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Self-regulation of a Chiropractic Association through Participatory Action Research

Lorraine A. Sheppard
University of South Australia, lorraine.sheppard@unisa.edu.au

Anna Maria S. Jorgensen
Pricate Practitioner

Michael J. Crowe
James Cook University

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Abstract

Participatory action research (PAR) can be used in the health professions to redefine their roles. This study investigated a small health professional group, the members of The Chiropractic Association Singapore (TCAS), by using a PAR method; researchers and participants gained insights into the self-regulation of a health profession. A qualitative process using a theory-building approach and an action component was a practical way of developing self-regulation in a small professional group. This approach bridged the gap between practice and research with TCAS members fully engaged in the process of being critically reflective of their future roles in the local health care market.

Keywords

Chiropractic, Professions, Singapore, Action Research, Participatory Action Research

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Lorraine A. Sheppard
University of South Australia and James Cook University

Anna Maria S. Jorgensen
Private Practitioner, Dubai

Michael J. Crowe
James Cook University, Australia

Participatory action research (PAR) can be used in the health professions to redefine their roles. This study investigated a small health professional group, the members of The Chiropractic Association Singapore (TCAS), by using a PAR method; researchers and participants gained insights into the self-regulation of a health profession. A qualitative process using a theory-building approach and an action component was a practical way of developing self-regulation in a small professional group. This approach bridged the gap between practice and research with TCAS members fully engaged in the process of being critically reflective of their future roles in the local health care market. Keywords: Chiropractic, Professions, Singapore, Action Research, Participatory Action Research

Chiropractic is a relatively young health care profession that started in the United States of America some 110 years ago (Wardwell, 1992). It was established in Singapore in 1998 with the forming of The Chiropractic Association Singapore (TCAS) (Tamulaitis, Auerbach, Gauscher-Peslherbe, Engelbrecht, & Kazuyoshi, 1992). The chiropractic profession in Singapore has a unique positioning in health care at it is both modern and traditional. However, a major decision for TCAS was whether to accept the mainstream role of the health care market or to pursue the alternative/complementary route, or - embrace something in-between. This uncertainty of identity had more to do with philosophical groundings than practice; that is, whether to remain faithful to the vitalistic and, by inference, the holistic approach to health or to subscribe to the scientific basis of the profession through current teaching institutions and research projects. The two directions have increasingly come into conflict. This can be seen as part of the natural development of a profession, or as Kuhn (1996) describes, a paradigmatic change:

> In the development of any science, the first received paradigm is usually felt to account quite successfully for most of the observations and experiments early accessible to that science's practitioners. And … that professionalisation leads, on the one hand, to an immense restriction of the scientist's vision and to a considerable resistance to paradigm change. The science has become increasingly rigid. On the other hand, within those areas to which the paradigm directs the attention of the group, normal

> science leads to a detail of information and to a precision of the observation-theory match that could be achieved in no other way. (pp. 64-65)

The objective of this research was to study the development of self-regulation within TCAS using a participatory action research framework. Self-regulation in this instance refers to self-recognition that is grounded in identification with the group and the direction it is taking through collaborative action towards statutory recognition, which represents part of their overall process of professionalization.

Approach

A methodology that would fit into the context of TCAS self-regulation and was "grounded in practice" (Hart & Bond, 1995, p. 98) evolved by gauging the issues that concerned TCAS members through a survey followed by individual interviews. From this process we believed that participatory action research (PAR) was the best approach to utilize because collective engagement was deemed essential for successful self-regulation. Participatory action research (PAR) builds upon action research with an emphasis on individual and collective participation. In this way, PAR could be used to create knowledge by assisting in the development of self-regulation for TCAS. The knowledge thus created interactively by TCAS members could become internalized through a collective process into a concrete form, as represented by the self-regulation document.

It was clear that the trust of the group in the researcher and research process would be essential for a successful course of action. Furthermore, the intent of reaching the outcome of a self-regulation document would need a carefully designed process in order to involve all group members as full participants with a sense of ownership, including the researcher's "voice" (Hertz, 1997). These issues reinforced the approach of using PAR and the value in the time taken in access negotiation and trust building.

Negotiating Access

When TCAS was established it joined the World Federation of Chiropractic (WFC). A policy statement at the inaugural WFC Assembly in 1991 declared, "…any chiropractic organization should, prior to the initiation or pursuit of any educational, research, clinical or other chiropractic activity in another country, first contact the WFC and its representative for the world region or regions in question…" (World Federation of Chiropractic, 2009). However, TCAS believed that this policy was not respected when, without previously contacting either TCAS or the WFC, a chiropractic organization from another region established close ties with a private clinic in Singapore with an aim to provide chiropractic education. TCAS protested this action against the parties involved as well as complaining to the WFC. Ultimately, the educational part of the proposed venture did not materialize. However, great antagonism toward and distrust of the private clinic and its employees, who were not TCAS members, remained even after the private clinic closed its doors 10 years later.

The primary researcher (AMJ) was employed by the private clinic in 1998. The primary researcher was unaware of the animosity between TCAS and the clinic because she was hired before moving to Singapore. However, after 18 months the primary researcher resigned from the private clinic when the extent of the disagreement between the parties involved became clear. After this, the primary researcher did not practice as a chiropractor in Singapore, returning to University to continue her studies. When an opportunity arose to be involved in the recognition of the chiropractic profession in Singapore, the primary researcher was keen to be involved. However, as a former employee of the private clinic, the primary researcher acknowledged that building trust would be an issue given the pre-existing environment of suspicion. However, the primary researcher was committed to the project and willing to attempt to overcome these difficulties.

The primary researcher was honest about her employment by the private clinic. She also openly joined TCAS. These steps were seen as the right thing to do by the primary researcher because she believed in the goal of self-regulation for TCAS and this demonstrated solidarity with TCAS members in their efforts toward self-regulation. The primary researcher was also aware that these steps could be seen as disingenuous; an attempt to gain insider status to successfully complete this research. However, the primary researcher was willing to take as much time as necessary to show the authenticity of her motives.

In negotiating access to TCAS members, the primary researcher made a formal request to TCAS, seeking permission to be involved in the self-regulation process and for this to be part of a research project. This would be done in a way that maintained strict ethical standards regarding confidentiality (Bell, 1999). Furthermore, the primary researcher acknowledged that she had a stake in the outcome of the study due to her belief in self-regulation of the chiropractic profession in Singapore. To enhance the credibility of the research a second researcher (LAS) who did not interact with TCAS members worked with the primary researcher to verify data analysis and the interpretation of the results. Ethical approval for the study was also sought and approved by the University of South Australia, where the primary researcher was a PhD candidate.

Institutional approval for the study was secured when the TCAS executive committee formally initiated a move toward self-regulation through dedicated self-regulation workshops. The initiative confirmed the dedication of TCAS members to a process of self-regulation.

Data Collection

Participatory Action Research or PAR, as it was used for this research, represents a collaborative approach to research with egalitarian participation of co-researchers in developing the group toward a preferred future practice (Reason, 1994). PAR simultaneously facilitated practical problem-solving and knowledge creation through a cyclical process that involved planning, action, observation and reflection. The primary researcher sought to find a balanced approach to her role of helping in the presentation, interpretation, exploration and evaluation of data and at the same time keeping her distance in problem solving so that the group members did not believe that the primary researcher was usurping their role in the process.

This led to the first stage of the research project, where members clarified objectives, starting from "something like a general idea" and following a path to the goal by the means available (Abraham, 1997). Some group members were apprehensive about the research and, as noted previously, it took time to gain the group's trust. Initially it was agreed that the research was of interest and the group was willing to contribute with ideas based on their knowledge and experience, and to collaborate on the formulation of the research. The primary researcher provided all group members with a written information sheet and consent form that explained the purpose of the research. The primary researcher also requested to have access to all TCAS official meeting documents in order to understand the past initiatives and efforts in regard to self-regulation.

Pre-diagnostic phase. An initial questionnaire was sent out to all TCAS members. This contained broad questions that allowed group members to write down their concerns about self-regulation. It also contained some choices of issues, but without any scale or priority. From the initial survey, issues raised were pursued in subsequent individual interviews. After careful consideration by the primary researcher, she decided that a tape recorder would not be used for interviews because she felt it would be intrusive, inhibit a free discussion and jeopardize trust building. The interviews were open-ended, allowing each participant to express opinions about events and expectations. Following Yin (1984), the group was encouraged to propose their own insights into what they saw as important events so that their role could be considered one of an informant rather than simply a respondent. Those propositions were then used as the basis for further inquiry. Several key informants provided helpful additional information during more informal interviews, reiterating information previously garnered and providing fresh insights.

These first phases are similar to what Lewin (1947) called "unfreezing" and are considered necessary to establish a relationship between the primary researcher and the group. Sharing data with the group was the main goal of this phase. At this point, dedicated workshops on self-regulation were set up that fully involved the whole group (Frohman, Sashkin, & Kavanagh, 1989). This phase, whilst intimately connected with the next diagnostic phase, involved getting feedback from the group about potential positive and negative effects anticipated by regulation. This phase involved observation of interactions and employed both formal and casual data collection activities (Yin, 1984). The primary researcher conducted workshops using a PAR approach of action-reflection cycles because she considered it most fitting given the group dynamic, the context, and the goals identified up to this point.

Diagnostic phase. In this stage the focus of the spiral PAR process shifted back to research as the primary and secondary researchers used the data collected to define and explore the options available for moving forward. This was also the phase where the primary researcher compared the analyzed data to a theory of self-regulation. In the case of TCAS, the data were compared to other self-regulating systems (mainly Hong Kong and the United Kingdom) in order to define the parameters of self-regulation in Singapore. The first suggestions for a self-regulation document were also drafted for discussion and feedback. This also led to further refinement of the self-regulation document through data comparisons with local self-regulating associations, such as

psychology, dentistry and medicine. The process repeated itself until all aspects of the document were covered, essentially recycling the data collection phase. This phase is "directly and interactively linked to the subsequent action phase (action planning), just as the research phase of data collection is closely linked to the following action-oriented phase (data feedback)" (Frohman et al., 1989, p. 157).

Action planning. The focus of the process shifted again in this and the next phase; namely, action. What also changed was the role of the primary researcher, which at this point became one of a process-helper or facilitator rather than a consultant or expert (Frohman et al., 1989, p. 158; Mumford, 2001). Communication and acting as an effective central source were the most important roles for the primary researcher (Mumford, 2001). This was where the primary researcher encouraged the group to take ownership of the solution because some group members acted as though a solution should be served to them. The primary researcher sought to find a balanced approach to her role, which included helping in the presentation (feedback), interpretation (diagnosis) and exploration (action planning) of data, while at the same time keeping her distance in the problem solving aspect. Although at times a challenging task, the advantage of working with what were at this stage colleagues was that the group was confident in their knowledge of the context and how they saw their future practice. Furthermore, they willingly shared experiences from other settings and contributed valuable information that was otherwise not available to the primary researcher.

Action implementation. This phase together with the previous two broadly fall into the category of social-system change that Lewin (1947) called "moving." This refers to a "quasi-stationary equilibrium" that occurs when certain social forces are altered by removing or adding others. This was the most active phase of the research, where the group required time to accept chiropractic self-regulation while at the same time acknowledge some restrictions they did not have previously; e.g., advertising restrictions and adhering to ethical practice processes and procedures. Even with time for reflection on the meaning of self-regulation, some of the impacts would not become fully apparent to the group until sometime after agreeing to self-regulation.

An example of the impact of self-regulation was a proposal taken by TCAS to the immigration authorities by the Executive that stated foreign-trained chiropractors require a letter from TCAS stating their eligibility to practice chiropractic in Singapore before their visa application is processed. An acceptance of this by the immigration authorities would give approval to TCAS as the recognized, self-regulating body that maintains the register of professional chiropractors in Singapore and prevent chiropractors without TCAS-recognized education from setting up practice. The proposal demonstrated that TCAS had on-going monitoring processes in place and that the self-regulating document represented enforceable guiding principles of professionalism. Therefore, this action was an application of self-regulation and acceptance of the role of a professional association.

Evaluation. Once the PAR cycle was completed, participants undertook an evaluation that became the forerunner of another cycle or formed the basis for learning (Coghlan & Case, 2001). The immediate evaluation process mainly focused on the end result and less so on the learning. There were several discussions on specific policy

consequences of self-regulation between members of the TCAS and the primary researcher. For example, workshops relating to specific actions, such as public relation activities, were conducted within a sub-group that had a delegation of responsibilities. Even though PAR within a sub-group would not normally be considered good practice, the reality was that general members had fewer vested interests or available time to be involved in a continued learning process.

It was at this stage that the primary researcher began the process of "getting out" (Mumford, 2001). In other words, the goal of generating a self-regulation document was accomplished and the research relationship was coming to a close. The process where the primary researcher assisted the group to "integrate" knowledge obtained had finished (Frohman et al., 1989, p. 159). At this point TCAS assumed responsibility, without the primary researcher, for the self-regulation process, which remains a long-term interaction within the external socio-political environment.

Conclusion

Participatory action research was a relevant and useful approach in the formulation of self-regulation of a small professional group as part of their effort to become a recognized profession. The key features of this approach paid particular attention to the professionalizing typology presented by Hart and Bond (1995).

In order to overcome some of the limitations of qualitative research and to strengthen the validity of this research, triangulation was used on several levels in order to compensate for the weaknesses of any one approach. First was triangulation of research methods. This was achieved by using a mixed methods approach within the format of an exploratory case study approach and survey that supported the core PAR approach. Second, different methods for gathering data were used. These included surveys of literature, documentary sources, questionnaires, personal interviews and participant observation during interviews and workshops. Finally, data from several countries and self-regulating organizations were analyzed and coded and compared against the findings of this research.

The outcome of this research was self-regulation as an important driver towards professionalization or a greater formalization of the profession. The research methods chosen supported this process by being professionalized. That is, the research methods were practice- and practitioner-focused, which enhanced professional control over practice, empowered the group, and allowed the group to self-define the problem through discussions, to contribute to the solution, and to enhance researcher/practitioner collaboration. In short, the research methods used became a driver towards the same ends that was sought by the group and researcher. As a result, this study has shown that PAR may be used as an operational model for self-regulation development within a small professional group.

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Author Note

Professor Lorraine A Sheppard, PhD, MBA. BAppSc (Physio), University of South Australia and James Cook University. Professor of Physiotherapy. Correspondence regarding this article can be addressed to: Dr Lorraine Sheppard, School of Health Sciences, University of South Australia, City East Campus, North Terrace, Adelaide South Australia 5000; Telephone: +61 8 8302 2424; Fax: +61 8 8202 2766; Email: lorraine.sheppard@unisa.edu.au

Anna Maria S Jorgensen, PhD, MBA, MSc, DC, Senior Lecturer (Chiropractic) International Medical University, Kuala Lumpur, Malaysia.

Michael J Crowe, PhD, MIT, BSc (Mgmt), ADMT, James Cook University. Part-time Senior Research Fellow and Lecturer/Tutor in research methods, communications, and reviewing academic literature. Research interests include the research process, testing and measurement, health workforce issues, and non-government interest groups.

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