

Nursing Education Perspectives

Participatory Action Research and Photovoice: Applicability, Relevance, and Process in Nursing Education Research --Manuscript Draft--

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Corresponding Author:	Tracy Oosterbroek, PhD, RN University of Lethbridge Faculty of Health Sciences Lethbridge, Alberta CANADA
Corresponding Author's Institution:	University of Lethbridge Faculty of Health Sciences
First Author:	Tracy Oosterbroek, PhD, RN
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Abstract:	<p>AIM: Participatory Action Research (PAR) is both a philosophy and an approach to qualitative research. The purpose of this article is to generate a clearer understanding and appreciation of PAR and more specifically its relevance to the discipline and profession of nursing.</p> <p>METHODS: Principles and process of PAR, using photovoice (PV) as an innovative data collection method in undergraduate rural nursing preceptorship is described. Nursing students and faculty advisors participated.</p> <p>FINDINGS: Challenges and opportunities experienced during the preceptorship influenced learning and overall preceptorship experience.</p> <p>CONCLUSION: Photovoice provided a participant directed method for capturing the unique rural preceptorship experience.</p>
Other Authors:	Olive Yonge, PhD, RN
	Florence Myrick, PhD, RN
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Reviewer Comments:

Reviewer #1: Thank you for the opportunity to review this revision. I appreciate the addition of more elaboration of the findings and limitations, as well as the addition of the table for your themes, this provided much clarity.

Thank you very much for your feedback and support. No changes or revisions required.

Reviewer #2: My suggestions for editing were not addressed. While I understand preceptors were not in the study, preceptors **must be addressed in detail because most nursing programs, especially those that have accreditation, must have guidelines in place for preceptor use. Without detailing how your preceptors were chosen or their educational level, this study is hard to replicate and hold validity.** There may have been a diploma RN precepting the undergraduate student, which is in direct violation of some state board of nursing standards. Perhaps "preceptor" is not the correct term to use. You use the term "preceptorship" several times, which leaves the reader thinking they learned from their preceptor. Thank you for identifying the absence of the preceptor perspective as a limitation but you should still include details regarding the involvement of the preceptors in the study.

Thank you very much for your feedback. I think I understand your comments better now. I apologize for missing this the last time. I have added comments throughout the manuscript in what I believe appropriate sections to add clarity and address the concerns/questions you highlighted above. I did believe it was necessary to seek out literature to support my claims as I knew it existed. I do hope in adding these details I have not exceeded the length requirements but am happy to continue to refine these details to ensure clarity and to provide a meaningful manuscript that contributes to the current state of knowledge in terms of rural preceptorship. Thank you kindly for the opportunity to make revisions and refinements.

Reviewer #3: Thank you for addressing each of the review comments and making appropriate changes.

Thank you very much for your feedback and support. No changes or revisions required.

July 17, 2019,

Dear Dr. Fitzpatrick,

Please accept this revised revision of the manuscript *NEP-2019-099R1, entitled "Participatory Action Research and Photovoice: Applicability, Relevance, and Process in Nursing Education Research"*. The manuscript was substantially revised previously to meet the criteria of the Innovation Centre. These recent revision address the most recent feedback. I do hope the manuscript addresses the reviewers' and requirements and still meets the criteria of the Innovation Centre.

Sincere thanks for the opportunity to revise and re-submit.

Dr. Tracy Oosterbroek, Dr. Olive Yonge, & Dr. Florence Myrick

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Tracy Oosterbroek PhD, MSc(N), BN, RN

Assistant Professor - Faculty of Health Sciences (Nursing), University of Lethbridge
4401 University Drive
Lethbridge, Alberta
T1K 6C4
Phone: 403-393-8924
tracy.oosterbroek@uleth.ca

Olive Yonge PhD, RN

Professor and Vargo Chair - Faculty of Nursing, University of Alberta
5-265 Edmonton Clinic Health Academy
11405-87 Ave
Edmonton, Alberta
T6G 1C9
Phone: 780-492-2402
olive.yonge@ualberta.ca

Florence Myrick PhD, MScN, BN, RN

Professor Emerita, Faculty of Nursing - University of Alberta
1102-31 King's Wharf Place
Dartmouth, Nova Scotia
B2Y 0C1
amyrick@ualberta.ca

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**Participatory Action Research and Photovoice: Applicability,
Relevance, and Process in Nursing Education Research**

ABSTRACT

AIM: Participatory Action Research (PAR) is both a philosophy and an approach to qualitative research. The purpose of this article is to generate a clearer understanding and appreciation of PAR and more specifically its relevance to the discipline and profession of nursing.

METHODS: The authors provide a description of the principles and process of implementing PAR methodology, using photovoice (PV) as an innovative data collection method in undergraduate rural nursing preceptorship. Participants were undergraduate nursing students and their assigned faculty advisors assigned to rural communities during the final clinical preceptorship course.

FINDINGS: The participants described various opportunities and challenges they experienced throughout the rural preceptorship and the ways in which these experiences influenced their learning and overall preceptorship experience.

CONCLUSION: Photovoice provided a participant directed method for capturing their unique rural preceptorship experience.

Keywords: rural nursing, nursing preceptorship, participatory action research, nursing research, photovoice

Participatory Action Research (PAR) emerged from the postcolonial and feminist rejection of barriers, power inequality and oppression in the traditional researcher-participant relationship (Gubrium & Harper, 2013). Postcolonial scholars regard prior knowledge as a product of cultural essentialism, constructed through an historical context that shapes every day experience (Anderson, Lynman, Semeniuk, & Smye, 2003). Feminist scholars emphasize epistemological issues related to validity; legitimization of the relational, contextual, and subjective sources of data; and participants as experts; thereby contributing to the ways in which knowledge is created. The postcolonial, feminist lens of PAR promotes sensitivity to social imbalances and prioritizes the needs of participants. PAR confronts persistent, essentialist views of culture (Creswell, 1998; Harrowing, Mill, Spiers, Kulig, & Kipp, 2010), and oppression based on class, race and gender (Gubrium & Harper, 2013), while emphasizing multiple perspectives and interpersonal connections.

PAR prescribes strategies for data collection and analysis while seeking to improve the human condition through social change. Chief amongst the principles of PAR are active engagement of participants as co-creators of knowledge, throughout an iterative cycle of steps, with the expectation that the research outcomes will improve their personal situations and those of others; it is carried out *by*, rather than *on*, research subjects (Cornwall & Jewkes, 1995). PAR generates knowledge products for action, as opposed to conventional research methodologies that generate knowledge for understanding. The PAR relationship is based on *contractual*, *consultative*, *collaborative*, and *collegiate* principles of participation (Cornwall & Jukes, 1995). Recruitment of participants involves their informed, *contractual* agreement to participate. Participants are *consulted* throughout the research project; changes or adjustments of the research process are implemented only after *collaborative* agreement on priorities and the relevance of

data. Last, the researcher demonstrates *collegial* respect for participants' knowledge and control over the research process.

As a research methodology, PAR was relevant and applicable to the study described below, inasmuch as it required collaboration with community members in the co-construction of knowledge, for the purpose of improvement and social change. The researchers used photovoice, an innovative PAR method, to explore the challenges and opportunities of rural preceptorship, as experienced by nursing students and their faculty advisors. Photovoice aims to represent participants' experiences through their own photographs, contextualized by interview data (Harrison, 2002). Through this method, the researchers sought to empower participants to inform the current literature on rural nursing preceptorship, and to advocate for underserved rural communities.

In preceptorship, senior undergraduate nursing students work one-to-one with preceptors (experienced registered nurses) at rural practice sites. Preceptors fulfill multiple role such as teacher, evaluator, and role model (Kamalo, Vernon, & Toffoli, 2017). Faculty members act as advisors and liaisons to the students and preceptors. Preceptor selection varied across facilities; registered nurses (RNs) may volunteer, but are more commonly assigned by the nursing manager to ensure the most experienced nurses act as preceptor for senior undergraduate nursing students (Quek & Shorey, 2018). However, the pool of qualified RNs who work full-time in rural communities remains limited (MacLeod et al. 2017; Yonge, Ferguson, & Myrick, 2006). RNs holding bachelor's degrees across Canada continues to increase (50.2%) but remains lowest among rural nurses (40%) (MacLeod et al., 2017). Moreover, while the average age among RNs across Canada has decreased slightly in the past five years (CIHI, 2018), the average age of RNs in rural communities remains highest across Canada, ranging between 45-54 years old. Using

photovoice, students and faculty members illustrated how they addressed the challenges and built on the opportunities of rural practice.

Methods

Aims

The researchers sought to address the question, “What are the challenges and opportunities inherent in rural preceptorship,” while maintaining the postcolonial, feminist research stance of PAR. Photovoice method was chosen as the most effective method to uphold the collaborative PAR relationship with participants.

Participants

The study cohort included senior nursing students who had indicated their preference for a rural preceptorship placement, and their faculty advisors, from two separate undergraduate nursing programs in western Canada. All nursing students assigned to rural settings, their faculty advisors, and preceptors were invited to participate, regardless of age, gender, or placement type. The total sample consisted of nine (n=9) nursing students and five (n=5) faculty advisors; preceptors declined to participate. This study was carried out in seven communities of less than 50,000 residents, at least 20 km distant from the nearest urban center. Students were placed in inpatient or community health settings.

At the outset of the preceptorship, the researcher oriented participants at the educational institutions and clinical sites, explaining the study purpose, implications, and method. Each participant (student and faculty advisor) was provided with a 10-12 megapixel digital camera and instruction regarding its use. Participants were instructed to record as many images as they wished, pertaining to challenges and opportunities they experienced during the preceptorship.

Ethical Considerations

All participants gave signed, informed consent to participate in the study, and to release their data for dissemination of the research findings. All individuals depicted in the participants' photographs were also required to give informed consent permitting their use in the study. Patients' faces were not photographed. Ethical approval was granted by the educational institutions and health authority using the criteria of the Canadian Tri-Council Guidelines for Human Subjects Research. All participants and photographic subjects were informed of their right to withdraw from the study at any time, without fear of reprisal.

Data Collection and Analysis

In keeping with the principles of PAR, data collection and analysis were carried out concurrently, throughout the study. At the midpoint and endpoint of the preceptorship, the researcher met with the individual participants, who selected 20-25 photographs portraying the challenges and opportunities they were experiencing during the rural placement. These photographs generated rich, descriptive conversations between the participants and the researcher, who asked open-ended questions pertaining to: 1) what participants saw in the images; 2) where and why they photographed specific images; and 3) the implications of the perceived challenge/opportunity for rural practice. For the endpoint interviews, the researcher added more specific questions emerging from midpoint interviews. The researcher took field notes and kept a journal for the duration of the study, for the purpose of maintaining reflexivity. All interviews were recorded and transcribed for analysis.

For the purpose of this research project, thematic analysis was employed. The researcher transcribed and reviewed all recordings for accuracy, thereby immersing herself in the data. Interview transcripts were first coded line-by-line, then preliminary codes were sorted and

collapsed into broader thematic clusters by identifying relationships, similarities, and relevance among themes. All themes and sub-themes were reviewed for homogeneity of meaning to ensure “accurate representation” of the data (Braun & Clark, 2006, p. 21). The thematic clusters were then labelled with descriptive terms, used by the participants, which captured the essence of each theme. Finally, compelling examples from the data were selected by the researcher to articulate the story of the rural preceptorship, from the perspective of the nursing students and their faculty advisors.

Following the data collection and analysis, the researcher forwarded a slideshow, compiled from the entire dataset, to each participant for verification of findings and further remarks. Five of the 14 participants met with the researcher to discuss the final slideshow. These interviews were also tape-recorded and transcribed by the researcher.

Findings and Conclusion

Four thematic clusters—sense of rurality, rural versus urban placements, travel, and making do with limited resources—emerged from the participant interviews and photographs.

Table 1.

Overwhelmingly, the participants identified with the thematic clusters and the corresponding subthemes. The students described in detail how opportunities or challenges, evident in every image, enhanced their learning and ability to cope with unexpected or unusual circumstances unique to rural nursing practice. The preceptorship not only provided for consolidation of learning, but contributed to contextual sensitivity and appreciation for the diversity unique to each rural community (Oosterbroek, Yonge, & Myrick, 2019). Interactions between students, preceptors, and other members of the interprofessional team were enhanced in rural preceptorships as a function of the close-knit nature of relationships among members of the rural

health care team (Yonge, Luhanga, Foley, Jackman, Myrick, & Oosterbroek, 2018). The absence of the preceptor perspective persists as a major gap in the existing literature and represents the primary limitation of this study. Recent studies have found that preceptorship, while rewarding, carries additional demands including, role strain, increased workload, and lack of professional development to the role and responsibilities of preceptor (Quek & Shorey, 2018). These factors may have influenced preceptor willingness to participate in this project as it may have been perceived as additional or extraneous workload.

Congruence between philosophical underpinnings and research methods is crucial for knowledge translation at the community level. The researcher must recognize societal influences related to gender, race, culture, and social class, in relationship to real-world and real-life problems, while recognizing the impossibility of asserting one truth or complete representations of truth (Denzin & Lincoln, 2003). The research participants assumed ownership of the research process, producing knowledge that represented their perspective. The findings revealed many commonalities among participants and illuminated the unique challenges and opportunities of rural preceptorship. For the purpose of the rural nursing preceptorship study described in this article, a postcolonial, feminist stance, together with the PAR methodology of photovoice, helped empower the nursing students and faculty advisors who took part.

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Sense of Rurality	Rural vs Urban Placements	Travel	Making Do with Limited Resources
<ul style="list-style-type: none">• Community spirit• Communication• Cultural contexts	<ul style="list-style-type: none">• Breadth of experiences• Relationships and support• Challenges associated with isolation	<ul style="list-style-type: none">• Landscape• Opportunities for reflection• Safety	<ul style="list-style-type: none">• Technology• Equipment and space utilization• Recruitment, attrition, and retention

Table 1. Thematic Clusters (and sub-themes)