Organizational Participatory Research: Is it worth it?

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ORGANIZATIONAL PARTICIPATORY RESEARCH (OPR)

- Participatory Research in health organizations
- Qualitative, quantitative, and mixed methods
- Knowledge users in health organizations may be *consulted* by researchers throughout the study or act as *co-decision makers* with the researchers throughout the study.
- Many OPR studies result in positive outcomes beyond the study objectives (extra benefits)

PROBLEMS

- No systematic review of the OPR literature
- Fragmented knowledge regarding participatory processes (consultation vs. co-decision making) and extra benefits

HYPOTHESIS

- An OPR where organizations are co-decision makers will yield more extra benefits than projects where organizations are consulted.

METHODS

- Systematic mixed studies review: Quantitative phase of a sequential explanatory design [1]
- Eligibility criteria: OPR, health, English/French
- Bibliographic databases and grey literature
- Data extraction of OPR processes & outcomes
- Content Analysis of extra benefits (transforming text into variables∫ and values): coder training, code book & inter-coder agreement (moderate=.41-.60; substantial=.61-.80)
- Multivariate analysis

Table 1. Multivariate Analysis: List of Variables

Dependent Variable	Rationale	Values
Extra benefits (kappa=0.73)	Extra benefits offer possibilities for increasing understanding and action	Present/ absent
Independent variables	**Rationale**	**Values**
Co-decision making of organization partners (kappa=0.46)	Co-decision making of at least one organizational partner group (nurses, staff, physicians, etc.) will yield more extra benefits	Co-decision making/ Consultation
Duration of PRO (i.e., time for planning and implementation)∫	Longer OPR will yield more extra benefits	≤1 year/ >1 year
OPR initiation (researchers/ organization) (kappa=0.42)	OPR initiated by the organization members will yield more extra benefits	Organization/ Academic or joint
Managers are part of the team∫	Participation of managers will yield more extra benefits	Yes/no
Study published following the Waterman et al 2001 systematic review∫	Studies published after 2002 will exhibit more extra benefits	≤ 2002 > 2002
# of organizational partner groups who participate in the OPR∫	A greater number of participant groups will increase the potential for extra benefits	Number of groups

∫ Kappa not calculated for factual data

FLOW DIAGRAM

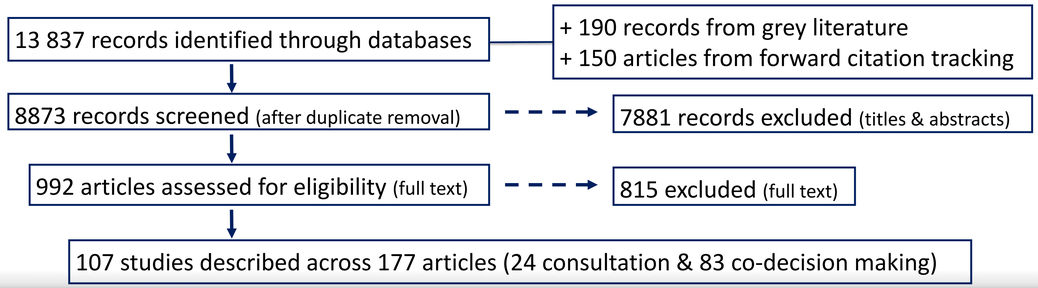

Table 2. Odds Ratio (OR) Estimates for at Least One Extra Benefit

Effect	OR	95% confidence limits
Co-decision making compared to consultation	1.99	0.75-5.33
Project duration ≤1 year compared to >1 year	1.40	0.55-3.54
Project initiated by organization compared to academic or joint initiation	***4.11***	***1.21-14.01***
Management was part of the team	1.79	0.62-5.14
Article published after 2002	2.15	0.73-6.34
Number of types of organization groups involved	0.91	0.69-1.20

CONCLUSION

- Results suggest the presence of OPR extra benefits is not associated with the type of health organization knowledge users' participation (consultation or co-decision making).
- When OPR projects are initiated by the organization, the odds of the project resulting in at least one extra benefit are quadrupled, compared to when OPR projects are initiated by the academics or the academics and the organization together.
- Grass-roots participatory change initiatives in health organizations can lead to many unexpected benefits.

[1] Pluye & Hong. Combining the power of stories and the power of numbers: Mixed Methods Research and Mixed Studies Reviews. Ann.Rev.Pub.Health,2014,35,29-45.
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