PARTICIPATORY ACTION RESEARCH IN A PSYCHIATRIC UNIT:  
STRIVING TOWARDS OPTIMAL PRACTICES

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STUDENT DECLARATION

I, Robyn Mills, declare that the thesis entitled *Participatory action research in a psychiatric unit: Striving towards optimal practices*, is no more than 100,000 words in length, exclusive of tables, figures, appendices and references. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signature …………………………………………………………… Date ……………

Total word count 86,870 words
ABSTRACT

The experiences of working in an acute psychiatric unit were investigated in this research using multiple qualitative methodologies, particularly Reflective Topical Autobiography and Participatory Action Research. The Participatory Action Research was undertaken in an acute psychiatric unit of a major public hospital in Melbourne. The collaborative design focused on bringing staff and consumers of psychiatric services together with an aim to develop new work practices for mental health practitioners. Four consumer consultants including a Koori representative participated in this study. Consumer consultants and staff, working in collaboration with the researcher, informed the fluid and iterative research process. Data included thirty eight interviews with psychiatric health professionals (2 psychiatrists, 2 managers, 6 psychiatric registrars and 28 nurses, including two charge nurses). Horizontal violence, and its impact on the capacity for reflexive work practices, became a strong emergent theme. Other emergent and important themes included workplace hierarchy, values, power, and the impact of critical incidents and supervision. Ego-state theory was utilised to better understand the psychology of staff members, and Organisational Ego-state theory was presented as an original concept to explore the psychiatric unit as an organism having its own personality characteristics. It was concluded that for there to be permanent and iterative change to the organisation that engrained automatic responses of the organisation need to be identified and new responses developed. The research resulted in a number of new work practice recommendations, including the establishment of non-discriminatory review processes where work practices that are viewed as inappropriate by staff and consumers can be assessed with consideration to the importance of all stakeholders. Specific insights and conclusions have been suggested in relation to the treatment of aboriginal (Koori) people in the psychiatric unit. A central conclusion from this study was that psychiatric staff and consumers need more inclusion in the design and review of work practices.
FORWARD

This thesis is about the culture and the work practices of a psychiatric unit and the experiences of the mental health clinicians, consumer consultants (ex-patients employed as advisers) who work within the unit and my personal experiences and reflections whilst working as psychiatric nurse in this psychiatric unit.

In chapter one, I begin this thesis by placing the research into the context from which it is derived, the community’s stance on mental illness and associated policies. This is followed by the organisational context, individual context and my personal perspective at the time of the research.

With the scene of the research set, in chapter two the literature review explores previous knowledge in relation to society, culture, organisation, hierarchy and status as dimensions that shape the culture in which the psychiatric unit is situated. This also incorporates a brief review regarding the history of psychiatry; it is some of these factors that led to the current status quo in regard to the provision of acute care in psychiatric services. This chapter completes the understanding of the context and the confines in which this research is placed and also focuses on my optimal vision for work practices within a psychiatric unit. This leads to the rationale, objectives and aims of this study.

Chapter three incorporates the methodology that discusses the research paradigm that I have selected as most appropriate for the research: that is Reflective Topical Autobiography and Participatory Action Research. This is followed by the recruitment of participants and the many dilemmas associated with the chosen methodology and recruitment.
In Chapters four, five and six, the results and discussion sections are combined. Each of these chapters has four layers to it; my lived experiences of issues relating to the three themes (power, horizontal violence and values), followed by a literature review and the staff members’ experiences in regard to the theme at hand. The fourth layer is a summary table of challenges to optimal work practices and associated facilitative or inhibiting factors.

Chapter seven, explains the action phase of this research, when staff and consumers meet together in weekly groups to discuss work practices and to develop suggestions for change.

Chapter eight, extends theory in relation to values, horizontal violence and power by discussing them in relation to ego-state theory. The psyche of the individual will be explored in reference to ego-state theory. The usefulness of this theory to understand the culture and the organisation will be examined. Chapter nine draws together the conclusions from this thesis and recommendations for future research.

I believe that it is necessary to unveil who I am in my role as the researcher. I am a 51 year old, Anglo-Saxon woman. I began life in a working class area of town, sharing with my twin brother the position of youngest in a family of six children. I began my career in the health field as a nurse in 1973, psychiatric nursing in 1976, naturopath in the 1980’s, and as a Psychologist in the 1990’s.

This thesis captures a snapshot of my experiences working in an acute psychiatric unit in a major public hospital in Melbourne, Australia. In part, it highlights my own personal journey of the struggles between my own values, power and interests, and those held by the culture of the unit. I illuminate my passage from entering this workplace as an empowered, self-aware woman, through to the depths of perceived
victimisation and victim mentality as a staff member of the unit, and back to empowerment again at the end of my time working at the hospital. At times in this thesis these phases of gaining self-awareness are evident. I particularly draw your attention to the findings and discussion section, where I talk about my personal experiences; the writing quite obviously reflects victim-thinking. This is intentional; as it reflects my thinking at the time I was working in the unit. Writing and reading it back now from a place of a distanced self-awareness and reflection, I can see more clearly the role I played in the culture. It is important to show you, the reader, what I was thinking at that time and how I perceived the environment. This self-disclosure is not a cathartic release for me, but rather, a great learning about how the dynamics of a culture can affect individuals. I believe that there is value to be learned from this type of presentation, and I hope it will facilitate future changes for people who work in ‘the system’.
DEDICATION

To my Mother
I dedicate this thesis to my mother who had her own moments of mental torment and was a victim of her own thinking and that of her time and culture. She taught me about the different parts in people.

To my Children
I also dedicate this thesis to my own family, my three beautiful daughters, Kellie, Jacqueline and Nicole. There were many times when this thesis took me away from precious moments with them. They teach me about unconditional love.

To my Husband
To David, my serviceman, my computer expert and my solid rock, thank you.

To my Best Friend
I also dedicate this thesis to my best friend Dianne Lee. When I began at Royal Park Psychiatric hospital in 1976 I met Dianne Lee. She has been an incredible friend and mentor, together we have spent thousands of hours talking over life’s issues. Her unending support has been wonderful; I call her debriefing Dianne, as she is always at the end of the telephone able to add positive energy to any situation.
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The consumers of mental health services taught me about the diversity in people and taught me about myself and I appreciate the mutual trust that we share.

I thank all the staff of the hospital who participated in this research. Finally, I would like to thank the hospital management for allowing me to complete this research in their establishment.
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