



# University of HUDDERSFIELD

## University of Huddersfield Repository

Deery, Ruth and Kirkham, Mavis

Moving from hierarchy to collaboration: the birth of an action research project

### Original Citation

Deery, Ruth and Kirkham, Mavis (2000) Moving from hierarchy to collaboration: the birth of an action research project. *Practising Midwife*, 3 (8). pp. 25-28. ISSN 1461-3123

This version is available at <http://eprints.hud.ac.uk/id/eprint/5422/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: [E.mailbox@hud.ac.uk](mailto:E.mailbox@hud.ac.uk).

<http://eprints.hud.ac.uk/>

Ruth Deery and Mavis Kirkham introduce the concept of action research

# MOVING FROM HIERARCHY TO COLLABORATION

## THE BIRTH OF AN ACTION RESEARCH PROJECT

There have been great changes in midwifery practice and research in recent years. This article seeks to examine the dilemmas posed by recent developments in both areas and how an action research project was developed in response to these dilemmas.

### MIDWIFERY PRACTICE AND RESEARCH TODAY

Great efforts have been made to develop midwifery practice in recent years. Midwifery research has developed too, and there have been considerable changes in practice as a result.

Not least in all these developments is a change in values and philosophy with regard to the fundamental midwife/client relationship. We now seek a partnership with women and endeavour to facilitate them in exercising choice and control within the relationship with their midwife. This gives us the opportunity to be truly with women.

The empowerment of women requires great changes in our skills and knowledge and we can only do this as confident professionals if we move away from our long subservience to powerful hierarchies. In order to do this we, as midwives, need professional relationships within which we are facilitated to develop our skills, attitudes and confidence. There is considerable discussion around the flattening of hierarchies and professional influence in management. Parallel issues about the relationship between midwifery and research are less debated.

### HIERARCHY OF EVIDENCE

We live in an era of important randomised controlled trials (RCTs). It is evidence of considerable progress in midwifery research that we have reported RCTs as part of our clinical knowledge base. This is vital in an era of evidence based practice.

However, there is a Department of Health hierarchy of evidence with three types of classification about

evidence used to show what they are based on:

- A. randomised controlled trials (RCTs), or
- B. other robust experimental or observational studies, or
- C. more limited evidence but the advice relies on expert opinion and has the endorsement of respected authorities.<sup>1</sup>

Category A here carries considerable authority. For instance:

*Only those recommendations based on evidence from RCTs should be used in contract specification.<sup>1</sup>*

Similarly RCTs are increasingly being used as the evidence base for policies, protocols and clinical guidelines.<sup>1</sup> This undoubtedly represents progress in scientific terms. Yet there is also a danger of scientific evidence being mistaken for certainty. Evidence based practice suggests that clinical practice should be based on the most up-to-date, valid and reliable research findings and has been described as one of the success stories of the 1990s.<sup>2</sup> Its development has been so profound it could easily be referred to as a paradigm shift.<sup>3</sup> However, this suggests that all that is required of the practitioner is a knowledge of research methods<sup>4</sup> and care must be taken by midwives to ensure that clinical decisions are not just based on the way in which research has been conducted. Clinical practice is complex, messy and fundamentally concerned with uncertainties. It is as true of midwifery as it is for medicine that

*Evidence based medicine is not an unmixed blessing. What it regards as evidence, its treatment of that evidence, and the way in which that evidence is then applied all pose major technical and more important, political problems. Chief amongst these is the narrow scientism underpinning the entire approach. It results in a spurious*

*claim to provide certainty in a world of clinical uncertainty.<sup>5</sup>*

It is not unreasonable then to ask,

*If uncertainty is inevitable, if knowledge will always be incomplete, then what we really need to know is how best to cope with this situation.<sup>6</sup>*

For midwives, this question must take us back to the relationships through which we practice. If evidence is seen as derived only from RCTs, the move towards evidence based practice does not fit comfortably with client choice and control. Pressure towards clinical guidelines and protocols, however evidence based, can lead towards clinical rigidity.

The New Zealand midwives' partnership document sees such moves as

*incongruent with midwifery's philosophical position of a negotiated partnership. Pre-determined boundaries deny the individual, women centred philosophy and midwives' knowledge of the range of the normal.<sup>7</sup>*

Perhaps, for midwifery, the concept of evidence informed client choice may be more useful than that of evidence based practice with its overtones of a firmly set foundation for practice. Our recent randomised controlled trial of the MIDIRS informed choice leaflets sheds some light on this.<sup>8</sup>

The fundamental question remains – have we the sort of relationship between research and practice that enables research to inform and enable practice rather than make it rigid? There is great potential for a two way relationship here which would have very positive results for the midwife client partnership.

Sometimes, however, it appears that we have adapted our old relationship of subservience to a new hierarchy, of research. Research has been done to make the views and priorities of midwives, on what research should be done, available to those who fund and who do research.<sup>9</sup> However, a closer and more responsive relationship between research and practice could be developed.

We are fortunate in the qualitative and RCT research evidence which we now have in midwifery, however there is also a need for research on, and involved in, the current changes in midwifery care. There are a growing number of evaluations of pilot projects to improve midwifery care<sup>10,11</sup> and when we have critical reviews of all these evaluations we will be able to learn from the patterns which are emerging.

Beyond this evaluation of practice, there is potential for a close relationship between research and clinical midwifery within the complex world of practice and all that underpins it.

## QUESTIONS AND GAPS IN OUR KNOWLEDGE

Recent changes have led us to question whether midwives are equipped with the necessary skills to participate in the continuing radical changes that are happening within the profession, and for those changes that lie ahead.

Our personal dilemmas in pursuit of support, both clinically and academically, and a mutual interest in research involved in changing professional relationships led to our research collaboration.

Research looking at relationships can add to our knowledge here, but research involved in changing relationships can provide the practical experience of negotiated control and empowerment so much needed by midwives. This awareness provided me (RD) with the impetus to collaborate with midwives in the form of action research in order to help them investigate their perceptions of the support they receive in practice and how this ultimately affects how they relate with each other and their clients.

Currently there is very little research on the ways in which midwives equip themselves with the skills, and mobilise the personal support which they need in order to relate with women as envisaged in *Changing Childbirth*.<sup>12</sup> Indeed, there is relatively little research<sup>13</sup> on the sensitive issue of midwives' relationships with women.

There is nursing literature however that addresses the nurse/patient relationship. Some of this literature also recommends clinical supervision and its perceived benefits particularly in terms of improved relationships and personal growth.<sup>14</sup> Clinical supervision provides a means of addressing issues around professional relationships and support in a safe and confidential setting.<sup>15</sup> There appears to be no research on clinical supervision and its integration into midwifery practice. It is also significant that very few action research studies have been undertaken in midwifery.

An awareness of the imbalances in current midwifery research (MK) and a commitment to examining support through clinical supervision in midwifery (RD) therefore brought us to work together. We also sought to take a practical part in helping to change philosophies and relationships in midwifery and thus to practice what we preach.

## THE CHOICE OF RESEARCH METHOD

Action research is an underused methodology in midwifery despite the fact that it has the potential for a close relationship between research and clinical practice. Its under-utilisation might be because some midwifery researchers prefer to conform to the traditional scientific paradigm in their endeavours to produce what they consider to be rigorous, scientific data.

The fact that action research has been described as a 'buzz word'<sup>16</sup> to label any methodology that deviates from the traditional paradigm does not help here either. Yet the cyclical nature of action research, with fact finding, action and evaluation within each cycle, is highly appropriate for researching clinical care in times of change. Uncertainties and tensions within midwifery can be played out through a collaborative, democratic and empowering approach to change and through a research methodology that reflects the complex, messy nature of clinical practice. This process also mirrors the cyclical framework of care planning.

Action research also made possible an orientation which was woman centred and equitable and thus congruent with the aims of the maternity services in this country. The reflexivity and introspection demanded of action research would enhance this perspective and encourage further growth within both the participants and ourselves. Action research therefore has the potential to become a powerful form of professional development. An action research framework will also emphasise the collaborative nature of the project and highlight that in reality the research being undertaken belongs to and is designed by the midwives and that I (RD) am merely the facilitator of the research process.

The fundamental changes in the way midwives are now expected to relate to women in their care means that they are now required to engage in equal, empowering relationships with their clients. An empowered client is not someone who has things 'done' to them but someone who is worked 'with'.<sup>17</sup> This involves the midwife acquiring a greater understanding of both the experience and feelings within the midwife-client relationship.

Likewise, an empowered midwife is not someone who has things 'done' to her but someone who is worked 'with'. Unfortunately this is not always the case in practice and past professional relationships do not provide useful precedents as they were developed in an era of very different professional values.

In midwifery it is clear that there are close parallels between the relationships we experience and the relationships we go on to establish, the way we are managed and the way we ourselves manage others, the way we are supervised and the way we go on to supervise others.<sup>18</sup> We therefore sought to parallel this in the research relationships within an action research framework.

Working in such a complex and delicate situation, it is important to take into account how the differing backgrounds of all those involved, in terms of culture, class, gender and ways of working, could ultimately affect the project. A great deal of critical reflection is needed in order to work 'with' midwives within an action research framework. The academic supervision of this project, in a manner true to its philosophy, provides a

further level of challenge. It was therefore very important that the framework for the study 'paralleled'<sup>19</sup> what midwives are aiming to achieve in practice: woman centred care.

We are aware that midwives can find research alienating. We, therefore, also sought to explore how, through collaboration, action research has the scope to become part of practice and thus contribute to bridging the theory-practice gap.<sup>20</sup> Rather than collecting data to answer a research question which is 'irrelevant to the practitioner'<sup>21</sup> this project aims to facilitate midwives in achieving an immediate improvement in practice.

### THE SAMPLE: VOLUNTEERS WITH STABLE WORKING RELATIONSHIPS

The importance of volunteering for action research is crucial<sup>22</sup> and is preferable to being selected by management because the motivation to change is prerequisite. Bearing this in mind, the decision about who to approach for the project took a great deal of negotiation with midwives and with management as well as reflection on my part (RD). Whilst midwives working on a busy labour ward might benefit from the collaborative nature of action research, and from their perceptions of the support they receive in practice being explored further, the nature of their practice meant that they might not be able to be as flexible as a group of community midwives.

Initial thoughts were that the stability and flexibility within community midwifery would lend itself to the smooth facilitation of the project. This has since proved to not be the case as there has been massive movement of the sample throughout the life of the project. This 'constant movement' has been highlighted as one of the difficulties in other action research studies.<sup>23</sup>

### INITIAL INSIGHTS INTO THE PROJECT

The main aim of action research is to bring about an improvement or change in practice<sup>24</sup> with the primary emphasis upon facilitation of the process of change. The project was designed in such a way that the midwives concerned were able to design and monitor their own project.

As action research has, as its philosophical base, a clear awareness and respect for individuals,<sup>25</sup> in-depth, unstructured interviews were carried out which involved working with midwives in a non-exploitative and non-hierarchical manner.<sup>21</sup>

Feedback to the midwives was important in view of the collaborative nature of action research and focus group interviews were planned, in order to feed back to the group thoughts and experiences discussed with the researcher in individual interviews and to develop group strategies for change and development.

Data collection and the processes researched are thus closely entwined and sensitivity is required, from the researcher and the group, with regard to individual confidentiality and privacy. Data obtained from initial interviews with midwives has been developed in future interviews in order to ground the research in the continuing, clinical experience of the midwives. This is part of the on-going cyclical nature of action research and will help the midwives start to draw up plans to introduce appropriate change.

Identifying and revisiting patterns and themes have helped to create and discover key issues about their practice in order to generate ideas for the progress of the project. This has involved the use of skills in negotiation, reflective discussion, team building and the facilitation of change, on the part of the researcher and the midwives. The development of these skills reinforces how action research can be a powerful form of professional development.

Action research has the potential to investigate current issues in midwifery practice and to do that in a way which is true to the philosophies underlying that practice. However, like midwifery, action research 'does not give you an easy ride.'<sup>26</sup>

---

**Ruth Deery** RGN RM ADM BSc (Hons) is a Senior Lecturer in Midwifery at the University of Huddersfield. **Mavis Kirkham** RGN RM BA MA PhD is Professor of Midwifery at the University of Sheffield.

#### References

- 1 NHS Executive. *Clinical Guidelines*. London: HMSO, 1996.
- 2 Trinder L. *Evidence-Based Practice: A Critical Appraisal*. London: Blackwell Science, 2000.
- 3 Evidence-Based Medicine Working Group. Evidence-based medicine: A new approach to teaching the practice of medicine. *Journal of the American Medical Association* 1992; 268: 2420-5.
- 4 Rolfe G. *Research, Truth, Authority*. London: Macmillan Press, 2000.
- 5 Hunter D. Evidence-based medicine: The illusion of certainty. *Inform* (IFHM Newsletter) 1996; 7(5): 1.
- 6 Klein R. The NHS and the new scientism: Solution or delusion? *Quarterly Journal of Medicine* 1996; 89: 85-7.
- 7 Guilliland K, Pairman S. *The Midwifery Partnership: A model for practice*. Monograph Series. New Zealand: Victoria University of Wellington, 1995.
- 8 Kirkham M, Stapleton H (in press). *Informed choice in maternity care: An evaluation of evidence based leaflets*. NHS Centre for Reviews & Dissemination: University of York, 2000.
- 9 Sleep J et al. Establishing priorities for research: Report of a Delphi survey, *Br J Midwifery* 1995; 3 (6): 323-31.
- 10 Allen I, Dowling SB, Williams S. *A Leading Role for Midwives?* London: Policy Studies Institute, 1997.
- 11 McCourt C, Page L. *Report on the Evaluation of One to One Midwifery*. London: Thames Valley University and Hammersmith Hospitals NHS Trust, 1996.
- 12 DoH Expert Maternity group. *Changing Childbirth*. London: HMSO, 1993.
- 13 Kirkham M (in press). *The Midwife/Mother Relationship*. London: Macmillan Press Ltd, 2000.
- 14 Bond M, Holland S. *Skills of Clinical Supervision for Nurses*. Buckingham: Open University Press, 1998.
- 15 Deery R. Improving relationships through clinical supervision: 2, *Br J Midwifery* 1999; 7 (3): 160-3.
- 16 Elliot J. *Action Research for Educational Change: Developing Teachers and Teaching*. Buckingham: Open University Press, 1991.
- 17 Munn-Giddings C. *A Different Way of Knowing: Social care values, practitioner research and action research*. *Educational Action Research* 1993; 1(2): 275-85.

- 18 Kirkham M. *Supervision of Midwives*. Manchester: Books for Midwives Press, 1996.
- 19 Eckstein R, Wallenstein RS. *The Teaching and Learning of Psychotherapy*. New York: Basic Books, 1958.
- 20 Hart E, Bond M. *Action Research for Health and Social Care: A guide to practice*. Buckingham: Open University Press, 1995.
- 21 Reed J, Proctor S. *Practitioner Research in Health Care: The Inside Story*. London: Chapman & Hall, 1995.
- 22 Webb C. Action research: philosophy, methods and personal experiences. *J Adv Nursing* 1989; 14: 403-10.
- 23 Sparrow S, Robinson J. Action Research: An appropriate design for nursing? *Educational Action Research*, 1994; 2(3): 347-56.
- 24 McNiff J, Lomax P, Whitehead J. *You and Your Action Research Project*. London: Routledge in association with Hyde Publications, 1996.
- 25 McNiff J. *Action Research - Principles and Practice*. London: Routledge, 1988.
- 26 Meyer J. New paradigm research in practice: The trials and tribulations of action research. *J Adv Nursing* 1993; 18: 305-11.