

## Research or not Research? The Tensions Around the Use of Action Research Methodology to Add to the Database of Nursing Knowledge by the Use of Self-Narrative Studies: Voices in the Silence

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### Abstract

Our voices as nurses and those of our patients in our care have I believe great importance and value in holding ourselves to account in terms of our healing influence as nurses. Often our voices and those of our patients are committed to the void of silence for multiple reasons. These reasons include the power relationships between the knowledge base of the medical model and the knowledge base of the nursing model in terms of what constitutes and who actually decides what can and cannot constitute legitimated forms of nursing knowledge.

These power relationships and the tensions they evoke, have a very direct influence on the moulding and formation of our nursing profession. The criticism that I believe, could and is levelled at the Nursing profession is that of the absence of our individual authentic expressions of our nursing practice and those of our collectively represented voices standing alongside those voices that persistently dominate.

To address this criticism this paper calls for the creation and integration of a new form of nursing knowledge from the action research of healing nurses into their own practices. This knowledge will be created by the representation of what we know as nurses through the telling of our educative stories in our authentic voices. These voices and stories embody our claims to know grounded in our professional experience and practice. This knowledge can be validated and legitimated in the academy through the stories being subjected to critical analysis by peer and public examination. This analysis will give rise to a confidence in our professional knowledge base that incorporates our authentic values as nurses. These values can then be used as public benchmark standards against which our professional knowledge can claim its authority and be held to account.

*Key Words:* education scholarship, action research, power relationships, academic terrorism

### 要 旨

看護のヒーリング的な影響を理解するうえで、看護師の声やケアを受ける患者の声を聞くことは非常に重要であるが、看護師や患者たちはさまざまな理由により沈黙していることが多い。その理由のひとつとして、誰が何をもって何を正当な看護における知であるとするかを決めるに当たっての医学モデルと看護モデル間の力関係が挙げられる。

このような力関係とそれによって生じる緊張は、専門職としての看護の形成に非常に直接的な影響を及ぼしている。問題は、真の看護実践を個人が表現することに欠けているということと、大多数が既存の優勢な考え方に頼っていることである。

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このような批判に対して、ヒーリングナースの実践に関するアクションリサーチのなかから新しい形の看護の知を創造し統合することを本論文の中で提唱する。このような知は、我々が看護師として知っていることを教育的物語として我々の声をもって語ることを通して創造することが可能である。これらの声と物語は我々の専門職としての経験と実践の中に根ざした知を体現するものである。このような知は、同職者や公の人々からの批評的な分析を受けることによって、学問としての妥当性・正当性を得ることができる。このような分析を受けることは、看護師が持っている真の価値観を反映した専門的な知に関する確信を高めることになるであろう。そしてこのような価値観は、我々の専門家としての知識の拠ってたつところとして公に示すことが可能になると思われる。

キーワード：教育研究，アクションリサーチ，力関係，アカデミックテロリズム

“We are still novices in the art of thinking. Great discoveries in ourselves and in our cosmos at large will depend on the invention of new forms of thinking. You are what you think”. (p169)  
(Skolimowski, 1994)

It may seem strange reading the words “Healing Nurse” and “Stories” in a professional journal of Nursing Research Practice. I hope however that by the end of this introductory paper that this feeling of strangeness would give way to the shared feeling of anticipation and excitement, similar to that I am experiencing as I write this paper to you.

### **Nurse’s Voices as generators of living educational theory**

Our voices as nurses and those of our patients in our care have I believe great importance and value in holding our selves to account in terms of our healing influence. Often our voices and those of our patients are committed to the void of silence for multiple reasons (Hess, 2003; Walker, 2002). These reasons include the power relationships between the medical model and the nursing model in terms of professional knowledge (Chaboyer & Patterson, 2001; Chiarella, 2000; Manias & Street, 2001). These power relationships and the tensions they evoke, have a very direct influence on the moulding and formation of our profession. The criticism that I believe, could and is levelled at the Nursing Profession is that of the absence of our individual authentic expressions of our original voice of self and that of our collectively represented voices

standing along side those voice that persistently dominate (Aranda, 1999). By authentic I am meaning our own opinions and ideas based on our beliefs, experience and living values, grounded in our practice and validated by our professional knowledge base.

### **Outlining my positional stance, my claim to be authentic.**

In keeping with Clark’s, Dudley’s, and Edwards’s, (1986) position as cited by Waterman (1998), where they are referring to the positioning and framing of the enquiry to assist the reader, I am framing my writing of this paper through the filters of a Buddhist Priest, an ex Soldier in the British Army, an educator and a Nurse.

My concerns about voices of nurses arose from my recent hospitalisation in a Japanese hospital where I observed the interaction of Doctors with nursing staff and nurses with patients at first hand. What I witnessed triggered my enquiry as I had taken up a post as a Nurse educator and I needed to explore this tension.

The purpose of this paper is to formulate appropriate questions and present a case for others to engage with in seeking to address these tensions.

My writings as part of my educative discourse are one of the ways in which I give a form to my life. In this sense I see myself as an artist who is giving a form to his own life through his productive work. In forming my life, as a post-modern writer, I am working without rules in order to formulate the rule of what has already been done Lyotard

(1984) writes about 'terror' in relation to repression of ideas by institutions of knowledge. I have certainly felt the disciplinary power of my university in ways which resonate with Lyotard's analysis:

Countless scientists have seen their 'move' ignored or repressed, sometimes for decades, because it too abruptly destabilized the accepted positions, not only in the university and scientific hierarchy, but also in the problematic. The stronger the 'move' the more likely it is to be denied the minimum consensus, precisely because it changes the rules of the game upon which the consensus has been based. But when the institution of knowledge functions in this manner, it is acting like an ordinary power centre whose behaviour is governed by a principle of homeostasis.

Such behaviour is terrorist... By terror I mean the efficiency gained by eliminating, or threatening to eliminate a player from the language game one shares with him. He is silenced or consents, not because he has been refuted, but because his ability to participate has been threatened (there are many ways to prevent someone from playing). The decision makers' arrogance, which in principle has no equivalent in the sciences, consists of the exercise of terror. It says: "Adapt your aspirations to our ends – or else". (p.64)

I agree with Lyotard as he continues:

A post-modern artist or writer is in the position of a philosopher: the text he writes, the work he produces are not in principle governed by pre-established rules, and they cannot be judged according to a determining judgement, by applying familiar categories to the text or to the work. Those rules and categories are what the work of art itself is looking for. The artist and the writer, then, are working without rules in order to formulate the rules of what will have been done. (p.81)

I seek to meet and challenge such use of academic terror wherever I meet it within the profession of nursing and as a nurse educator. I passionately believe, as a profession, nursing needs to develop the authority of its own voices, grounded in its professional knowledge and practice as a healing nurse. I believe this knowledge and practice can be supported by scholarly academic practices that cross self imposed research methodological considerations and disputes. These considerations so vigorously defended by nurse researchers as to what is or is not the correct paradigm for "Nurse research", often act as divisive influences to our profession, fragmenting our knowledge base and preventing the holistic formation of nursing knowledge that embraces the many different methodologies. These differing methodologies can be brought together in a holistic form of research that can stand up to external rigor and examination by what are often hostile power relationships embedded in the positional stances of interested bodies. Such a database of nursing knowledge would give rise to nurses having the authority to hold their values and advocacy of their patients (Snelgrove & Hughes, 2000). The fact that we have a long way to go and the tragic consequences of our failure is well reflected on in Chiarella's paper (Chiarella, 2000) "Silence in Court"

### **Representation of our Claims to Know and our Knowledge**

There are many ways for the representation of knowledge and knowing. The lack of recognition on all levels of the value of the healing nurse, by the medical model is an obstacle that can only start to be addressed by nurses engaged in the healing art of nursing; valuing their own practice, researching their own practice and seeing themselves as knowledge creators within that practice. I am using the word healing to mean that nurses by definition are part of the healing process of their patients and that process is a complex one (Glaister, 2001).

The next most important step would be making

public our claims to know in the telling of our stories. Stories have been used for centuries to pass down teachings, values, a message, warning, moral or just for entertainment (Koch, 1998). This process will bring about new forms of knowing which arise from our experience of doing. The different knowledge bases presented by the multifaceted aspects of the very different forms of knowledge and knowing a nurse is required to master.

A nurse in his/her practice often moves between different mindsets of knowledge and knowing. These being those of clinician and healer, such movement can often be problematic and can and often are viewed to be mutually exclusive.

Within my own practice, I see them to exist in a state of mutual harmony each informing the other. The professional healing Nurse should not be forced to decide which camp he/she will adopt in order to establish status of a professional. Rather he/she should be encouraged to integrate equally and be able to move comfortably between the different forms and bodies of knowledge. By so doing the Nurse will enhance their skills and add to the knowledge base of our nursing profession.

If the profession of Nursing as a whole listens to the authentic voice and stories of the practice nurse, nurse educators, and the voices of our patients, then the opportunity for collective collaboration occurs. This collaboration can be in the form of emergent enquiry that can nurture and inform our database of professional knowing.

This will act as an empowering force for good on and within our profession. Helping to equip and inform the Nurse of the future with the necessary skills to practice our art. However, it will be necessary to instigate new forms of critical thinking and enquiry along with original approaches to Nurse led research. I am thinking of the kind of Action Research enquiries as proposed by Dr Jack Whitehead, Bath University (Whitehead, 1989) that engage with self-study of nursing practice with questions of the nature, "How do I improve my

practice as a nurse? Moreover, "How do I generate my own living educational theory of nursing?"

If as professional Nurses we critically reflect on our practice and seek the evidence of our claims to know and to have influenced the dynamic database of our living knowledge we have a fundamental problem that needs to be placed into public forum for debate, that being our evidence of our claims to know. Such evidence would ideally be sought from our patients. There are strong ethical considerations to address in the design and application of Nurse led research, which by its very nature seeks to use the patient as a data resource (Williamson & Prosser, 2002). I firmly believe that there are areas and times where it is inappropriate to seek the evidence of our claims from this source. This tension can and does bring about what McNiff, Lomax, and Whitehead (1996) talk about:

"Living contradiction...is to feel the discomfort of knowing that we are not acting in accordance with our values and beliefs". (p.48)

Academically this presents a conflict not only of ethics and of morality but also on the level and academic value of critical evidence we use to present to our peers and those outside of our profession in supporting evidence of our claims to know. It is and shall no doubt remain one of the greatest challenges for the paradigm of the healing Nurse to find suitable ways of the representation of our healing experience in terms of evidence in ourselves and in the healing process of others.

What I am suggesting is that the face of nursing knowledge needs to change to reflect the stories, knowledge, and authentic voices of nurses. This voice, embodying our claims to know and passing through the process of being subjected to critical analysis in the arena of peer and public examination, gives rise to a confidence that our claims incorporate our authentic values as nurses. These values can then be used as public benchmark standards against which our professional knowledge can claim its authority. Then our claims to professionalism its legitimisation and defence will arise

from our own knowledge base rather than that of another profession.

Nursing needs to be aware that it is involved in what Gage (1989) and Schön (1995) refer to as the paradigm wars:

Introduction of the new form of scholarship into institutions of higher education means becoming involved in an epistemological battle. It is a battle of snails, proceeding so slowly that you have to look very carefully in order to see it going on. But it happens none the less. (pp.27-35)

The recognition of this tension and its possible solution offers nursing a unique chance to find an original platform for the representation of our authentic claims to know. This original platform is that of the Action Researcher.

I am consistently surprised that Nursing, as a profession, allows those who are not nurses to control what counts as nursing knowledge. More worryingly the hands on skills of nursing, including those of safe healing touch and basic nursing care on which our profession is built, are seen as less significant than cognitively acquired forms of knowing. These forms have become separated from and given more value than what I believe is our embodied knowledge as healing nurses; our practice.

There are many fundamental questions and issues facing modern nursing today. Some examples are questions of the kind: What is nursing knowledge? What is nursing research? What is nursing scholarship? What is nursing practice?

Often in discussion with other nursing professionals I am asked, what is research? The academic answer could be along the lines of Stenhouse (1975) where he states that research is “a systematic enquiry made public.” Bassey (1995) as quoted by McNiff et al (1996) offers the opinion that there are

three categories of research:

### **Theoretical Research**

Theoretical researchers try to describe, interpret and explain events without making any judgements about them.

### **Evaluative Research**

Evaluative researchers describe, interpret and explain events so that they and others can make evaluative judgements about them.

### **Action Research**

The action researchers are intent on describing, interpreting and explaining events while they seek to change them for the better”. (p.13)

McNiff et al (1996) extend these points to include, systematic enquiry made public, informed, committed, intentional action, worthwhile purpose. Winter (1998) tells us that the practice of Action Research as a methodology involves risk, by that risk Winter implies that a degree of vulnerability and openness is required.

### **Are we as Professional Nurses prepared to take a risk and represent our authentic voices in the telling of educational journeys that will embody all that we have seen and learned ?**

Each of us has a story to tell, our humanness and the journey that has taken is no different from that of our patients. Our knowledge is in our experience. Nurses are trained observers; we have direct contact with our patients and can see the patterns of dis-ease, sickness, and healing occur. An experienced nurse is a living database of knowledge and expertise that is often not acknowledged. All forms of research link new knowledge with that of existing knowledge. Action research in itself differs because it requires action as an integral part of the research process. It is focussed by the researcher’s professional values, instincts and enquiry rather as well as methodological considerations.

I am mindful as I write this paper that it will be challenged from the positional stance of scholarship, even more so when words such as healing, love, compassion enter the text. Apple (1997) tells of some of the problems with his statement, “Academic boundaries, themselves culturally produced, and often results of complex policies of policing actions by those who have the power to police and the power to enforce them”. (p.1) Bernstein (1971) reminds us: –“listen carefully, to the use...linguistic, emotional, and cognitive imagination to grasp what is being said in “alien” traditions... {without} either facilely assimilating what others say to our own categories and language...or simply dismissing...as incoherent nonsense”. (p.48)

In keeping with these views I need to make explicit the views I hold in such a manner that they speak directly to you. I am mindful that this dilemma has given rise to the strange system we have now in nurse research. This dilemma being that we follow by instruction or design the dictates of the medical model. I would strongly contest that this course of action does not serve nursing well, for nursing knowledge is humanistic in nature, based on observation, reflection in the moment and modification of practice. All centred on the nursing needs and care of the patient.

Dewey reminds us that: – “Education is a social process...Education is growth...Education is not a preparation for life; Education is life itself.”

I am thinking at this stage of my life long learning. This includes: my experiences as a British soldier; the teachings I received through my injuries/illness and subsequent journey to recovery; my teachings as a Nurse practitioner in Complementary Alternative Medicine (CAM); the study of my relationships and learning up to and beyond my ordination as a Shingon Priest in Japan; the ongoing teachings of my educational journey through the academic system of both the United Kingdom and Japan. Each one of these stages of my life

developed and informed the next through the filter of conscious enquiry, where I sought to remove the separation of self as a single entity and integrated it to an inclusive form of wholeness. This understanding and the values I hold influence my practice as a healing nurse and a nurse educator and produce the account of my living story.

The written or spoken word is not that which is received and or read, and the many forms and methods of our ability to understand will be challenged by the filters of our different cultures, use of language and even in the translation. True communication starts with the deeply held desire to communicate, followed closely by the searching for safe and clear means to achieve that communication. Safety as a descriptor, is a word that I will use often and by safety I understand that in this medium of text, a space is created in which all can bring their different ideas and values, offer them into a neutral space with out agenda and or attachment, engage with the ideas and values of others through conversation. Through this engagement, we can chose to pick up and assimilate or engage with the ideas and values of others through our own choice. By so doing maintaining our integrity and respect the position of others.

Nurses need to develop their story telling skills for each original authentic story will be rich with the wisdom of experience grounded in practice. I think this is consistent with the ideas of Lomax and Parker (1995) in accounting for ourselves in the problematic of representing action research. In trying to capture the essence of what we are doing, there is a sense in which we could destroy the thing which uniquely characterises this kind of work. Carter (1993) says that a story,

Is a theory of something, what we tell and how we tell it is a revelation of what we believe.... (stories are) products of a fundamentally interpretative process that is shaped by the moralistic impulses of the author and by narrative forces or requirement. (p.9)

Lomax and Parker (1995) say, “Story is another

way of representing action research without constraining it within the traditional prepositional form there is no necessary logic of connectedness in story". (pp.301-314) My story is created in the context of my own practice, as a healing nurse is a self-reflective action research enquiry where I examine my claims to know, through the methodology of a critical enquiry in my reflective practice (Adler-Collins, 1998). My story represented a journey of several inter-woven strands of my "I", those of soldier, nurse, Shingon Shu Buddhist priest, teacher, and researcher. This journey was held up to critical examination and reflection over a 5 year period of completing a Masters Degree in Education at Bath University, United Kingdom. (Adler-Collins, 2000). It remains unfinished as it continues to evolve in an ongoing journey of life-long learning. This is now forming a framework for my doctoral thesis.

The medium of story is a safe way for me to make explicit my values to the reader and show how traumatic life events can be transcended, re-examined and turned to the positive through engaging with finding the values of my "I", in terms of creating my living educational theory. I continue to engage with the educational issues of the day, focusing around research methodology, claims to know, representing forms of knowledge and scholarship, its validation and the tensions these issues bring into my research and practice. As part of the process, I struggle with finding a form of knowledge, which allows me to hold my fundamental values while seeking academic accreditation and advocating the professional status of the healing nurse professional.

My story continues to weave a path of learning in my own voice as I move into and out of phases of confusion and tension, towards a new understanding, changing and modifying my understanding of my "I" as a result of the learning and insights achieved. The telling of our collective educative healing journeys and stories as nurses, father's mother's, lover's, patients will fill the silence with

experience, compassion, love, tenderness and the transform our profession where we can once again re-connect to our art so beautifully encapsulated in the words of Skolomowski (1994):

The participatory research is the art of **empathy**

Is the art of **communion** with the object of enquiry

Is the art of learning to use **its** language

Is the art of **using** its language

Is the art of **talking** to the object of our enquiry

Is the art of penetrating from **within**

Is the art of **in-dwelling** in the other

Is the art of **imaginative hypothesis**,

which leads to the art of identification

Is the art of **transformations of one's consciousness**, so that it becomes the consciousness of the other (p.169).

### Conclusion

Our stories have currency in terms of knowledge, learning and academic value. The increasing publications of nursing and academic texts that support this position is resulting in re evaluations of the content of what constitutes Nursing knowledge. It will require courage, persistence and compassion to stand against the powerbases of established forms of knowledge. Historically, these are not qualities found lacking in Nurses. Action Research offers a unique chance to nursing. Action Research is not a total solution. Action Research offers new challenges and new problems; original thinking will be needed to meet these. If we as a profession address these issues. Then perhaps one day a paper such as you have just read will not be titled an "opinion" or "positional paper" but stand in its own right to the value of story as a contributor to nursing knowledge.

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Received August 4, 2003

Accepted November 3, 2003