

Participatory Learning and Action (PLA) is a form of action research. It is a practical, adaptive research strategy that enables diverse groups and individuals to learn, work and act together in a co-operative manner, to focus on issues of joint concern, identify challenges and generate positive responses in a collaborative and democratic manner.

PLA is highly relevant for the field of implementation science because it is a pragmatic multi-perspectival research methodology. This means that it can be used to address practical problems, to focus on solutions to those problems and to explore issues from a variety of points of view. PLA is an iterative and organic process which encourages stakeholders to engage in cycles of research, co-analysis, reflection and evaluation together over time. This process enables stakeholders to achieve their goals for practice and/or policy. This process is often enabled by researcher/facilitators who encourage stakeholders to engage in a PLA 'brokered dialogue'. In this dialogue, key stakeholder groups are encouraged to listen to, and learn from, each other's knowledge and perspectives. Trust, rapport and mutual respect are essential for a PLA dialogue and, when present, can lead to productive exchanges whereby all types of knowledge and expertise become explicit and valued. Because of its underpinning ethos of inclusion, PLA is particularly suitable for engaging with 'hard-to-reach' groups (e.g., migrant service users) and addressing cross-cultural issues, both of which are important in RESTORE.

In RESTORE, in our fieldwork in five countries, we will focus on groups of key stakeholders, e.g., migrants using primary care services, primary care providers, policy makers, interpreters and/or cultural mediators. We will provide these stakeholder groups with an opportunity to examine guidelines and/or training initiatives that have been designed to support communication in cross-cultural primary care consultations. Stakeholders will have time to consider which initiatives are particularly relevant to them and they will be encouraged to choose one initiative to implement in their local setting. Then the research focus turns to monitoring, over time, the experiences stakeholders have as they work towards implementation of their chosen initiative.

The PLA fieldwork about implementation connects with Normalisation Process Theory, a social theory which provides us with four constructs that will alert us to important features of implementation work. In RESTORE, we will investigate stakeholders' views and experiences about these constructs but we want to do something more as well. We want to see if we can support stakeholders to overcome problems or barriers that they encounter during the implementation work. This is where the PLA dialogue comes in. RESTORE researchers, all of whom will be trained in PLA methods, approaches and techniques, will use these research skills to encourage stakeholders to respectfully speak and listen to each other's views about their experiences of each of the NPT constructs - coherence, cognitive participation, collective action

and reflexive monitoring. RESTORE researchers will also use PLA techniques to stimulate creative thinking to identify solutions to any problems and barriers that may arise.

For example, if a group of stakeholders have chosen an initiative that they wish to implement and have all agreed to try it out in practice, they may learn through their dialogue that there are problems with the actual implementation of the initiative in day-to-day practice; perhaps there is uncertainty about how migrant service users and general practitioners should communicate with each other in a three-way consultation involving an interpreter? Should they speak to each other or direct their conversation through the interpreter? If migrants and general practitioner stakeholders are discussing this together and have on-the-spot input from interpreter stakeholders, they will be in a strong position to learn that there are recommended protocols for an interpreted consultation which confirm, for example, that the GP and patient should always address each other directly rather than the interpreter. Adopting this protocol will ameliorate their uncertainty and impact positively on the implementation work.

In this way, PLA methodology and NPT social theory will be used in an integrated manner in RESTORE to foster dialogue around each of NPTs' constructs in order that all stakeholders are engaging with each other to constructively inform thinking and action for the implementation work in hand.

### PLA Resources:

Chambers, R. (1997) **Whose Reality Counts? Putting the first last**, London: Intermediate Technology Development Group Publishing.

[Holland, J. with J. Blackburn, \(eds\) \(1998\) \*\*Whose Voice?: Participatory Research and Policy Change\*\*, London: Intermediate Technology Publications.](#)

Kane, E. and O'Reilly-de Brún, M. (2001). **Doing Your Own Research**. London: Boyars.

[O'Reilly-de Brún, M., & de Brún, T. \(2010\). \*\*The use of Participatory Learning & Action \(PLA\) research in intercultural health: Some examples and some questions\*\*. \*Translocations: Migration and Social Change\*, 6, 1.](#)

[O'Reilly-de Brún, M., Delaney, S., Gilligan, A.L., & Bailey, N. \(2002\). \*\*Hear our voices... meet our needs – Women and health\*\*. Dublin: National Women's Council of Ireland \(one of six PLA research and policy reports of the NWCi Millennium Project\).](#)

Sweetser, A. **Improving the Practice**. The International Association for Public Participation, August, 1997.