"Action research" in health programmes

Oliver Razum, Regina Görgen, & Hans Jochen Diesfeld

Deficiencies in a health programme or service can be analysed, and solutions can be developed and tested, through operational and action research, the distinguishing features of which are explained below.

The results of operational or action research allow managers to tackle problems affecting particular health programmes and services, and subsequently to assess progress. Decisions are based on evidence collected specifically for the purpose, rather than on the experience or common sense of the managers concerned.

Whereas operational research is usually performed by an outside worker in order to ensure objectivity, in action research the investigator is attached to the service or programme requiring attention and is involved in planning and introducing policy changes and subsequently in monitoring and evaluating their effect. An insider is likely to be familiar with aspects of the problem needing study which an outsider would not be aware of. Furthermore, an insider should be comparatively well equipped to translate findings into sound action plans, thanks to a better understanding of what changes are possible and how they should be explained to the persons affected. An inside researcher spends much longer in a district than one from outside and is therefore in a relatively good position to monitor the consequences of whatever measures are taken.

Occasionally, of course, insiders conducting action research may make light of their own shortcomings and those of the people in the activity under investigation, and this danger has to be guarded against. However, it has to be remembered that mistakes made by health workers often arise because of deficiencies in services or programmes. For example, nurses may fail to give all antigens on the same day to unimmunized children aged nine months because they have not been trained to do so. In such circumstances it would be counterproductive to place blame on the nurses, as might happen if an outsider were carrying out the research.

Whereas in operational research the study population may merely become involved in data-gathering, in action research there is continuous interaction between the researcher and the people who are the subjects of study. It is important that the researcher should establish a rapport with the population studied, for whom an open, mutually respectful exchange of information, opinions and ideas can provide an opportunity to participate in decision-making at district level. The use of qualitative methods can facilitate the onset of a communication process. Representatives of the study population should also contribute to the interpretation of findings, for instance during specially organized workshops. This can help to identify fundamental problems in a programme and to avoid unjustifiable attribution of blame.

Action research is particularly suitable for identifying underlying reasons for deficiencies in programmes or services because it involves the recognition and analysis of problems by both health workers and their superiors working together. Their discussions contribute to
mutual understanding, motivation and the acceptance and correction of shortcomings.

The development of communication between users and providers of services may help greatly towards achieving improvements, although community members may be reluctant to speak freely to insiders because of a fear of adverse consequences. Of course, they would probably be even less open with an outside researcher whom they did not know at all.

The methods or instruments of action research should be selected according to the problem that has to be tackled, and not on the basis of availability or personal preference. The methods of social science, including interviewing, observation and document analysis, can be used alone or in combination with biomedical or epidemiological measuring techniques such as immunization coverage surveys. The combination of different methods in the study of a particular aspect of a situation can help to overcome a selective perception of reality and makes it possible to crosscheck the validity of results. For instance, in a study of the performance of immunization services this could mean organizing focus groups on mothers' attitudes to immunization in conjunction with a coverage survey aimed at assessing their actual participation.

In action research the starting point may be the description of a perceived problem rather than the elaboration of a formal hypothesis, such as might happen in conventional scientific investigation. In general the design of action research cannot be fixed in advance, a flexible approach being adopted so that light is thrown on different aspects of the problem in a step-by-step fashion. Interim findings may make it necessary to adopt additional research instruments.

Action research is management-oriented and the methods employed should therefore be simple. The accuracy of data needs only to be sufficient for decision-making, and their quantity should be small enough to allow rapid processing and timely application of results. Although computerization accelerates the collection and processing of data it cannot be a substitute for sound treatment of methodological issues and is by no means indispensable in action research. It should be borne in mind that small population samples may not be representative, placing impact evaluation – for instance the measurement of changes in the incidence of diseases targeted by immunization programmes – beyond the scope of action research.

The findings of action research can contribute to the improvement of service quality in the setting where they are obtained. Action research is particularly suitable for district managers wishing to assess and improve elements of service quality such as accessibility, performance of activities according to standards, and acceptance by users. Both accessibility and utilization can be assessed quantitatively, for example by means of a coverage survey. Adherence to standards can also be studied in a highly structured way, for instance by using a checklist to assess workers’ activities. However, if activities are not being performed correctly it is necessary to adopt a more open approach, involving interviews, focus groups and so on, in order to discover why this is so. The use of a structured questionnaire may fail to reveal underlying factors that the researcher has not envisaged. Similarly, it is vital to identify reasons for non-acceptance of services so that improvements can be planned; the use of less structured instruments is invaluable in this connection and favours the participation of the population concerned.