

Participation in Action Research in the Context of Primary Health Care

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Abstract

Introduction: Participation is a strong component of the principles of action research (AR). They vary from co-option, a debatable participation level, to collective action, a radical mode.

Objective: To discuss the participation modes of action research in primary health care.

Method: We selected a variety of exemplary primary research to analyze the modes of participation.

Results: More precarious levels of participation are used in AR whose aims are to impose behavior change or enhance activities in organizational settings, while more democratic levels of participation are used to engage communities/groups in the struggles to address their needs. Participatory levels reflect the researcher stance, the framework of the research and its intention as a whole. The analyzed exemplary primary researches follow different tendency of participation in health.

Conclusions: From a Marxist framework, we advocate a level of participation in which participants share and build knowledge collectively, producing emancipatory transformations of practices to sustain these transformations in the labor process.

Keywords: Action Research; Emancipation; Participation; Participative Research; Primary Health Care

Abbreviation

AR: Action Research

Introduction

Participation in health is complex and presents different meanings, forms, and modes. The origins of participation in health care is related to the institutionalization of participatory mechanisms and the recommendation of participation in community development projects [1]. In our days, social participation is considered by WHO [2] as a necessity for Primary Health Care development as it can strengthen people's control over the factors that affect their health, especially the vulnerable and excluded groups.

Participation is also required in participatory research in public health. Action research (AR), for example, has been largely used in health care [3]. There are four AR core principles that must be contended in order to solve a problem or a reality situation defined by the ones who are experimenting AR. These principles are: participation of everyone involved in the research; education process activated over a spiral cycle of planning, action, observation and reflection; knowledge building through engagement of participants who share their own knowledge and experience; and practice transformation [4].

The object of this paper is participation as a principle of AR. The literature that describes and discusses participation in research is vast. In general, every participant is recognized as having knowledge, experiences, and skills that, when shared and combined to the other participants, are beneficial to produce a synthesis that enhances practices or transforms situations [5-8].

Notwithstanding, there is a spectrum of participation in participatory research. There are different modes of engagement in the research process, despite the understanding that research is done “with” people rather than “on” them. Several “scales” have been created to indicate the modes of participation of the people involved in the research [8]. Cornwall [6] modes of participation considers that there is a specific mode of participation to each end intended (Table 1). Therefore, we advocate that researchers adopt certain philosophical underpinnings to plan and execute their production, and make decisions regarding the theory, methodology and methods applied in the investigation [9].

Mode of Participation	Involvement of local people
Co-Option	Where token representatives are chosen but have no real input or power in the research process
Compliance	Where outsiders decide the research agenda and direct the process, with tasks assigned to participants and incentives being provided by the researchers
Consultation	Where local opinions are asked for, but outside researchers conduct the work and decide on a course of action
Co-Operation	Where local people work together with outside researchers to determine priorities, with responsibility remaining with outsiders for directing the process
Co-Learning	Where local people and outsiders share their knowledge in order to create new understanding and work together to form action plans, with outsiders providing facilitation
Collective Action	Where local people set their own agenda, and mobilize to carry out research in the absence of outside initiators and facilitators

Table 1: Modes of participation according to researches’ aim.
 Source: Adapted from Cornwall, 1996, p. 96

Some authors [1,10,11] assume that AR and participatory research in general have several phases through the research process. A review of participatory primary researches published between 1995 and 2009 in public health [12] shows that the research participants had a more incisive participation in the identification of the problem phase, meaning they were less frequently involved in the knowledge sharing and decision-making phases. Another review about AR production in the United Kingdom [13] suggests that health care stakeholders’ participation is required in the problem understanding and practices solving phases. In other words, the participants of the AR in the United Kingdom are actively engaged in the enhancement of the organizational systems in the public and private sectors.

Beyond the organizational area, Viswanathan., et al. published a systematic review about community-based participatory research [14] that revealed that this type of research enhances the knowledge building processes resulting in positive outcomes for participants’ health, both individually and collectively. Hence, funded by WHO and other institutions, Loewenson., *et al.* [11] developed the Participatory Action Research Methods Reader, focused on African and Asian social needs. According to the Methods Read, health systems might generate enhancements for groups in social disadvantages by empowering them and strengthening the social movement for resources acquaintance and health care practices implementation through community participation.

The cited reviews are examples that there are several modes of participation in participatory research in health care, and that it might be used for different purposes according to the research aim. Hence, they indicate that the aim of participatory research is to address the needs of the population. Part of the reason of the existent diversity in participatory research is the influence of the research approach. In AR, for example, there are traditions that might be used to address the needs of the population. The Northern tradition of AR is influenced by managerial development [3], while the Southern tradition is influenced by Marxism, social and political movements in Latin America, Asia, and Africa [3,5].

Due to the existence of a plethora of participation modes and aims in AR, the objective of this discussion paper is to debate about the participation modes in developed AR in the primary health care. We also intend to advocate a specific mode of participation to be used in AR, reinforcing the methodological cohesion in AR.

Methods

Democratic participation

The general definition of democracy relates to being ruled by the people; meaning it has nothing to do with good or bad. "It has to do with who governs and how" [15, p.464]. In every democratic system, the bourgeoisie are more appropriated of the state than the other social classes and the deliberation spaces and mechanisms are widely varied in capitalism. For that reason, political democracy [16] cannot be the key to respond to the disparities and inequalities, as it does not jeopardize social reproduction [17]. In fact, supervision of the political process collaborates with the legitimation of the inequities in the system instead of enhancing the political control over it [1].

Historically, workers and minority social groups are responsible for the struggle for wider spaces of participation [17]. There is a strong social movement for social democracy [16] to free the oppressed (social classes different from bourgeoisie) from the dominancy of hierarchical or bureaucratic organizations, believing that the institutional democratization builds the society democratization. Thus, collective participation may not be limited to the state and institution insiders; it must involve the community and interested people as it directly interferes with their work and lives [18]. A democratic process is based on the creation of conditions that ensure good health for the entire population [19].

Social democracy might be a start for the human emancipation that lead to the construction of the men history. In the Lukácsian ontological perspective [20], the control over the production process by labor, conceived as the process of intentionally transforming nature to satisfy a human need, has the potential to emancipate humanity. Paulo Freire [21], a Brazilian educator affiliated to the Marxist theory [22], reinforces the Lukácsian ontology by affirming that a political rationally guided, collective, and universal movement of the oppressed (dominated classes) is needed to free men. By then, through the transformation of the social structure, humanity will gain access to knowledge production. This complex process can only occur by collective democratic participation.

However, participation is a malleable concept leading to various modes of engagement. In the research field, participation might be understood as both consulting people on a subject, and empowering them to change a situation [23]. Accordingly, some health care researchers may not realize the existence of modes of participation and its connection to the research aim. They end up proposing research processes that do not necessarily respond to the needs of the population.

Results

Participation modes in action research in the primary health care

Heffernan, *et al.* [24] intended to develop, implement and monitor a community-directed approach to manage diabetes in a Canadian village. They used games, questionnaires, and focus group to collect data about the population profile; blood samples were taken as well. After that phase, researchers implemented a program that resulted in diet and physical activity habits change by spreading information about diabetes and healthy habits.

In this AR example, the deep qualitative investigation revealed themes related to emotional content, personal/family values and public policies. Despite that, only habits changing actions were developed to manage diabetes. Participants were limited to giving information about themselves and having contact to scientific evidence about healthy life style.

Another example of AR in a primary health care service intended to gain user perspectives about the services, analyze the practices of the nursing team, and identify areas of change in order to propose a new model of team-working [25]. The main outcome of the AR "include a plan for responsive service to patient need and flexible team-work" [24, p.246].

The aim of the researchers was obviously to enhance the nursing team's practice and deliver a more effective service for patients. However, it seems that the nursing team was included in the AR regardless of their will, leading to problems during the implementation phase. There were no discussions about the nursing team's labor process nor their needs as workers. The system level change was the object of this AR and the nursing team was not taken as subject of the labor process transformation, they were also objects of the AR. The power to change was not given to them, it was rather imposed.

The last AR example identified, discussed and developed strategies to address health factors influential in African-American men [26]. Assuming that premature mortality and disparities in morbidity in African-Americans are associated with their social reproduction (the way they work and live), participants discussed the difficulties endeavored due to their social living conditions. Themes like struggles faced during the transition to manhood, sources of social support and their way of life led to the formation of a young men discussions' group in order to strengthen their community and struggle for their needs.

This AR considered the social determination of the morbidity disparities in the African-American population. Coherently, social strategies to address the issue were developed, using active participation to respond to the participants' social needs.

The different aims of the three presented ARs indicate the mode of participation and democracy, as understood by the various researchers. We advocate that in order to produce a coherent research process and respond to the participants' needs, a democratic participation with emancipatory potential is required.

Discussion

The research field has encompassed a variety of participation understandings, reflecting the researcher stance, the framework of the research and its intention as a whole. In general, the less democratic participation modes are coherent with the interests of the dominant class, represented by the conservative and liberal governments [1,19] and international institutions. Following the policy guidelines, researchers propose interventions that make the population responsible for their own health (individual dimension) rather than pointing to the responsibilities of public institutions. The population is stimulated to be active in shaping their own health, especially in primary health care [2].

Vicente Navarro [19, p.1] argues that "most nations/states have taken 'health policies' to mean 'medical care policy'". Hence, depending on the governing party, the policies tend to emphasize the role of the family or the market rather than the state in the care of the population [27]. This stance might be reinforced in some AR aimed to engage participants to self-efficacy and self-care, as we exemplified previously [24]. AR developed in the organizational dimension might be cognizant of the same view, by solely changing health care professionals' practices to benefit the service users, as we described before [25].

National health policies committed to democracy and to the people's rights and well-being should create the conditions that ensure good health, reaching the social determinants of the illness process [19]. Public organizations should develop strategies that are not market centralized. Instead, they should envision the public provision of services and goods [1] as the state (represented by public authorities) is supposed to represent the interests of the population through the development of health policies [19] among other actions.

Due to the contradictions embedded in capitalism, the state's actions are not always in agreement with its primary role, as it largely appears to respond to the interests of the dominant class [17]. Thus, political participation of the population is essential in order to optimize their health by reducing social and income inequalities. The social movements such as the labor movements and social democratic parties have historically supported political forces acting not only on their behalf but also collectively. Participation engagement requires awareness of the dominated classes' commonality of their problems "to act both individually and collectively to resolve them" [27, p.3].

Participation is one of the necessary principles of AR to develop the educational process leading to knowledge sharing and building, and practice transformation. However, there are challenges to reach participation engagement. Social mobilization, overcoming the initial resistance to research, co-operation (actors' equitable participation in the research process), appropriation of knowledge, values and skills to produce collaborative knowledge with high potential for application, and development of a proactive stance are the challenges of participation described in the literature [28].

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Participation in AR should be stimulated with active methods that discuss the participants' realities and provide political and social instruments that enable them to make new synthesis that explain the contradictions of their daily lives. The educational process in AR thus encourages participants to be activists and become decision makers, and develop practices that respond to their own needs [4].

Democratic participation in action research

Action research that focuses on social transformation and emancipation seeks to eliminate class antagonisms by empowering the dominated classes about the mechanisms and the role of knowledge production [5,18]. As the state is influenced by the class struggle and represents the most important instrument in the mediation of this struggle conflict [17], democratic participation in AR must be oriented to political engagement to pursue the participants' needs by demanding them from the state.

Therefore, participants can be active in a dialectic relation, and are able to build humanity in an equitable and just way. In AR, by apprehending the reality of contradictions and relating them to their daily lives and labor process, dialog and democratic participation are taken as essential human phenomena and instruments of critical thinking that lead to emancipation [21]. Democratic participation in AR leads to the transformation of the ideological dominated understanding of the participants' social reproduction to disrupt the capital dominancy, culminating in practice transformation by their insertion in social movements for social justice, pleading for national health policies that reach the social determinants of health [4,5].

AR conducted by Bharmal, *et al.* [26] presents the participants' realities and social living conditions that engage them in the collective struggle for their social needs through critical reflection in a dialogic relation. We advocate that this democratic participation in AR be adopted to making the world more human [21] and engage participants in the militancy for social transformation.

Conclusions

From a Marxist framework, we advocate that democratic participation has an intrinsic educative potential to strengthen the questioning about dominancy of the social institutions and the state, acknowledging the constant conflict of interest in social exposition. Thus, participation demands the engagement of the political community in the struggle for better living and working conditions. Primary health care was identified as the privileged sector to develop democratic AR processes, despite not being an exclusive sector.

Researchers must be aware of the participation mode they are using to develop AR. The choice of methodological approach in research should reflect the researcher stance, which must be aligned to the framework of the research and its aims.

Democratic participation in AR should enable participants to share and build knowledge collectively, producing emancipatory transformations of practices to sustain these transformations in the labor process.

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