This is the published version of a paper published in *Action Learning Action Research Journal (ALARj)*.

Permanent link to this version:
http://urn.kb.se/resolve?urn=urn:nbn:se:hj:diva-25517

Implementing the Action Research approach in the context of Swedish municipal care: A facilitator's reflections

Zada Pajalic, Lena Persson and Claudia Gillberg

Abstract

The purpose of this paper is to describe the implementation of Action Research (AR) in the context of Swedish municipal care from a facilitator's' perspective. Four empirical studies using the AR approach were performed during 2007–2012 in six municipalities. Establishing support for AR was time-consuming when it concerns starting up processes that were created and were changeable over time. Further, the processes were focused on the sustainable development of practice, based on practitioners' and care consumers' knowledge that is a precondition of organizational change. An important precondition was that the participants were motivated and participated actively in all phases of the AR cycle. Another important precondition was that the participants got along with each other and trusted each other. The participants' engagement and the collaboration that was established between the participants and the facilitator were likely a result of this. Moreover, even positive interaction with participants representing a "top–down" perspective was important for the implementation of proposed changes to the practice. In conclusion, AR enhanced sustainable action based on participant's everyday knowledge relating to areas they want to change and improve in the context of municipal care practice.

Key words

Municipal care, implementation, reflections

Introduction

All Action Research (AR) designed studies aim to change something, and the researcher tries simultaneously to share and become part of the research fields. From an ontological perspective, AR is not isolated from the study participants and their views regarding the practice. As a result, the research design of AR studies often has a qualitative nature (Stringer & Genat, 2004) in its aim of systematically examining the success factors and problem areas of the participants' practical fields. The researcher focuses on the study participants' perspectives and interacts with them to understand their world and their thinking.

There are three modes of AR: first-person research, second-person research, and third-person research (Reason & Torbert, 2001). The boundaries between these modes are not compact but rather commuted from person to person. The first-person mode focuses on the investigation of the person's daily actions viewed "from the inside," as experience and personal competence. Discovering one's own personal competence is logically defined as "initiation to act". The second or "other" person in AR focuses on the dialogue situations, when people meet and interact because of common issues, to improve their personal or professional practice. This is based on interaction through dialogue. Third-person AR focuses on building bridges between research subjects and research entities to larger groups of people who cannot be reached because of the long distances between. An example of such bridge-building would be conferences based on dialogue involving the mutual approach of people in different positions. With third-person AR, it is important to write about the research process and results (Stringer & Genat, 2004).

AR is an umbrella term for various forms of research, such as: Participatory Action Research, (PAR), Action Science (AS), Participatory Research (PA) and Practice Research Engagement

115

(PRE) (J. Meyer, 2000; Reason & Bradbury, 2006; Stringer & Genat, 2004). The intention to employ AR is based on the idea that it can be a way to make improvements in practice. AR as a scientific approach usually has a direct and immediate impact on the research context by drawing on the participants' everyday lives or practice (Pajalic & Westergren, 2013b). AR is based on trying to understand the social context in order to facilitate change by involving and motivating participants based on their individual circumstances. Furthermore, the AR approach implies research involving people, and considers them as subjects or participants. Participants in an AR-designed project are seen as representing a genuine critical mass of knowledge with first-hand experience of importance for future change in the specific context (J. Meyer, 2000; Reason & Bradbury, 2006; Stringer & Genat, 2004). Democracy, equality, participation, and change are important concepts in AR. AR presents as a process of research and change that takes place simultaneously with the production of new knowledge and the development of practice (Carr & Kemmis, 1986; Pajalic & Westergren, 2013b). The AR approach facilitates a focus on the practical assumption that humans exist in the natural world through their interactions with each other (Kitson, 2009). Epistemologically, AR is based on the construction of knowledge that leads to change through dialogue and reflection on general perceptions and standards, and reviewing them in terms of their aims to perceive the new options (Mattsson & Kemmis, 2007).

To implement change through AR, it is important to consider not only the bottom-up approach (bottom-up) representing practitioners and (in our case) patients, but also the perspective from above, that is, management levels (top-down) (Stringer & Genat, 2004). Both perspectives are required because the balance of power can lead to progression. An imbalance of power between participants and organizational levels may hinder the progression of AR. Relationships between management representatives and practitioners may be sensitive and stressful, necessitating the steady building of these relationships over time. Furthermore, it is important to involve decision-makers in the AR process. They need to be involved and represented in the research process

because it can induce them to more easily to accept the results (Stringer & Genat, 2004) Thus, proposed changes in practice may be possible if policy makers actively participate and encourage the AR project (Pajalic, 2013c).

Some contexts are more adaptive and receptive to new ways of working and to change, and these usually include contexts with a lead knowledge that is accommodating to change. AR studies usually aim to have a direct and immediate impact on the research context by taking the interested parties or everyday practice as their starting point (Reason & Bradbury, 2008). In AR studies, the researcher strives to understand a specific context in order to change it, and assumes that there is a connection between facts, values, feelings, and knowledge. Criteria for willingness to change are: that all participants are involved, based on their own circumstances, to focus on individuals in their context, and to have a future orientation and an interactive relationship between the research process, the action and the evaluation. Achieving sustainable change requires four components: knowing, becoming incapacitated, resolve and action. In order to realize change and sustainable development, space—for both action and courage—is required. Engaging in meaningful collaborative work is essential for sustainable development, where participants represent a genuine critical mass of knowledge based on first-hand experience. This experience helps to create feeling of confidence that realistic change is possible.

Reason and Bradbury (2008) argue that AR and Critical Theory overlap, sometimes to such an extent that they cannot be separated (Reason & Bradbury, 2006). Critical Theory focuses on the critical examination of society and social law-governed relationships, to detect and simultaneously discover if these relationships are an expression of power-related oppression (Reason & Bradbury, 2008). Both Critical Theory and AR focus on the integration of theory and practice so that people become aware of the contradictions and differences in their perceptions and be inspired to transform them. Critical Theory also involves a self-reflective aspect. The design of research based on Critical Theory begins with the analysis of certain aspects of the problem such that automatic

assumptions lay the groundwork for the problem. This design interacts with the participants in such a way that the participants' expertise is stressed (Levi & Nyberg, 2009).

Stringer and Genat (2004) explain that AR is context-specific and that the AR process is educationally empowering, as it involves dynamic linking to problem identification, planning, action, and evaluation (Stringer & Genat, 2004). Moreover, empowering strategies are defined as: information that is shared between participants in order to achieve a better understanding of the problem area to be developed, forming relationships internally between participants and externally with local and regional stakeholders and decision makers, as well as to raise awareness and create insights by "social learning" to find new ways to solve specific problems (Pajalic & Westergren, 2013b; Stringer & Genat, 2004).

An AR approach requires two parties: an outsider who is to manage the facilitation of the process (the researcher), and the insiders (the study participants), who stand for expertise related to a specific context. A prerequisite of change in practice is a common body of knowledge developed through research conducted in concert with individuals, and that new knowledge is created. Participants representing the practice have an inside knowledge of the problem and the researcher brings an outside perspective that helps participants have a critical insight and consider how they might resolve the problem. Researchers work on problem-oriented, dialogue-based and situational issues (Pajalic & Westergren, 2013b). According to Nowotny et al. (2001), AR is a model of knowledge (Nowotny, Scott, & Gibbons, 2001). The model of knowledge includes the following: equal relationships, problem-based joint action, usability as the goal, a flexible form, a short time horizon, an interactive attitude, broader social responsibilities and local responsibilities, stakeholders, scientists and practitioners, specific and context-bound knowledge, a focus on development and use, dynamic planning, open availability, concurrency discovery change, and the model is internally and externally scientific society (Nowotny et al., 2001).

The AR approach is both research process and research findings—two integrated components that cannot be isolated from each other (Stringer & Genat, 2004). Moreover, AR has a cyclical nature, based on four elements: seeing, thinking, acting, and evaluating (Pajalic & Westergren, 2013b; Stringer & Genat, 2004). "Seeing" refers to investigating an issue by mapping what is going on in the current context. "Thinking" refers to analysis and reflection on what is happening in the current context. "Acting" refers to the chosen action, while "evaluating" aims to reflect on the chosen action and its effects (Stringer & Genat, 2004).

Current AR empirical studies

The overall aim of the studies was firstly to gain insight into municipal food distribution from several perspectives: elderly care consumers, and various professionals, such as caregivers and decision-makers. Secondly, all of these stakeholders we asked to identify developmental areas in the food distribution practice, and to suggest, implement, and evaluate changes.

In the first and second study, the elderly care recipients' and the various professional's views on the food distribution service were identified. The practitioners described the food distribution as a fragmentary intervention lacking a comprehensive perspective and clear allocation of responsibility. The food distribution organization appeared to be strictly divided and limited by time and financial constraints. Due partly to the organizational fragmentation, the responsible staff tended to limit their sphere of responsibility to their particular part of the distribution chain, which meant there was no one who really had a complete picture of the organization and who had the overall responsibility for the food distribution process. However, some professionals took on more responsibility than they were supposed to. The result was that the food distribution organization that was the subject of this investigation appeared as an extremely complex chain of different but connected activities, exposing the fact that there was need to clearly outline the responsibilities of those involved (Pajalic, Persson, Westergren, & Skovdahl, 2012b; Pajalic & Westergren, 2013a).

119

The elderly clients said their feelings of dependency and loneliness were often reduced by their being able to have their meals delivered to their homes, and for this they expressed their sincere gratitude. The participants often expressed an uncomfortable sense of dependency due to their having no influence over the food products used in their meals or the time of day the meals were delivered. This dependency could cause the participants to avoid accepting outside help *from strangers* under circumstances they could not influence. Feelings of dependency could be exacerbated, for example, if a taxi driver delivered a meal but left immediately, even if the elderly client needed help to open the meal box and put the food on a plate. The participants referred to loneliness as a result of their involuntary isolation at home, due to difficulties in getting to a day center where they could enjoy their meals in company. Many participants needed taxi transportation in order to visit a day center, which often entailed extra costs that they could not afford. In general, the participants expressed sincere gratitude for the daily meal service. They described their meals as being varied, healthy, reasonably priced, and a good alternative to home-cooked food. The conclusion of this study was that there was a clear indication that greater attention should be given to meeting both the practical and psychological needs of elderly people and others who are dependent on the municipal food distribution service (Pajalic, Persson, Westergren, Berggren, & Skovdahl, 2012; Pajalic & Westergren, 2013a).

In the study three professionals identified areas for improvement regarding the municipal food distribution service for elderly people living at home. The results showed that there was a need in municipal food distribution to update and increase recipients' knowledge related to nutrition by distributing information to them by mail. A total of 1,700 information sheets were distributed. The general estimation was that the response to the information sheets indicated that this was a suitable method for updating the care recipients' competence regarding nutrition. This study showed conclusively that systematic work inspired by an AR approach, with engaged, motivated participants can be beneficial, and can also be the starting point of a process of change in municipal

services and care practice. The main conclusion of this study was that systematic reflection on everyday practices can be a vehicle for future changes in practice (Pajalic, Skovdahl, Westergren, & Persson, 2013).

The fourth study involved the decision-makers, politicians and top-level administrative managers' in two steps—through individual interviews and discussions based on feedback from previous studies. The findings indicated a discrepancy between reality and political vision. It was shown that decision-makers often realized that they needed to make crucial decisions despite their uncertain knowledge of the complexity surrounding the correct fulfillment of an elderly person's rights and needs. This includes freedom of choice and individual consideration. Three areas related to municipal food distribution were found to require change. These were: implementing monitoring of the elderly person's health and wellbeing while providing food distribution, an increase in professional competence, and the creation of a forum for inter-professional communication (Pajalic, Persson, Westergren, & Skovdahl, 2012a).

Discussion

With an AR approach, the involvement of the participants in this specific case was aimed at identifying problems and suggesting solutions for better food distribution, service, and practice. In studies using an AR approach it is important that the participants are open to playing an active role in the research process and to the planning of practice improvement. Throughout the project the level of the researcher's role was continuously discussed with the participants, in accordance with the ethical principles guiding research involving people. The results showed that municipal food distribution should be seen as an inter-operability issue. Everyone concerned needs to be involved in the plans for improving the municipal food distribution service, including the receivers. It is important that the various professionals involved should be able to act in accordance with their professional roles – from the position of their professional roles - when participating in planning to promote optimal development. The registered nurses should be

121

involved in assessing clients' needs related to food distribution so that they can screen a food distribution recipient's nutritional status and follow up all new municipal food distribution recipients. Further, the registered nurses' role requires continuous upgrading of their nutritional knowledge, with respect to both the other professionals involved and the food distribution recipients (Pajalic & Westergren, 2013a, 2013b).

All of the studies' results showed that there was no clearly defined function with the overall responsibility to monitor what happens to the delivered food. Hasselbladh et al. (2008) highlights that major organizational changes in the care sector in recent decades have been due to limited financial resources. As a consequence of these changes, a new method of "new public management" (Hasselbladh, Bejerot, & Gustafsson, 2008) was introduced to inform the organization of the care sector. New public management involves the introduction of an organizational model inspired by marketing. The model implies that the operations are standardized, detailed and controlled from above, by a team of professionals (Hasselbladh et al., 2008). This has led to tension in the financial side over the introduction of limited standardized interventions that do not allow for personalized and needs-based interventions. A study by Åhgren showed that the fragmentation of the social care sector is a result of decentralization and specialization. Decentralization and increased specialization were direct effects of straightened economic conditions, which resulted in operations being shared by small units with a high degree of autonomy and weak integration of strategies of task fulfillment (Åhgren, 2003). Care efforts converted into time, and time is converted into the price of the operations, which reduces flexibility and limits the influence of the staff performing the work (Kilbride, Perry, Flatley, Turner, & Meyer, 2011). The focus is on practical performance more than on the social interaction of the staff and the elderly. In another study it was shown that the care sector needs to promote and invest in communications to promote collaboration between different professions (Dickinson, Welch, & Ager, 2008). There are thus many possible explanatory factors, among them being the fragmented organization of food distribution. Other

examples of explanatory factors are the economy, limited timeframes, decentralization, specialization, and lack of communication.

Fixed routines and limited influence make it more difficult for care staff to provide personalized service and care (Petersson, Springett, & Blomqvist, 2009) It was found that the welfare system tends to be more mechanistic, focusing on financial control and "top–down" control, resulting in difficulties in establishing efficient communication between different professional groups (Szebehely, 2005). Inter-professional communication has been impeded by the content of various professionals' qualifications and professional integrity (Åhgren, 2003) . This development eventually led to different professions tending to focus on their professional integrity, taking a more independent role and assuming more personal responsibility. At the same time it created the hierarchical gap between professions, which complicated collaboration between different professions and different organizational levels (Koch, Selim, & Kralik, 2002; Reason & Torbert, 2001). Consequently, professional integrity can also be considered a contributing factor in clients' perception that the food distribution organization is fragmented. Constant changes to the social and care services require constant adaptation to new conditions, which can result in staff experiencing limited control over their work situation. Cooperation between management in an organization is often weak, and interventions are often fragmented and divided between different organizational levels. This means that each management function should contribute to a partnership. Different professions often have little knowledge of each other's skills and responsibilities, which places great demands on inter-professional communication in order to achieve effective service delivery (Kitson et al., 2008). Based on professional theory, many professions have been driven to voluntarily create a field with the exclusive right to explore relationships, to plan and execute services, and to have control over their own education and work quality (Tritter & McCallum, 2006) .

To reduce the gap between the different professions involved in food distribution, it is important to provide a forum for inter-

professional communication, focusing on food distribution. Important aspects for such a forum to deal with would be: relationships, understanding, and clarity. In order to obtain improve food distribution, political support is also required. Politicians should gather information so that they can monitor how their decisions are implemented in practice and what effects they have. This project has shown that systematic work with motivated, engaged participants can be the beginning of a transformation of local food distribution (Pajalic & Westergren, 2013a, 2013b).

The need for inter-professional communication, which frequently appeared in the studies, could also be understood as a need for the development of organizational means to promote practitioner communication skills, even during rapid, multiple changes. Furthermore, communication skills are essential to integrated work, and to the efficient management of resources in pursuit of the same goal (Buchanan, Caldwell, Meyer, Storey, & Wainwright, 2007). Inter-professional communication leads to the exchange of knowledge [93] and also generates new knowledge (Springett, 2006). Inter-professional communication is necessary to positively influence the quality of care by enabling transparency in other areas of responsibility and expertise, facilitating the capacity to plan together. Each profession can contribute its own knowledge; all professionals are experts in their own field and equipped to identify service gaps. If given the opportunity to meet and exchange each other's observations and suggestions, problems that arise will be resolved (Bridges, Fitzgerald, & Meyer, 2007). Different professions often have little detailed knowledge of each other's skills. Insufficient information between them negatively affects cooperation. Another important factor for the cooperation between professions is geographic distance between professionals and service recipients. In Sweden, the collaboration is usually divided between the various organizations and political bodies (Kitson et al., 2008). Thus, the results of sub-studies II-IV indicate a need to increase the inter-professional communication related to food distribution. This would be likely to favorably influence the quality of food distribution, and also provide follow-up to it.

The information sheets were evaluated as an appropriate means of disseminating knowledge related to nutrition. According to Meyer and Silow-Carroll (2003), the development of the practice depends on how much time it can take for new ideas to be incorporated into practice (J. A. Meyer & Silow-Carroll, 2003). Reflections on knowledge transfer have been shown to be important for change in an organization, with a particular focus on the tacit knowledge that is difficult to communicate and share with others. Furthermore, the increased knowledge of importance for the development of organizations focused on improving practices in healthcare (Saletti, 2003; Westergren, 2008). It is important to take into account the different types of knowledge that already exist and that facilitated the implementation of transparency in operations (Batljan & Lagergren, 2004). Furthermore, it has been shown in another study that the development of knowledge and practice should take into account the clients' own expertise (Laforest, Goldin, Nour, Roy, & Payette, 2007). Bringing knowledge into practice also requires the socio-cultural aspects and the context in which knowledge turnover to take place (Pajalic, 2013a, 2013d). Knowledge can lead to behavioral changes. Knowledge of nutrition is also important for older persons and has been shown to have positive impact on their food consumption. Studies of participants that acknowledge their unique knowledge of specific situations related to food distribution served as a basis for the identification of areas for development of the food distribution chain (Pajalic, Persson, Skovdahl, & Westergren, 2012; Pajalic, Persson, Westergren, Berggren, et al., 2012; Pajalic, Persson, Westergren, et al., 2012a, 2012b). The area they chose to develop was the dissemination of nutritional knowledge through distributed information sheets, which were evaluated as an appropriate educational alternative that could reach many individuals (Pajalic & Westergren, 2013a, 2013b).

The importance of involving older persons who are beneficiaries of food distribution and different professionals involved in the food distribution was clear in all studies. The results showed that older people were actively involved in the selection of their food and the annual evaluations of the food. Caregivers represent power –

through their authority, status, responsibility for individuals who need their help, and their role as makers of decisions about treatment. Clients also have power, in that they can complain or make demands (Atwal & Caldwell, 2005). Shared power is referred to as empowerment and it is an individual process whereby the individual interacts with the environment. Empowerment of vulnerable populations lead to a sense of confidence and self-reliance (Smith, Lavoie-Tremblay, Richer, & Lanctot, 2010). Participation involves trust, searching, and maintenance of sense of control. Furthermore, subject involvement refers to involvement in problem identification, prioritization, selection of what is to be changed, and determination of how the change will take place (Reason & Torbert, 2001; Stringer & Genat, 2004) Participation is seen as a journey between dependence and independence, affirming that people are equal and can affect the rules and circumstances of life that they live in (Pajalic, 2013b).

About the author and contributors

Dr Zada Pajalic, Associate Professor, Faculty of Health Sciences, Department of Health, Nutrition and Management, Street address: Kunskapsveien 55, 2007 Kjeller, PB 4 St. Olavs plass, N-0130, Norway. Design, facilitator and manuscript preparation Contact: zada.pajalic@hioa.no

Dr Lena Persson, Kristianstad University (viewpoints on manuscript)

Claudia Gillberg (PhD), Jönköping University (viewpoints on manuscript)

References

Åhgren, B. 2003. Chain of care development in Sweden: results of a national study. *International Journal of Integrated Care, 3*.

Atwal, A., & Caldwell, K. 2005. Do all health and social care professionals interact equally: a study of interactions in multidisciplinary teams in the United Kingdom. *Scandinavian Journal of Caring Sciences, 19*(3), 268-273.

Batljan, I., & Lagergren, M. 2004. Inpatient/outpatient health care costs and remaining years of life--effect of decreasing mortality on future acute health

care demand. *Soc Sci Med, 59*(12), 2459-2466. doi: S0277953604001820 [pii] 10.1016/j.socscimed.2004.04.003 [doi]

Bridges, J., Fitzgerald, L., & Meyer, J. 2007. New workforce roles in health care: exploring the longer-term journey of organisational innovations. *J Health Organ Manag, 21*(4-5), 381-392.

Buchanan, D., Caldwell, R., Meyer, J., Storey, J., & Wainwright, C. 2007. Leadership transmission: a muddled metaphor? *J Health Organ Manag, 21*(3), 246-258.

Carr, W., & Kemmis, S. 1986. *Becoming critical : education knowledge and Action Research*. London: Falmer Press.

Dickinson, A., Welch, C., & Ager, L. 2008. No longer hungry in hospital: improving the hospital mealtime experience for older people through Action Research. *J Clin Nurs, 17*(11), 1492-1502. doi: JCN2063 [pii] 10.1111/j.1365-2702.2007.02063.x [doi]

Hasselbladh, H., Bejerot, E., & Gustafsson, R. Å. 2008. *Bortom New Public Management : institutionell transformation i svensk sjukvård*. Lund: Academia adacta.

Kilbride, C., Perry, L., Flatley, M., Turner, E., & Meyer, J. 2011) Developing theory and practice: creation of a Community of Practice through Action Research produced excellence in stroke care. *J Interprof Care, 25*(2), 91-97. doi: 10.3109/13561820.2010.483024 [doi]

Kitson, A. L. 2009. The need for systems change: reflections on knowledge translation and organizational change. *J Adv Nurs, 65*(1), 217-228. doi: JAN4864 [pii] 10.1111/j.1365-2648.2008.04864.x [doi]

Kitson, A. L., Rycroft-Malone, J., Harvey, G., McCormack, B., Seers, K., & Titchen, A. 2008. Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges. *Implement Sci, 3*, 1. doi: 1748-5908-3-1 [pii] 10.1186/1748-5908-3-1 [doi]

Koch, T., Selim, P., & Kralik, D. 2002. Enhancing lives through the development of a community-based Participatory Action Research programme. *J Clin Nurs, 11*(1), 109-117. doi: 563 [pii]

Laforest, S., Goldin, B., Nour, K., Roy, M. A., & Payette, H. 2007. Nutrition Risk in Home-Bound Older Adults: Using Dietician-Trained and Supervised Nutrition Volunteers for Screening and Intervention*. *Canadian Journal on Aging, 26*(4), 305-315.

Levi, R., & Nyberg, R. 2009. *Vettigare vård : evidens och kritiskt tänkande i vården*. Stockholm: Norstedt.

Mattsson, M., & Kemmis, S. 2007. Praxis-related research : serving two masters? (Vol. 15(2007):2, s. 185-214): Pedagogy, culture & society.

Meyer, J. 2000. Evaluating Action Research. *Age Ageing, 29 Suppl 2*, 8-10.

Meyer, J. A., & Silow-Carroll, S. 2003. Building on the job-based health care system: what would it take? *Health Aff (Millwood), Suppl Web Exclusives*, W3-415-425.

Nowotny, H., Scott, P., & Gibbons, M. 2001. *Re-thinking science : knowledge and the public in an age of uncertainty*. Cambridge: Polity Press.

Pajalic, Z. 2013a. How public home care officers reason when making a needs assessment for food distribution to homebound elderly persons in Sweden. *Global Journal of Health Science, 5*(5), p31-40.

Pajalic, Z. 2013b. Matdistribution till hemmaboende äldre personer ur flera perspektiv: Doktorsavhandling/Doctoral thesis.

Pajalic, Z. 2013c. *Matdistribution till hemmaboende äldre personer ur flera perspektiv.* Örebro universitet, Örebro. Retrieved from http://urn.kb.se/resolve?urn=urn:nbn:se:hkr:diva-10378

Pajalic, Z. 2013d. The Swedish Municipal Food Distribution Service to the Elderly Living at Home as Experienced by the Recipient's Relatives. *Global Journal of Health Science, 5*(6), 12-18. doi: 10.5539/gjhs.v5n6p12

Pajalic, Z., Persson, L., Skovdahl, K., & Westergren, A. 2012. Facilitating Change, the Decision-maker's Views of Municipality Organized Food Distribution to Elderly People Living at Home and Suggestions for Development–A Participatory Action Research Study. *Public Administration Research, 1*(1), p14-23.

Pajalic, Z., Persson, L., Westergren, A., Berggren, V., & Skovdahl, K. 2012. The experiences of elderly people living at home related to their receiving meals distributed by a municipality in Sweden. *Journal of Food Research, 1*(1), 68-78. doi: urn:nbn:se:hkr:diva-8956

Pajalic, Z., Persson, L., Westergren, A., & Skovdahl, K. 2012a) *Evaluation for change, the decision maker's involvement in the development of Food Distribution to home living elderly people*. Paper presented at the International Conference Interprofessional Partnership: Improvement for Global Health Outcomes Thailand. http://urn.kb.se/resolve?urn=urn:nbn:se:hkr:diva-9153

Pajalic, Z., Persson, L., Westergren, A., & Skovdahl, K. 2012b. Public home care professionals' experiences of being involved in food distribution to home-living elderly people in Sweden : a qualitative study with an Action Research approach. *Journal of Nursing Education and Practice, 2*(2), 41-51. doi: urn:nbn:se:hkr:diva-9190

Pajalic, Z., Skovdahl, K., Westergren, A., & Persson, L. 2013. How the professionals can identify needs for improvement and improve Food Distribution service for the home-living elderly people in Sweden-an Action Research project. *Journal of Nursing Education and Practice, 3*(8), p29-40.

Pajalic, Z., & Westergren, A. 2013a. Part 1 Food distribution for the elderly, in Swedish (Del 1Matdistribution till äldre). In L. Jakobsson (Ed.), *Action Research in health and social care - the application and theory, in Swedish (Aktionsforskning i vård och omsorg - tillämpning och teori)* (Vol. 1.1). Malmö: Glerupps.

Pajalic, Z., & Westergren, A. 2013b. Part 2 Action Research bases in Swedish (Del 2 Aktionsforskningens grunder). In L. Jakobsson (Ed.), *Action Research in health and social care - the application and theory, in Swedish (Aktionsforskning i vård och omsorg - tillämpning och teori)* (Vol. 1.1). Malmö Glerupps.

Petersson, P., Springett, J., & Blomqvist, K. 2009. Telling stories from everyday practice, an opportunity to see a bigger picture: a Participatory Action Research

project about developing discharge planning. *Health Soc Care Community, 17*(6), 548-556. doi: HSC854 [pii] 10.1111/j.1365-2524.2009.00854.x [doi]

Reason, P., & Bradbury, H. 2006. *Handbook of Action Research*. London: SAGE.

Reason, P., & Bradbury, H. 2008. *The SAGE handbook of Action Research : participative inquiry and practice*. Los Angeles: SAGE.

Reason, P., & Torbert, W. R. 2001. The action turn: Toward a transformational social science. *Concepts and Transformation, 6*(1), 1-37.

Saletti, A. 2003. *Nutritional status in elderly receiving municipal services and care*. Stockholm.

Smith, K., Lavoie-Tremblay, M., Richer, M. C., & Lanctot, S. 2010. Exploring nurses' perceptions of organizational factors of collaborative relationships. *Health Care Manag (Frederick), 29*(3), 271-278. doi: 10.1097/HCM.0b013e3181e9351a [doi] 00126450-201007000-00010 [pii]

Springett, J. 2006. Structuring an inter-sector research partnership: a negotiated zone. *Soz Praventivmed, 51*(6), 349-351; discussion 352-344.

Stringer, E. T., & Genat, W. J. 2004. *Action Research in health*. Upper Saddle River, N.J.: Merrill Prentice Hall.

Szebehely, M. 2005. Care as employment and welfare provision : child care and elder care in Sweden at the dawn of the 21st century (Vol. S. 80-97, 45 ref.): Dilemmas of care in the Nordic welfare state. 2005.

Tritter, J. Q., & McCallum, A. 2006. The snakes and ladders of user involvement: moving beyond Arnstein. *Health Policy, 76*(2), 156-168.

Westergren, A. 2008. Nutrition and its relation to mealtime preparation, eating, fatigue and mood among stroke survivors after discharge from hospital - a pilot study. *Open Nurs J, 2*, 15-20. doi: 10.2174/1874434600802010015 [doi]

ALARA membership information and article submissions

ALARA membership categories

Membership of ALARA takes two forms: individual and organisational.

ALARA individual membership

The *ALAR Journal* is available to members of the Action Learning, Action Research Association Inc (ALARA). Members obtain access to two issues of the ALAR Journal per year.

ALARA membership also provides information on special interest email and web based networks, discounts on conference/seminar registrations, and an on-line membership directory. The directory gives details of members around the world with information about interests as well as the ability to contact them.

ALARA organisational membership

ALARA is keen to make connections between people and activities in all the strands, streams and variants associated with our paradigm. Areas include Action Learning, Action Research, process management, collaborative inquiry facilitation, systems thinking, Indigenous research and organisational learning and development. ALARA may appeal to people working in any kind of organisational, community, workplace or other practice setting, and at all levels.

ALARA invites organisational memberships with university schools, public sector units, corporate and Medium to Small Business, and community organisations. Such memberships

include Affiliates. Details are on our membership link on our website.

Become a member of ALARA

An individual Membership Application Form is on the last page. Please see ALARA's web site for an organisational membership application form.

For more information on ALARA activities and to join

Please visit our web page:
www.alarassociation.org/pages/about-us/joining-alara

or email secretary@alarassociation.org

Journal submissions criteria and review process

The *Action Learning and Action Research Journal* (*ALARj*) contains substantial articles, project reports, information about activities, creative works from the Action Research and Action Learning field, reflections on seminars and conferences, short articles related to the theory and practice of Action Learning, Action Research and process management, and reviews of recent publications. *ALARj* also advertises practitioners' services for a fee.

The journal aims to be of the highest standard of writing from the field in order to extend the boundaries of theorisation of the practice, as well as the boundaries of its application. *This purpose represents a recent change in policy.*

The journal aims to be accessible for both readers and contributors while not compromising the need for sophistication that complex situations require. Where previously our commitment was to publish new practitioners as a way of developing the field, while also introducing novice practitioners presenting creative and insightful work we now encourage experienced practitioners and scholars to contribute.

Accordingly, our rate of rejection has increased. We will only receive articles that have been proof read, comply with the submission guidelines as identified on the journal's website, and that also meet the criteria that the reviewers use, also available on the journal website. We are unlikely to publish an article that describes a project simply because its methodology is drawn from our field.

The intention of the journal is to provide high quality works for practitioners and funding bodies to refer to in the commissioning of works, and the progression of and inclusion of action research and action learning concepts and practices in policy and operations.

AlARj has a substantial international panel of experienced action research and action learning scholars and practitioners who offer both double blind and transparent reviews at the request of the author.

Making your submission and developing your paper

Please send all contributions in Microsoft Word format to our Open Journal Systems access portal: http://journal.alara.net.au

You will need to register as an author to upload your document and work through the four electronic pages of requirements to make your submission. ALARA's Managing Editor or Issue Editor will contact you and you can track progress of your paper on the OJS page.

If you have any difficulties or inquiries about submission or any other matters to do with ALARA publications contact the Managing Editor on editor@alarassociation.org.

For the full details of submitting to the ALAR Journal, please see the submission guidelines on ALARA's web site www.alarassociation.org/pages/publications/submission-guidelines

Guidelines

The journal is devoted to the communication of the theory and practice of action research and related methodologies generally. As

with all ALARA activities, all streams of work across all disciplines are welcome. These areas include action research, action learning, participatory action research, systems thinking, inquiry process-facilitation, and process management and all the associated post-modern epistemologies and methods such as rural self-appraisal, auto-ethnography, appreciative inquiry, most significant change, open space technology, etc.

Our reviewers use the following criteria, which are important for authors to consider:

1. Criterion 1: How well are the paper and its focus both aimed at and/or grounded in the world of practice?

2. Criterion 2: How well are the paper and/or its subject explicitly and actively participative: research with, for and by people rather than on people?

3. Criterion 3: How well do the paper and/or its subject draw on a wide range of ways of knowing (including intuitive, experiential, presentational as well as conceptual) and link these appropriately to form theory of and in practices (praxis)?

4. Criterion 4: How well does the paper address questions that are of significance to the flourishing of human community and the more-than-human world as related to the foreseeable future?

5. Criterion 5: How well does the paper and/or its subject aim to leave some lasting capacity amongst those involved, encompassing first, second and third person perspectives?

6. Criterion 6: How well do the paper and its subject offer critical insights into and critical reflections on the research and inquiry process?

7. Criterion 7: How well do the paper and/or its subject progress AR and AL in the field (research, community, business, education or otherwise)?

8. Criterion 8: How well is the paper written?

Article preparation

Journal submissions must be original and unpublished work suitable for an international audience and not under review by any other publisher or journal. No payment is associated with submissions. Copyright of published works remains with the author(s) shared with ALARA Inc.

While *ALARj* promotes established practice and related discourse *ALARj* also encourages unconventional approaches to reflecting on practice including poetry, artworks and other forms of creative expression that can in some instances progress the field more appropriately than academic forms of writing.

Submissions are uploaded to our Open Journal System (OJS) editing and publication site.

The reviewers use the OJS system to send you feedback within a 2-3 month period. You will receive emails at each stage of the process with feedback, and if needed, instructions included in the email about how to make revisions and resubmit.

Access to the journal

The journal is published electronically on the OJS website.

EBSCO and InformIT also publish the journal commercially for worldwide access, and pdf or printed versions can be purchased from Sydney University Press at http://fmx01.ucc.usyd.edu.au/jspcart/cart/Category.jsp?nParentID=42

For further information about submitting to the ALAR Journal, please see the submission guidelines on ALARA's web site http://www.alarassociation.org/pages/publications/submission-guidelines.

Individual Membership Application Form

This form is for the use of individuals wishing to join ALARA.
Please complete all fields.

Name

Title	Given Name	Family Name

Residential Address

Street	Town / City	Postcode / Zip
Country		

Postal Address

Street	Town / City	Postcode / Zip
State	Country	

Telephone

Country Code	Telephone Number

Mobile Telephone

Country Code	Mobile Number

Email

Email Address

Experience (Please tick most relevant)

- [ ] No experience yet
- [ ] 1 – 5 years' experience
- [ ] More than 5 years' experience

Interests (Please tick all relevant)

- [ ] Education
- [ ] Community / Social Justice
- [ ] Gender Issues
- [ ] Health
- [ ] Indigenous Issues
- [ ] Organizational Development

Are you eligible for a concessional membership fee?

If you are a student, pensioner or individual earning less than AUD 20,000 per year (about USD 18,500 or EUR 13,400 - please check current conversion rates), you can apply for the concessional membership fee.

Do you belong to an organization that is an Organizational Member of ALARA?

If you are a member of such an organization, you can apply for the reduced membership fee. Please state the name of the Organizational Member of ALARA in the box below.

Annual Membership Fees (Please select one)

- [ ] **AUD 145.00** Full membership fee
- [ ] **AUD 95.00** Concessional membership fee (see above)
- [ ] **AUD 72.50** Reduced membership fee, as I belong to an Organizational Member of ALARA

Organization's Name

Payment

We offer a range of payment options. Details are provided on the Tax Invoice that we will send to you on receipt of your membership application.

If you want to join and pay online, go to http://www.alarassociation.org/pages/about-us/joining-alara. Alternatively, please return the completed form to us.

By Post
ALARA Membership
PO Box 162 Greenslopes
Queensland 4120 AUSTRALIA

By FAX
+ 61 (7) 3342 1669

By Email
secretary@alarassociation.org

Privacy Policy

By submitting this membership form, I acknowledge that I have read, understood and accept ALARA's Privacy Policy
http://www.alarassociation.org/pages/alara-privacy-policy.

ALARA will acknowledge receipt of your application and send you an invoice or receipt of payment. You will receive an email confirming activation of your account, and details on how you can access website functions.