It is a research approach that includes both taking action and development and integration of the knowledge or theory on which the actions are based (4). This article draws on methodological reflections and of our empirical experiences of doing research in mental health care settings by means of a collaborative approach to knowledge development. The aim of this article is to reflect upon what possibilities exist in local practices to create relevant knowledge-for-use – which also have ‘transfer value’ into other settings. In order to answer this question we will first comment on two central aspects of the relationship between local experience and central knowledge, namely relevance and evidence. Then the article proceeds to encircle our understanding of practice-oriented research and focusing the essentials of collaborative research with special attention given to co-operative inquiry, and finally, it highlights conditions that can promote or hinder a productive research process in practical settings.

Relevant and evident knowledge

It is essential that knowledge development within mental health care corresponds with the needs of service users and practitioners, and that it is experienced as relevant. This means that the research contributes with tentative answers to repeating problems inherent to the special field. Relevance means something that has importance for judging the sustainability of the knowledge, as seen from the practitioners’ and the service users’ viewpoint. Further, it implies that the knowledge evokes recognition, is meaningful, gives new perspectives and is considered belonging «to their world» (5–6). But the question is also: Is the knowledge evident? Evidence is derived from Latin evidens, meaning clear or obvious. The lexical meaning of evidence is obvious certainty, that what appears to be true and immediately beyond doubt. The concept is further closely related to knowing, recognising and experiencing and by this get an obvious conviction of something. The Norwegian philosopher Kari Martinsen (7) holds that when evidence is linked to seeing as to appreciate, see to, know and to experience, it refers to a more profound understanding of evidence than what can be justified by measuring. What is required of evident insight is that it must be explained convincingly; it is not about persuading (p. 54).

In the title of our article «Local experience – central knowledge?» – the question mark is present because the possible conclusion depends on several requirements. Firstly, the knowledge must have local validity; it must contribute to development of concepts for phenomena that are not sufficiently known or understood in the local context, but by being appropriately named,
open new understanding of what one assumed to know and took for granted. Validity is strengthened if the local experiential knowledge is co-reflected by users and practitioners. It is very likely so that what one has concepts for becomes more manageable. Secondly, the knowledge must have «travelling capacity», that is, it must evoke recognition, and be confirmed and enriched outside the local setting in which it is created. Thirdly, the scientific demand for general validation requires that the researcher understands the relational and situational aspects of the experience (8). Such awareness and reflexivity is necessary for good research.

The current view on evidence based practice (EBP) implies that decisions related to actions within mental health care rest on three sources of knowledge: users’ experiences, viewpoints and wishes, the professionals’ experiences and knowledge-in-use, and the best available scientific knowledge. These three components should not be ranked in order, but be equal in weight. In order to further develop mental health care as a knowledge area, and thereby enable and stimulate development of practice, involves creating conditions for three different but related modes of knowledge development (9).

For service users it is about creating arenas where their experiences, views and wishes can be articulated to knowledge through a process where the private and local knowledge is of general relevance and scope. When it comes to professional social/health care workers, research shows that they to a great extent get their knowledge and choice of action from their own and colleagues’ personal experiences (10). An important source of knowledge for the individual professional also consists of the experience that contact with users/patients have given. However, a weakness of the professional experience is that it cannot easily be systematised and generalised, but represents a private experience. Thus, it allows only limited distribution to colleagues within the same group and to other professional groups. It does not mean that it will remain as an entirely private property. Nevertheless, it means that experiences to a modest degree are continued as professional expertise through a process that involves that observations from practical work are systematised, documented and communicated – so that it in turn could be discussed, criticised and compared as part of a cumulative knowledge development (11). The third important source of knowledge for EBP is the scientific knowledge. The professional groups working in mental health, usually have college education, which is assumed to rest on a knowledge base where research results form a significant part. This means that the graduates are expected to have a current picture of research developments in their field. But research is a continuous and largely cumulative process where the research front is moved and revised successively. As the professional experience increases, the part of knowledge based on scientific studies might decrease in relevance and perhaps also in
importance. For the professional to maintain an updated list of current research, it requires development of mechanisms that continuously transmit scientific knowledge to the activity field. The model of thought behind EBP requires bridging professional practice and research (12).

There may well be situations where the results of meta-analyses and individual RCTs can be the basis for action. On the other hand, the complexity and contextual factors should generally be ascribed greater value. When judging the degree of evidence, e.g., biographical aspects of the user’s situation, factors connected to the actual setting should be taken into consideration. The EBP model then is expanded to include a fourth source of knowledge, namely situational aspects. Therefore a form of situated evidence can be argued for which also means that studies that are placed at a ‘lower’ level in the so-called ‘hierarchy of evidence’ many times can provide vital, valuable knowledge. It can be about studies that otherwise traditionally have been dismissed as uninteresting because they do not meet the highest asked method claims. This does not mean that the traditional requirements of a well considered method, theoretical foundation, and ethical awareness are less important, rather it is a recognition of a necessary scientific plurality (9).

The discussion on evidence has not infrequently been rather theoretical as a ‘static warfare’ between advocates for – and skeptics to – the experimental research assumptions to provide solid basis for priorities and decisions in practice. Ekeland (13) broadens the discussion so that the relationship between practice and science is challenged. It is not science as a critical investigation of practice which is problematic, but rather the idea of a scientific practice, i.e., that science should design or prescribe the kind of practice which should have precedence (e.g., through manualising measures).

Taking local, experiential knowledge as a starting point, is nothing new in the mental health field. It is associated with proximity to practice and closeness to the everyday lives of people who experience mental health problems. Various research designs can be used to study the local practices and local experience. In the next section we will outline and exemplify how practice-oriented research can be conceived.

**Practice-oriented research and development**

What do we mean by practice-oriented research? Based on an accumulated lexical meaning of the term ‘practice’, we conceive that *practice-oriented research and development* involves studies conducted near the site where knowledge is used, ideas are materialised, customs dominate and drive the organisation, and instituted procedures unfolds as a convention (9). The research is characterised by researching together with the actors in the field. As a researcher in the practical field, it is assumed that you can see clearly, listen
attentively and being reflective. This implies presencing, empathy and sharp attention. Sharp attention helps to understand what’s happening, when it happens, and what caused the incident. This creates an analytical distance to the action, while also recognising the subjective dimension and the emotional basis of the opinion (14). What this attention means, can be expressed by the word’s lexical connotations: consider, esteem, concentration, respect, courtesy and consideration. Sharp attention is due to concentrated presence in the situation – and at the same time being non-invasive and leave attention «as a gift.» The latter connotation can imply that the results of attention contributes to new perspectives on the actual practice and to new understanding. Thus, attention as a gift can also be a meaningful connotation in terms of the value added or the «more-understanding» that the researcher adds to the field. Both good interview practice and good fieldwork through participant observation can contribute to this (9).

In the practical context the researcher cannot escape from the ethical responsibility for what is done with what is observed. Situational awareness, sensitivity and choice of perspective guides what is recorded, interpreted and communicated. If conflicts arise between the therapeutic imperative and the research interests, the therapeutic (beneficence and nonmaleficence) shall take precedence. This will also mean that if the researcher witnesses unethical or illegal acts, this needs to be addressed – and possibly reported (15).

Practice-oriented research can be done by being invited to conduct a study in the field, or inviting oneself to the field. The first form implies that the researcher comes to a field where employees or other stakeholders with insight and good legitimacy, experience a need for an external view in order to assist in the development and improvement of the practical activities in a defined area. The second form assumes that the researcher has an idea and a problem formulation that practitioners find interesting enough to be involved in. Both entries entail expectation that the researcher is aware that he/she has entered into the ‘others’ arena and thus have a conduct characterised by respect and politeness. As an interested outsider it is expected that the researcher contributes substantially to shed light on conditions in practice which are perceived as a problem, i.e., questions which lack satisfactory answers. In addition, the researcher must find a form of presence that does not obstruct daily practice. Therefore, the role of the researcher in the field has to be discussed and negotiated in a process with the participants (16).

Being present in the practical setting helps the researcher understand that practitioners are obliged to act, and that this does not always entail being able to choose the best solution, but that the practitioner is in the situation and may have to resort to the second best: You have to act and take responsibility for your actions. This has to do with the fact that the actual practice unfolds in the tension between tradi-
tion and innovation, and between the desirable and what is possible. Researchers should not remain in the traditional spectator role, but rather use mutual dialogue as an approach to understand what is happening — and to get hold of how satisfied the participants are with what is going on.

In such ‘near-to practice research’ it is relevant to engage practitioners and users as participants in the knowledge development and, in some research designs such as action research, also as co-researchers. In this way, both staff and patients/users are activated sources of knowledge with the researcher as a mediating element to produce knowledge and document it. Thus, the researcher can function as «advanced secretary» during the knowledge formation process by analysing the material, summarising the findings and presenting these to the participants both during and at the end of the research to ensure validity and relevance prior to publishing (17).

In action research, where the participants also acts as co-researchers, it is important to encourage the development of a community of inquiry which is maintained by various knowledge dialogues, e.g., interviews, focus group interviews, dialogue-based teaching and seminars (4, 16). Such dialogues often cause participants to adopt a questioning and critical approach to their own practice. This ability to examine what question or problem the practice is an answer to, is a fruitful attitude that can open to new insights and new knowledge development.

However, it is important when the actual practice is studied, that the awareness of the reasons for the established practice are maintained, and that the sustainability of new perspectives and ideas that emerge through the research, are tested from this starting position. If this awareness is not maintained, one can come to reject a well grounded practice worth continuing. Therefore, good quality in ‘near-to-practice research’ depends on the staff keeping a critical attitude, and that the individual’s professional self confidence is stimulated through the research collaboration in order to evaluate the results before accepting them as valid. This gives practice-based research the reflexive resistance that is crucial for the results’ validity and thus quality.

Co-operative inquiry
Participant-oriented action research has a «bottom-up» approach where the focus is on locally defined priorities and perspectives. The main characteristic of this research strategy is not the methods used, but is connected to the researcher’s attitudes which in turn determines how and for whom the research is designed and implemented. The main difference between this approach and the traditional has to do with where power and influence are located in the various phases of the research process (18). Participant-oriented action research is characterised by the fact that it is reflexive, flexible and procedural – in contrast to the more linear research design in traditional approaches. Local knowledge and local
beliefs are investigated, thus increasing the possibility to create relevant knowledge. The participant-orientation means that traditional research methods (such as interviews, participant observation, questionnaires and focus group interviews) are used in new ways with action purposes together with local actors in the research setting. The level of participation varies, ranging from periodic participation in parts of the project to the continuous cooperation throughout the entire research process.

Action research can be seen as a "catch-all" term that easily can undercommunicate its activities. Therefore, some theoretical aspects of co-operative inquiry will be presented more in depth. Co-operative inquiry is developed by the British social scientists John Heron and Peter Reason and is based on a humanistic and holistic basic view. Although the approach is categorised as action research, Reason (19) chooses to see it as a family of related methods that are experiential-based, participant- and action-oriented. The approach is particularly linked to groups that see themselves as relatively empowered (e.g., health and social care personnel) and who wish to explore and develop their practice holistically ("community of inquiry"). However, it can also be used in relation to people who experience disempowerment in order to understand their world better and to develop empowerment strategies. Heron and Reason (20) summarises the characteristics of the approach as follows:

Co-operative inquiry is a form of second person action research in which all participants work together in an inquiry group as co-researchers and as co-subjects. Everyone is engaged in the design and management of the inquiry; everyone is involved in making sense and drawing conclusions; Thus everyone can take initiative and exert influence of the process. This is not research on or about people, but research with people (p. 1).

Traditional scientific methods as experiments, surveys and structured observations, aim deliberately to exclude individuals who are "researched on" from all choices concerning the research topic (21). It prevents them from influencing the choice of method and to participate in the creative thinking needed for making sense of the results. While researchers traditionally assume that they are self-controlled, and those who are being researched on as other-controlled, all involved in co-operative inquiry are regarded as self-controlled persons who contribute both with creative thinking and designing the research process. The research approach rests on three interrelated aspects, namely 1) participatory and holistic knowing, 2) critical subjectivity and 3) knowledge in action (16, 21).

Participatory and holistic knowing is a move away from the distance and separateness of objectivity. This paradigm contains concepts such as wholeness, complexity and participation. Wholeness requires participation; one cannot truly conceive the structure of
wholeness unless one accepts that the meaning of wholeness implies that all parts participate in it. Just as wholeness implies participation, participation presupposes empathy (understood as an almost complete identification with the subject of our attention) – and empathy implies responsibility. We cannot really participate in the whole (i.e., everyday life in the actual setting) unless we assume responsibility for it. In this way we have established the preconditions for a real encounter – existentially speaking (16, 21).

Focusing on the whole means that one neither is interested in fragmented knowledge or theoretical knowledge that is separated from practice and experience. Instead, we are seeking knowledge-in-action that covers so much of the participants’ experience as possible.

Critical subjectivity is a quality in our consciousness that helps to overcome the split between objectivity and subjectivity. This means that we neither suppress our primary, naive subjective experiences nor allow ourselves to be overwhelmed or ruled by them. Instead, the experience is consciously focused upon as part of the research process. In this critical awareness we realise that each one of us sees the world as his/her world – and not as the world. Consequently, individual experiences are emphasised.

Knowledge in action implies that knowledge is created in and for action – rather than in and for reflection. This does not imply that we abstain from writing books and articles for scientific purposes, but we underscore that really important knowledge is the practical knowledge associated with new practices and skills. Therefore, co-operative inquiry, education and social action may be integrated in the research process. Peter Reason (21, p. 13) holds that valid inquiry is based on a high degree of self-knowing, self-reflection and co-operative criticism.

Method
The essence of co-operative inquiry is a conscious and self-critical movement between experience and reflections that passes through several cycles where ideas, practice and experience are systematically refined and improved. The action research process is often described as comprising four phases (4,16, 21):

Phase 1: The researcher and the coresearchers agree on an area of inquiry and identify some initial research questions. They also agree to some set of procedures by which they will observe and record their own and each other’s experience.

Phase 2: The participants apply these ideas and procedures in their daily practice. They initiate the agreed actions and observe and record the outcomes of their own and each other’s behaviour.

Phase 3: The participants fully immerse themselves in their own activity and experience. This stage of full immersion is decisive for the whole research process. It is here – in daily practice – they can develop openness to what is going on for them and their environment.
Phase 4: The researcher and the participants return to reflect upon their original research questions in light of the experience gained to create meaning in them. Ideas, research questions and models can be revised or rejected in light of the emerging findings. The research design can be modified so that it best captures the experience gained. The phase involves, in other words, a critical examination of knowledge claims and practices that were chosen in phase 1.

To encourage the development of a community of inquiry in practical settings, larger research projects will usually follow a typical sequence in the knowledge dialogue (4,16):

- Description of the initial position of the project (baseline data created through participant observation) in order to have a common understanding of the ‘reality’ of the research setting.
- Joint decision of areas of knowledge (through research and education) on the basis of the baseline description.
- Establishing a dialogue-based teaching characterised by altering between practical experience and theoretical reflection. The teaching is challenged by and are applied to specific practice situations.
- Reflection in action during clinical practice (in-depth practice).
- Critical reflection on practice in teaching sessions, multistage focus groups and seminars.
- Data generation, analysis and reporting of preliminary findings which are presented to the co-researchers to examine the degree of recognition, relevance and application.
- Writing reports; everyone gets a copy. Reading and discussing so that the participants increase the feeling of ownership to the results.
- New testing of the recommended practices and evaluation.
- External dissemination of experiential knowledge through lectures and scientific papers.

In all research the most important intellectual movement is the progress of arguments from creation and justification of important scientific questions, via versatile and most clear discussions of the experiential material and, towards informed answers to the questions posed. In addition, publication is required in which you put forward the results to open scrutiny by competent, critical professionals (23). Thus, the final step in the research is publishing the results. It is an important part of co-operative inquiry to disseminate results to a wider audience, but primarily working papers and reports serve local action purposes. The first means that the locally developed knowledge is examined to see whether it contributes substantially to the general body of knowledge connected to the investigated theme (peer reviewing) and the knowledge should also serve as knowledge-in-use beyond the local context. The second means that the primary purpose of knowledge development is to contribute to the renewed understanding of the current issues belonging to the local practice field or everyday
life and as such should have a utility value.

In action-oriented research stepwise publishing is often used (24): First working papers, then report and subsequently a scientific article. This is done to shorten the time between for example focus group inquiry and the possibility to test its communicative and pragmatic validity. The working paper is empirically loaded and have less emphasis on methodological and theoretical quality requirements. Such publications may include questions for further investigation of its relevance for practice – and it can also contain blank pages for the participants’ own notes and reflections. This strengthens the sense of ownership of the project.

Realism in practice-oriented research
Action research entails practical challenges to facilitate a qualitative good research process, and at the same time being aware of some of the common factors that can inhibit both the action and research part of the project (25).

Some factors that help or hinder action research
A number of authors have identified phenomena and processes that can help or hinder action research (26–27). Nolan and Grant (28) pay particular attention to the need to establish basic values which they argue can provide impetus and direction for the subsequent action research activity, namely aim to: 1) articulate a set of shared basic values; 2) acknowledge the problem(s) to be studied; 3) seek a shared understanding of the problems; 4) experience a need for change in the majority of participants; 5) visualize that the situation can be changed; and 6) focus on commitment and teamwork. Similarly, our experiences of collaborative action research have taught us that the (lead) researcher needs to be mindful of the challenges and competing demands faced by practitioners. Also research participants need to commit to the project, be open to learning and change, maintain and contribute to a sense of ‘team spirit’ and optimism.

Hummelvoll (16, 25) has identified factors that can inhibit action research. While some degree of fluctuating motivation and commitment of the participants during a long-term action research project should be expected, capricious participants who lack commitment are likely to inhibit if not thwart the enterprise. Heavy workload, absenteeism, staff turnover or a sense of ‘burn out’ appear to hinder action research projects. Lack of support from the senior management for the action research effort will slow down if not derail the project, and even the most judiciously planned research project can be stymied by misfortune, unexpected or un-foreseen events that fall outside of the control of the researcher and/or the participants.

Inaccurate conceptualisations of action research and misunderstandings of research more broadly can also lead to indifferent participation, particularly when such methodological ignorance leads to misplaced views that action research is not ‘real’ research.
Different strategies can be chosen to counteract the inhibitory factors that have an internal origin. The most important thing to be mentioned here, namely, to record what happens and include the events in the research process, and then use this empirical data as a source of learning and knowledge. Here, the project manager’s research diary, relating to memos and reflections from ‘all’ events in the project, will be an important tool. This helps to create some distance, while at the same time continuously get experiences processed, formulate ideas and reflect on their role and influence on the project.

Conclusion
This article has suggested that local experience can be converted to central knowledge if certain requirements are fulfilled, namely that the knowledge development have local validity, ‘travelling capacity’ and general validity. The latter requires that the researcher(s) understands the relational and situational aspects of the experience (i.e. reflexivity). The term ‘situational evidence’ has been introduced to consider the complexity and contextual factors involved when deciding the most appropriate action or measure to take in concrete situations.

In practice-oriented research, such as for example co-operative inquiry or other forms of action research, it is necessary that the external researcher has an empathetic understanding of the actual everyday challenges that staff face and, articulate this understanding, while at the same time maintaining a rational approach to problems from an outside perspective thus placing problems into a system context. In this way, the researcher is both one of the group and a stranger. Alternating between closeness and distance helps the researcher and the research endeavour not to become too near-sighted. A challenge for researchers will be to avoid being carried away by situation-dependent feelings and perceptions, but instead seek to look beyond the actual situation and to maintain memory for the project’s long-term goals.

Studies in practical settings demand realism in planning and implementation. It requires ethical awareness, with particular emphasis on reciprocity as a guiding principle. Practice-oriented research helps mirroring the development and change of practices, identify possible impacts of the development and to gain insight into what is actually happening. It is important that participants maintain awareness of the reasons for established practices, and to use this initial position to test the sustainability of the new perspectives and ideas from the research. If awareness of their own and the staffs’ jointly justifications for the work is not maintained, one can come to reject well reasoned practices that are worth continuing. Therefore, good quality research in practice depends on the staff keeping a critical attitude, and that the individual’s professional self-confidence is stimulated through the research collaboration in order to evaluate the research results before accepting them as valid. This gives the
practice-related research the reflexive resistance which is decisive for the validity and hence the quality of the results.

Noter
1 In the discussion on the research contributions to evidence-based practice is often claimed a form of hierarchy, where studies with certain properties are valued higher than others. In this context meta-analysis is considered to be on top, followed by RCTs. At the bottom are case studies (single-case).

References