Chapter 8

Relational responsibilities in responsive evaluation

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Abstract

This article explores how we can enhance our understanding of the moral responsibilities in daily, plural practices of responsive evaluation. It introduces an interpretive framework for understanding the moral aspects of evaluation practice. The framework supports responsive evaluators to better understand and handle their moral responsibilities. A case is introduced to illustrate our argument.

Responsive evaluation contributes to the design and implementation of policy by working with stakeholders and coordinating the evaluation process as a relationally responsible practice. Responsive evaluation entails a democratic process in which the evaluator fosters and enters a partnership with stakeholders. The responsibilities of an evaluator generally involve issues such as 'confidentiality', 'accountability' and 'privacy'. The responsive evaluator has specific responsibilities, for example to include stakeholders and vulnerable groups and to foster an ongoing dialogue. In addition, responsive evaluation involves a relational responsibility, which becomes present in daily situations in which stakeholders express expectations and voice demands. In our everyday work as evaluators, it is difficult to respond to all these demands at the same time. In addition, this article demonstrates that novice evaluators experience challenges concerning over- and underidentification with stakeholders. Guidelines and quality criteria on how to act are helpful, but need interpretation and application to the unique situation at hand.

Keywords: responsive evaluation; relational responsibility; reflection; values; ethics of evaluation practice.

Introduction

Responsive evaluation, as described by Guba and Lincoln (1989) and others (Abma, 2005; Abma & Widdershoven, 2008; Baur, et al, 2010; Koch, 2000; Wadsworth, 2001) is a participatory and democratic process. It is a process in which the evaluator fosters the inclusion of multiple, sometimes vulnerable voices and aims to create an ongoing dialogue between stakeholders about differences in perspectives. A responsive evaluator focuses on creating a mutual understanding of the social practice at hand. In this practice, the evaluator collects and connects personal accounts from people who have a stake in the evaluation. This is only possible when the evaluator enters a 'process of becoming involved in the phenomenon' (Abma, 2001, p.255). In other words, the responsive evaluator enters a multitude of relationships with stakeholders.

Working with stakeholders is a relational and dialogical endeavor. The responsive evaluation approach describes how the evaluator organizes the dialogical process and decides which steps need to be taken (Guba & Lincoln, 1989). According to Schwandt (2001, p. 74), simply following the responsive evaluation method is a 'useful guide, but it is not a sacred prescription'. In daily practice, evaluators are confronted with many people and their, often conflicting, values. It is impossible for evaluators to respond to all these people at once. This raises the question of how responsive evaluators should determine to whom, when and how they respond. Being, or becoming, morally responsible can be a challenging quest. The American Evaluation Association has its own Guiding Principles for Evaluators. In addition, evaluators may enhance their knowledge of ethics and morality (Freeman et al., 2010), or rely on quality criteria such as fairness, authenticity (Guba & Lincoln, 1989) and confidentiality (Giordano et al., 2007). However, principles and criteria need interpretation and translation to evaluation contexts. In line with Schwandt, we believe that reflecting on moral responsibilities should go beyond paying attention to principles, rules and quality criteria (Schwandt, 1989). Reflection on the moral dimensions of evaluation should start in practice, and acknowledge the plurality of values in practice (Schwandt, 2007).

Being a responsible evaluator involves enhancing our awareness of to whom and for what we feel responsible, and how we can practice our, sometimes conflicting, responsibilities. It involves moral work. Evaluators should develop a moral 'sensitivity' or interpretational skill to determine when a response or action is called for in a particular situation and what that response should be. In this article we will show that responsibility is a relational and contextual practice (Walker, 2007). We focus on how we interpret moral responsibilities in the everyday practice of responsive evaluators. Central to our argument is that being morally responsible in responsive evaluation involves openness and critical reflection on and becoming aware of our identities, relationships and values. The article explores the moral responsibilities of responsive evaluators from Margaret Urban Walker's framework for moral understanding (Walker, 2007). According to Walker, morality is not about what is right and wrong for everyone at all times. Morality is the process by which people collaboratively weave a web of moral understandings. Morality is the means through which people learn

how to be responsible for each other in concrete situations and in specific ways. People do this by telling narratives as a narrative is 'the basic form of representation of moral problems'. This article will analyse the moral process of a responsive evaluator by the three narratives Walker distinguishes in her framework: narratives of relationship, of identity, and of value (Walker, 2007, p.116). Walkers' meta-ethical framework is in concert with Schwandt's (2007) argument that morality in a plural society is the outcome of a process in which responsibilities are 'attributed' to one another. We focus neither on the legal, nor on the functional division of responsibilities, but on relational responsibilities that develop in interactions.

The article first describes the main purpose and characteristics of responsive evaluation. Subsequently we elaborate on the moral dimension of our evaluations. We then present two different narratives of a case from an evaluation of palliative care. We end with a discussion and conclusion with lessons learned.

Responsive evaluation

Prior to the seventies, evaluations were seen as methods to 'measure' and 'assess' the effectiveness of projects and programs. Criteria for effectiveness were determined by commissioners of evaluation. The perspectives of those who had a stake in the evaluation were not taken into account. This changed after 1973 when Stake (1975) introduced an alternative, pluralistic view on evaluation. Evaluation was reframed toward a process of understanding the multiple perspectives of stakeholders whose interests are at risk because of the evaluation. Whereas former evaluation methods were distant and objective ways to measure something, Stake's view was one of interpreting stakeholders' issues. Stakeholder issues were used to learn about the quality and meaning of their practice. In Stake's responsive evaluation, the object of evaluation does not have one single meaning. Expectations and experiences differ depending on the stakeholder group. Stake (2004) argues that it is the main task of the evaluator to look for these multiple perspectives and values within the natural setting. The evaluator should articulate these perspectives as richly as possible to make them accessible to other stakeholders. In order to understand these meanings, the evaluator needs to participate in the setting itself and strive to understand stakeholders' perspectives from within that setting.

The next important step in the development of responsive evaluation is the work of Guba and Lincoln (1989) who expand Stake's ideas toward a systematic method of conducting fourth generation evaluation. In addition to Stake's concepts of understanding stakeholders and the articulation of multiple perspectives, Guba and Lincoln (1989) regard evaluation as a process of negotiation. Responsive evaluation, at the time termed 'fourth generation evaluation,' is seen as a dialogical process aimed at reaching mutual understanding between stakeholders on the object of evaluation. Consensus about the subject is not necessary, but mutual understanding is. Together with stakeholders, the evaluator facilitates a dialogue and enables people to share their voices (Abma, 1997). Abma took several steps to enrich Guba and Lincoln's approach and developed a relational and dialogical view on responsive evaluation (Abma & Stake, 2001; Abma, 2005; Abma & Widdershoven, 2008; Abma & Widdershoven, 2011; Baur et al. 2010; Niessen et al., 2008). Now the quality of the relationship of the evaluator with stakeholders is critical for the process and effect of the evaluation. Epistemologically, this tradition of responsive evaluation is based on a dialogical way of understanding (Bernstein, 1983; Abma, 2001). The knower engages with the world around him, taking full account of what the world means to him, and vice versa. Knower and known engage in a conversation where both may change in the interaction and new horizons may emerge (Gadamer, 1975). The evaluator is not a distant observer, but closely involved in a socio-relational process.

In this relational work, the evaluation starts by identifying the stakeholders. Subsequently, the evaluator interviews stakeholders in order to establish their perspectives on the object at hand. While collecting data, the evaluator analyzes and member checks the interpretations. The evaluator invites the respondent to react to the evaluator's interpretation of the interview. As a result, data collection and analyses are intertwined through a hermeneutic cyclic process (Guba & Lincoln, 1989, p.178). After every interview, the evaluator ascertains whether the respondent knows someone else who has a different perspective. This stimulates the collection of a variety of perspectives. It will be clear by now that responsive evaluation does not refer to adapting an evaluation mid-stream to address the needs of stakeholders. Instead, it focuses on the construction of perspectives until a joint construction on the subject begins to emerge. After a phase in which interviews have been conducted, data collection continues by conducting homogeneous and heterogeneous group meetings. Homogeneous groups consist of stakeholders with joint perspectives or similar (professional) backgrounds. Heterogeneous groups comprise multidisciplinary stakeholders. Perspectives can be deepened and enriched in homogeneous groups. Whereas heterogeneous groups lend support to the discussion by discerning the differences and similarities in perspectives. The purpose of the group sessions depends on the project at hand and varies from sorting out resolved and unresolved themes to prioritizing issues or validating findings in more depth. The responsive process ends with a report that is often a 'thick description' of the evaluation process and outcome. It provides the reader with detailed information that enables him to determine whether the evaluation, or parts of it, can be applied to his particular situation.

In this article, responsive evaluation is not seen as an instrumental technique, but as a relational practice (Abma & Widdershoven, 2008; Abma & Widdershoven, 2011), in which evaluation processes reflect and establish moral values through dialogue (ibid). The evaluator has a 'relational responsibility' and will deliberately pay attention to the 'social relations of inquiry' (Abma, 2000; Greene, 2002). Paying attention to this is important, because of the possible asymmetry of different value perspectives of stakeholders, particularly when they are in conflict. Responsive evaluation is complex because of the political and power differences which may emerge. Therefore, deliberate attention is given to vulnerable groups, and their empowerment and inclusion in dialogue (Abma et al. 2009; Baur et al., 2010). This stance resonates with transformative and participatory approaches to evaluation and sees evaluation as a collaborative commitment to reach an understand-

ing on what values and perspectives stakeholders have reached consensus on, and which are in contention. Hence, responsive evaluation works from particular ideals such as democracy, social justice and the reduction of power asymmetries (Greene, 1997, 2010; Mertens, 2009; House & Howe, 1999; Baur et al, 2010). Such ideals can never be fully realized in practice, but serve as a guide (House and Howe, 1999, p.111). Evaluators are not 'passive bystanders, innocent facilitators or philosopher kings who make decisions for others, but rather conscientious professionals who adhere to a set of defensible, carefully considered principles for enhancing inclusion, dialogue and deliberation' (ibid. p.111-112).

Moral dimensions of responsive evaluation

In order to critically reflect on the relational responsibilities of responsive evaluators, this section will describe Margaret Urban Walkers' thoughts on moral understanding. Her thoughts can support evaluators in focusing on the moral dimensions of the evaluation practice.

Attention for the ethics of this practice has grown over the past few years. In a special issue of Evaluation and Program Planning on ethics in evaluation, Schwandt writes that ethics in evaluation is not simply a matter of individual professional conduct, but of the moral expectations of the social practice and the practitioners involved (Schwandt, 2007, p.400). In addition to the development of individual moral virtues such as sensitivity, empathy and respect for others, evaluators should 'scrutinize their own culture for its distinctive norms that shape attitudes, values and practices and assess how these understandings are built into their methodologies' (ibid., p.401-402). Morality is plural, situational and can be known through the particular (Nussbaum, 1994). Morality is shaped by how people from different cultural contexts interact. This argument involves the need for a pluralistic approach to moral understanding (Schwandt, 2007, 1995; Walker, 2007).

In line with Schwandt, we will explore how a pluralistic approach to moral understanding can be developed in the context of responsive evaluation. We are specifically interested in the everyday *experiences* of evaluators, the particular, because we believe that the interpretation and understanding of moral responsibilities evolves through daily interactions with stakeholders. Responsibilities are accordingly relational and collaborative. This collaborative nature lies at the heart of Margaret Urban Walker's template and interpretive grid for moral understanding. Walker does not present a moral theory, as that would imply an un-situated 'moral knowledge'. According to Walker, morality starts with practice, not theory. Her interpretive grid is a way to reflect on and analyze forms of moral life through narratives. The core of Walker's grid is an ethic of responsibility that respects the 'richness and diversity' of daily life. Its starting point is what motivates people to care for someone or something and to take responsibility for doing so (1998, p.105). This interpretive grid corresponds with the basic assumption that responsive evaluation is a relational practice (Abma & Widdershoven, 2008; Abma & Widdershoven, 2011). It acknowledges the relational nature of this practice and the way we make sense of these relations (Walker, 1998, p.106).

According to Walker, people generally respond to particular obligations when circumstance or ongoing relationships render other people particularly, conspicuously, or peculiarly dependent on them (ibid, 107). In responsive evaluation there are several dependencies that result from the evaluator being involved in the evaluation as a stakeholder. The evaluator should strive for a uniform sharing of knowledge and information. Closely related to this are the affective and political dimensions of involvement (Greene, 1988, p.108-110). The latter, the political/democratic method of responsive evaluation, questions traditional role boundaries and raises ethical and methodological questions about the distribution of power and control (Karnieli-Miller et al., 2009). The affective dimension of dependency will not be discussed in this article, but we mention it in passing because it is also closely related to understanding and enacting our moral responsibilities.

The evaluation context does not always provide a clear and simple guideline about how to respond to these dependencies or 'demands for involvement'. In order to enhance our insight on those demands and dependencies, Walker introduces three narratives to analyse practices: the narratives of identity, relation and values (Walker, 2007, p.116). These three narratives can be the means to enhance moral understanding of evaluation practices. Through narratives, our own and those of others, we can understand the dynamic between commitments, responsibilities, and the individual distinctiveness of a situation. Articulating our own 'evaluator narrative' can prevent us from being totally involved and 'constantly compromised' (Gilligan, 1982, p.157) by stakeholders' perspectives. To know to whom a responsibility belongs requires an ability to understand both the history and the story that led to a certain point while conducting the evaluation. The evaluator needs to be able to first understand her[1] own role as an evaluator; how do I as an evaluator see myself, and how do others see me, and what moral expectations of myself flow from this narrative (Walker, 2007)? This is the story of identity (1998, p.112). Secondly, we need to understand with whom the evaluator engages, which is the story of relationship. Which relationships is she focused on, which not and why? What expectations arise from this toward herself and others? Do these expectations conflict? How do evaluators respond to that? Thirdly, we need to know what values matter in responsive evaluation and the evaluation practice. Evaluators need to share these stories with their peers and colleagues and with the practitioners in the evaluation.

In line with Walker, we will attempt to understand our moral responsibilities in responsive evaluation by comparing two contrasting narratives through a rich description (Walker, 2007, p.11/12). The comparison of contrasting cases enables us to observe differences between particular contexts. It is through these differences that we can become aware of the moral dimensions in a context.

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[1] *Any reference to she or other feminine terms should also be read as he or other masculine terms.*

Case: moral responsibilities in evaluating palliative care

Below we illustrate the moral challenges faced by an evaluator in her everyday work. We do this by relating two narratives from an insider's perspective: Merel's voice. Both narratives consider the role of the evaluator and the limits of her responsibilities. Yet the narratives differ in a specific way. This difference is not a contrast, but concerns a divergent manifestation of the same topic: the topic of identification. The first narrative presents Merel's struggle in responding to a relatively dominant stakeholder. The stakeholder expressed serious concerns about the responsive evaluation approach. This narrative illustrates Merel's role as an advocate of the *approach and it's ontology, epistemology and methodology.* The narrative explains the moral struggle that Merel experienced and how she looked for exactly what she should be responsible for. The reflection describes what she – with hindsight – could have done, but did not do.

The second narrative concerns the relationship between Merel and a marginalized stakeholder, the husband of a deceased patient. In contrast to the first narrative, Merel clearly felt in this situation that it was her moral responsibility to act as an advocate of a *marginalized person.* We describe her values and relations in this situation. The narrative explores how this sense of responsibility pertains to Merel's professional identity.

Both narratives are written in the past tense: the narratives are reconstructed in retrospect on the basis of memory, diary, transcripts, previous articles (Abma, 2004; Abma, 2005) and reports (Abma & Visse, 1996). The narratives include brief reflective notes that represent Merel's thoughts while reconstructing and reflecting on the narratives (in *italics*). We believe that our representation of past events and occurrences is closely related to current insights. In order to demonstrate the productivity of time (Gadamer, 1975), we deliberately interwove Merel's story with her reflective notes *(italic).*

The assignment was to evaluate the implementation of a consulting palliative care team which was embedded in a local hospital and was affiliated to the regional cancer centre. The evaluation consisted of more than twenty in-depth interviews with nurses, physicians, managers, general practitioners, patients and their partners. The interviews were taped, transcribed and analyzed. Every interview was followed by a member check to verify whether respondents agreed with our interpretation. We organized several storytelling workshops to create a platform for participants to exchange their experiences in an open atmosphere (Abma, 2003). Two different workshops were arranged: one group was homogenous i.e. participants had converging interests, and one was heterogeneous i.e. participants had a diversity of interests. We facilitated the dialogue during these workshops. Just like the intermediary report, the final report was a rich description, filled with excerpts from dialogues and episodic stories from the participants.

Responding to resistance

My colleague Tineke would be supervising and coaching me, I (Merel, first author) was responsible for the evaluation work. The consulting team consisted of a group of healthcare professionals: a general practitioner, a nurse specialized in oncology, an oncologist and a home care nurse. Their objective was to introduce an integrative palliative care practice for terminally ill people, something that was new at the time. My colleague and I wrote a proposal and suggested responsive evaluation. We would focus on describing the experiences of stakeholders as the consulting team was being developed. The stakeholders were the healthcare professionals, hospital staff, patients and their families. Together with these stakeholders we would determine the criteria for project success. Instead of formulating a conclusion ourselves and 'measuring' and 'assessing', we would initiate a dialogue on the meaning of palliative care, the consulting team and the desired outcomes of the project. We would ask stakeholders what their issues, claims and concerns (Guba & Lincoln, 1989) were about the subject. Our commissioner, the nursing director from the local hospital, responded enthusiastically: we could start immediately by attending a working conference in Great Britain. It would be a perfect way to build a team of which I would become a part.

At the airport I am introduced to the team members and they welcome me warmly. Later that day we arrive in Great Britain. During dinner we share our previous experiences with palliative care. The atmosphere seems a little tense. I wonder why, but am unable to put my finger on it and conclude that I might have been wrong. Some weeks later I come to understand that this tension had been there and had something to do with interpersonal and unspoken events between the team members in the past which dealt with how the recruitment of the teammembers had been conducted. At dinner, when the members ask me about the purpose and method of our responsive evaluation approach, it is apparent that they know nothing about it. *With hindsight I realize I could have addressed the matter more explicitly. I could have asked them, for example, whether they would have appreciated it if they had had a say in the evaluation design. The conversation could have evolved in another, maybe more 'open' way. Addressing the matter might have provided me with insight in the socio-political context I had entered. In time, it would become clear, that the way the teammembers had been recruited had been based on personal preference of the commissioner and his manager, instead of a democratic procedure. This would result in tensions between the teammembers and some of their colleagues (who wanted to be part of the team as well). At the start of the evaluation, we had to spend extra time and attention to involve these colleagues.* Instead I told them about the purpose and characteristics of responsive evaluation and saw them nodding. I informed them about the importance of involving stakeholders to understand the multiple perspectives and expectations of the Consulting team. I saw my dinner companions nodding again and I wondered whether they really understood the implications. The general practitioner and nurses responded with questions and seemed to understand my answers. They noticed that their multidisciplinary view on palliative medicine and care would fit in very well with a responsive approach. The oncologist, however had serious doubts: 'Shouldn't we measure the effect of our team? Don't we need a more quantitative method to report on our effectiveness?' I sensed that he would appreciate preliminary outcome measurements i.e. the 'testing' and 'assessing' elements of a positivist ontology. I replied by explaining the added value of responsive evaluation; that it was open to all

stakeholder issues and that stakeholder participation would improve the utility of the findings. But I felt we did not understand each other. I wasn't able to explain it well enough in order for him to 'agree'.

After dinner, without explicitly finishing our conversation, we left to prepare for the next day. I went to my room and wondered how I could have explained things more clearly. I wrote in my diary that his position had had an emotional effect on me. *In retrospect I realize that 'explaining' would not have had any effect, no matter how hard I tried. I took a relativist stance: I was not open for his worldview, but simply wanted to present mine as different and of equal value. I thought that explaining my worldview would foster an acceptance of the differences between us. That was a misconception. The relations with the other team members, the nurses and the general practitioner, were easier, since mutual understanding was naturally present. Empathizing with them, under-standing their worldviews and linking their conceptions to the responsive approach was not difficult because we shared core values: integral, respect for non-quantifiable outcome measures.* This dinner conversation was later to become meaningful. It was a conversation that would repeat itself some four or five times in the following year. Every single time the oncologist expressed his doubts concerning the responsive approach and following a brief discus-sion he would tell us that he 'agreed' with the method and 'was curious about what we would gain from it'. *In hindsight, I would like to reframe this. I can only conclude now that he tacitly accepted responsive evaluation, but did not agree with it at all. He did not explicitly address this. But neither did I. Should I have?* After a while, his concerns again became manifest, particularly regarding the indicators with which to measure project effectiveness.

I kept feeling responsible for alleviating his concerns. I repeatedly sought ways to involve him, and to communicate about the issue. I some-times even tried to 'convince' him of the added value of this method. I felt an explicit responsibility to be an 'advocate' of the method. *In hindsight I think this obstructed the evaluation itself. Our communication was fixated, his as well as mine. When I reflect and look back, we were not able to create a genuine dialogue, although it did seem as though we were communicating. Or maybe I hoped we were. My role as advocate had been addressed and started to dominate because I felt that my work was under attack, with the oncologist in the role of 'prosecutor'! (Although I was not aware of this at the time.)* The other team members supported responsive evaluation and talked of their positive experiences with it. They told me explicitly that it helped them in their job. The general practitioner and the nurses even seemed to become advocates of the method. For example, they talked about it and promoted it at a number of conferences on palliative care. At the end of the project, when discussing our report with the team, we addressed the different and sometimes conflicting perspectives on the responsive approach: on the content level (the meaning of palliative care); on the ontological level (different perspectives on reality), and on the methodology level (different perspectives on the appropriate methodology). *With hindsight I believe that addressing differences in perspectives is not enough to create a meaningful dialogue. Conducting a 'good' dialogue requires more than a cognitive analysis of perspectives. I realize that a more fluid perspective on epistemology could have supported me in my dealings with the oncologist (Niessen, et al., 2008). Perspectives inform us about what people came to know on the subject and*

how. A fluid epistemology regards knowledge not as static but as emergent and dynamic. In line with that I could have focused more on the emerging and dynamic character of perspectives. In addition, I could have been more open toward the oncologists' stance. This relates to the quality of my questions. I could have paid more attention to asking him 'inviting' questions. From there I could have attempted to link his values with those of other team members and with the tenets of the responsive approach.

During the final meeting, everyone shared their impressions of the report and we discussed it in depth. The oncologist said: 'I have to admit that your report is interesting and that I have learned from it'. He also stated that he would have been happy with some quantitative material, but that he understood why this had not been gathered. I felt slightly relieved, said goodbye and left satisfied. Until several weeks later when I received a letter from the oncologist. I remember how my hands were shaking when I opened it. I had a gut feeling I was about to get some bad news. And bad news was indeed what I got. He accused us in his letter of not being open towards medical doctors and of having assumed that medical doctors did not have an integral perspective on palliative care, but solely a technical one. What I had been trying to prevent, had occurred. The fact that our relationship with other medical doctors e.g. the general practitioner, pulmonologist and neurologist, had been quite intense and positive, was of no comfort to me. At the time, I concluded that I had failed to understand the oncologist and felt responsible and guilty. *I understand with hindsight that relational work should have been done in order to create a meaningful dialogue. In daily practice, this kind of work entails more than communicating about themes, concerns, and issues. Even the 'concerns' of stakeholders are often expressed in a rational way and applied to the subject of evaluation and not to the relations between stakeholders themselves. Relational work involves something that I, as a novice, had not yet been taught. Relational work requires sensitivity to our own values as evaluators and, at the same time, to the values of stakeholders. It requires an ability to find the right middle between remaining distant and identifying with the other. And lastly, it requires a specific way of communicating about these different values and needs that derive from them. I believe that if I had been able to be more open toward the oncologist's values, our mutual understanding would have been better. And with it, the quality of our evaluation.*

Responding to the needs of others

Another example of my role as an evaluator involved the practice of pallia-tive care itself. During the evaluation, the question arose as to whether in palliative care special care should be taken for relatives and other informal carers (Abma, 2001). Palliative care considers several dimensions of the patient's life, but at that particular moment there was no explicit view on care for relatives. We interviewed two nurses who worked on the hospi-tal oncology ward and asked them to describe a 'difficult case' involving palliative care. Both nurses told us their version of the story of Mrs. Eeden (pseudonym). Mrs. Eeden was a woman with cancer of the thyroid gland. She was terminally ill and expressed the wish to die in a nearby hospice. In order to go there, she needed someone who could take care of her during

her stay there. Therefore the nurses agreed to instruct Mrs. Eeden's husband on how to take care of his wife, and Mr. Eeden soon became an expert at this task. Unfortunately, for financial and organizational reasons, it turned out that transferring his wife to the hospice would not be possible. After several months on the lung ward, Mrs. Eeden passed away. We interviewed the nurses about one year after her death. During Mrs. Eeden's time on the ward, the relationship between her husband and the nurses intensified and became full of conflict. The nurses saw him as the 'expert' who wanted to take care of his wife himself. The nurses said they could not take care of Mrs. Eeden properly because her husband would not allow them to. The nurses experienced considerable frustration toward Mr. Eeden and felt powerless. They did not know how to cope with this situation.

One of the nurses told me that she and her colleagues had concluded that the husband was having great difficulty accepting his wife's illness and that he was, in fact, grieving. But I wondered whether that really was the case. The nurses knew that Mr. Eeden had accused them of not giving his wife enough love and attention. The nurses lost contact with Mr. Eeden following his wife's death. I felt the need to hear his version of events as well. So I visited him for an in-depth interview.

During the interview at his home, Mr. Eeden cried, and openly expressed feelings of helplessness, sadness and moral indignation. *With hindsight I wonder why I immediately felt empathic and responsible for helping him. I might have concluded all too readily that the nurses must have misunderstood this man. How could this man have done what the nurses had told me? This vulnerable person? I now realize that at the time of the interview, I made an unconscious choice about what I was responsible for: to be the advocate of this man who felt he had been mistreated. Does this say something about who I am and what I value?* Mr. Eeden told me about Sarah, his wife. I could understand that he had cared for her with loving attentiveness. He treated me in the same way: he made me tea and offered me something to eat. He had been upset when he felt that the nurses were not paying attention to Sarah's particular needs, e.g. when he found out that his wife was unhappy because she felt dirty or when she felt sick because her injections were not being given on time. He felt Sarah had been treated in a 'humiliating' way. He tried to talk about his feelings with the nurses, but felt as though he were begging, and his trust in the nurses waned. I recorded the interview and made a transcript. I rewrote the transcript and added interpretations. But my colleague and I soon realized that this was not the best way to present his story. The emotional and multiple layers were missing. We decided that a poem would be more appropriate to illuminate his experiences. We wrote the poem using Mr. Eeden's own words and talked with him a second time in person, and a third time on the phone (member check). *In hindsight I wonder why I didn't think about writing a poem of the nurses' emotional experiences and feelings of powerlessness as well? Why did I feel that the more usual way of reporting was suitable for representing their experiences? Maybe I assumed that the situation had been less emotional for them because it was their profession that was involved and not their personal lives. But I could have checked that more explicitly.*

We then used the poem as a vehicle for dialogue with the nurses: our facilitating role. The nurses read the poem I had written with Mr. Eeden.

Although they did not recognize the interpretation of events exactly as Mr. Eeden had experienced them, they were aware that palliative care does require a certain attitude. One of the nurses said: 'Sometimes I pass by a patient too quickly, despite their problems. And a colleague once told me: we're often so busy! But if you want to deliver good palliative care, you have to set special conditions for it! Palliative care is not only about technical procedures. Besides physical care, mental and spiritual care is important'. *Although this is an indication that some headway had been made, I realize in hindsight that I did not address the issues the nurses were not aware of. I might have concluded too quickly that the air between Mr. Eeden and the nurses had been cleared.*

Analysis and discussion

Both narratives present the moral responsibilities the evaluator felt toward two different stakeholders: a stakeholder to whom the evaluator had difficulty responding, to whose perspective the evaluator was less open, and a stakeholder to whom it was more natural to relate. In line with Walkers' framework for moral understanding, as we described in a previous section, we will reflect on these responses and responsibilities by describing three narratives: narrative of value, of identity, and of relations. These three dimensions are closely connected and influence one another. In order to illustrate how an evaluator can systematically reflect on these dimensions, we analyze and discuss them in the following sections.

Narrative of value

An important value in responsive evaluation is 'involvement'. Sometimes attention for quantity dominates: involving as many stakeholders as possible. This might lead to 'pseudo-involvement': stakeholders are involved, but their viewpoint is not genuinely included or listened to. We feel that the responsive evaluator should strive for a genuine involvement of stakeholders through relational and moral work. This means the evaluator should be willing to be open to stakeholders with similar and with different values. This happened naturally and without effort in relations where core values were shared. For example, relating to the general practitioner and nurses on the consulting team did not involve any effort. These stakeholders could identify with the core values of responsive research. But it was a challenge in relations where values diverged, as with the oncologist.

The evaluator regarded stakeholders not just as informants but as human beings with opinions, worldviews, experiences and feelings. This expresses the relational nature of responsive evaluation. However, the narratives show that simply thinking and communicating about these values did not necessarily mean relational work was being done. An important responsibility in relational work such as a responsive evaluation, is also to express one's own values, position, feelings, and opinions as an evaluator. Beyond expressing values, responsive evaluators have the responsibility to be 'in relation', truly being responsive. This is a prerequisite for genuinely being 'included'. This seems to be missing in the first narrative. The evaluator

excluded herself from the relationship with the oncologist. She could have been more 'in relation'. That might have made it possible to become aware of who was going to be excluded from the team (the oncologist).

Narrative of identity

The narrative of identity deals with questions such as: what role does the researcher have, what role do other people assign to her and what moral expectations flow from this? In the first narrative, the evaluator's role became one of advocacy of responsive evaluation. Through the relationship with a stakeholder who acted in a specific way, this advocacy role dominated the relationship. Could the evaluator –with hindsight- have chosen a different response? And by doing so, would this have had consequences for her role and responsibilities? We pose this question because it is from this advocacy role that specific responsibilities emerged. The next section on narrative of relation seeks to answer these questions. We will show that a different response might have transformed the evaluator's role into that of facilitator.

The second narrative is also about the evaluator as an advocate, but differs from the first narrative. The evaluator was firstly an advocate of a patient's relative rather than of a method. Secondly, the meaning of being an advocate differed: being an advocate was linked more to how the evaluator saw herself as a facilitator. The evaluator believed she became an advocate *in order* to facilitate a process of mutual understanding. However, below we describe that this was not what actually emerged. Before we demonstrate what did happen, we need to describe how the evaluator underidentified and overidentified with stakeholders.

We believe that in both narratives the evaluator identified with stakeholders in different ways. In the first narrative, the evaluator had difficulty relating to the oncologist. The evaluator underidentified with him and his values. She responded by becoming an advocate of the method. In the second narrative, the evaluator overidentified with the relative. This evoked a response to support a vulnerable relative by facilitating mutual understanding between him and the nurses. Unfortunately, because she overidentified with the relative, the evaluator focused less on the relationship between him and the nurses and the relationships among the nurses themselves.

We can deduce from this that evaluators, and novices in particular, should pay explicit attention to situations of underidentification and overidentitification. As we have shown, both positions do not benefit the evaluation. We would therefore like to encourage evaluators to develop the virtue of finding the middle ground between excess (overidentification) and deficiency (underidentification) (Aristotle, 1220b 21-27). According to Gadamer (1975), the evaluator might have aimed to be more open toward understanding the perception of the 'other'. She could have tried to enrich her own perspective, find an intermediary position and thus have been able to enhance more symmetric relations.

Narrative of relations

The evaluator moved in a socio-political context with asymmetric power relations and sometimes political behavior of stakeholders. Power issues at play related for example to the relationships between the teammembers and professionals who had not become part of the team (first narrative). The teammembers became part of an exclusive group of which some of their collegueas had been excluded. This affected the kick-off of the team in a negative way. The second narrative involved an assymetric relation between the relative and nurses: the nurses had become powerless toward caring for Mrs. Eeden.

In the first narrative, the nurses experienced the relationship between themselves and the oncologist as relatively distant. They found it hard to be critical to the oncologist. As has been described above, the evaluator experienced the distance in the relationship with the oncologist as well. On the one hand she felt dependent on the oncologist for his support, whilst on the other hand his authority impressed her and might have prevented her from sharing her concerns more openly. In the first narrative, the evaluator saw the oncologist as a medical expert with authority and a firm and respectable social position. She saw herself as an inexperienced social scientist, a novice. The evaluator had a stereotypical idea of the oncologist's identity which influenced their relationship. As stated under 'narrative of value', in this narrative, the evaluator could have been more 'in relation', more open toward his perspective. She might, as suggested in the narrative in italics, have addressed her values and feelings at an early stage in the relationship with the oncologist. This could have helped improve his participation as a team member and stakeholder of the evaluation and eventually also his participation in the dialogue on 'good palliative care'. The evaluator could have had more attention for what was actually going on beyond his remarks about the method, what his values were beyond his perspective. In order to enhance the quality of the dialogue, she could have introduced 'otherness': for example introducing a third and completely 'new' perspective. This might have prevented the dichotomy between his and her perspective. Next, she might have paid more attention to the quality of her questions. Like asking inviting questions, for example: 'You tell us that you have difficulty supporting the method: can you tell us what you need in order to feel involved?' She could have asked this in her role as facilitator, instead of as advocate. This question could have demonstrated her openness toward his perspective, it would have made him feel he was being taken more seriously, and would have again opened the way for dialogue. He may again have perceived the evaluator as a responsive person, instead of as an advocate for the method. Similarly, it was also up to him to answer our question in a genuine and honest manner.

This narrative also illustrates the different perspectives on responsibilities when working from a positivist, relativist or dialogical paradigm. The way the evaluator responded to the stakeholder in the first narrative is from a relativist perspective. She acknowledged the oncologist's different opinion and did her best to explain her own, in order for both perspectives to co-exist. This is where it ended. Two people with two different perspectives, and never the twain shall meet. From a dialogical or relational viewpoint, the evaluator and oncologist could have looked for ways to establish mutual understanding.

The second narrative shows that the relationship between the evaluator and the relative was defined from the outset by Mr. Eeden's emotional appeal. He had two reasons for sharing his experiences with the evaluator.

Firstly, because he felt he owed it to his wife. Secondly, because he wanted to prevent the same thing from happening to other people in the future. When we went to his home, he said how important it was to talk with us. This immediately felt like an obligation, a responsibility. And it was a feeling that increased during the interview when Mr. Eeden started to cry. The evaluator empathized with him and felt a need to be his advocate. At the time, she did not regard herself solely as an advocate: she felt she should use his experiences to facilitate practice improvements. She saw her role as a mix: an advocate and a facilitator.

But in retrospect we conclude that her main relation toward Mr. Eeden was one of advocacy of a vulnerable person. We recognized and acknowledged the perspectives of both the nurses and Mr Eeden and tried to link them. His poem was used as a vehicle. However, we now understand that our primary focus was to help the nurses understand Mr. Eeden. Not the other way around and not on an equal footing. We believed it was the nurses' responsibility to resolve the conflict and that they should be the ones to reach out to Mr. Eeden. The overidentification with Mr. Eeden led to a one-way intervention in order to solve the conflict: to tell Mr. Eeden's story to the nurses. However, the evaluator could have chosen to connect perspectives from a more dialogical stance by, for example, also introducing the nurses' perspective to Mr. Eeden.

We conclude with Robert Stake and agree when he writes: 'I admire most the modest evaluator, playing a supportive role, restraining his impulses to advocate, unlike the crusading evaluator, however honestly and forthrightly he announces his commitments...I emphasize the facilitator-role more than deliverer of insights' (Stake, 1975, p.36-37). According to him, advocacy cannot be avoided, but should be resisted (Abma & Stake, 2001).

Conclusion and lessons learned

The evaluation profession has developed principles, guidelines and quality criteria that support us when we are confronted with ethical issues. The fairness and authenticity criteria of responsive evaluators refer to moral and relational dimensions such as inclusion, enhanced awareness of one's perspective, plurality of interests and the empowerment of participants (Guba & Lincoln, 1989; Karnieli-Miller et al., 2009; Giordano et al.; 2007; House & Howe, 1999). We consider these principles, guidelines and criteria of great importance: they function as a grid with clear boundaries as to what we ought to do and what we should avoid. However, in this article we attempted to show that our responsibilities go beyond this system of principles, guidelines and criteria.

Systematically reflecting on our responsibilities is of the utmost importance because of the highly socio-political contexts we operate in. In these contexts there is considerable tension between including stakeholders in an equal way, balancing power relations and simultaneously empowering marginalized voices. The case demonstrated that this can result in disruption, resistance and confusion on the part of the evaluator about where responsibilities lie.

Evaluators ought to develop the moral competence to learn how to maneuver within this socio-political field. We ought to become 'sensitive for the particular' in order to enhance the quality of our evaluations. Our moral response depends on the particularity of the context we find ourselves in (Nussbaum, 1994; Walker, 2007). We proposed a possible framework for understanding our responsibilities from the particularities of the evaluation practice. The evaluator can explore responsibilities by articulating three narratives: of identity, of relation, and of value. Reflecting on these narratives can be beneficial to determine what 'ought to be done'. The main question is how the evaluator sees herself in relation to others, how others see her and what moral expectations of her flow from this. Table 1 presents a number of other questions that can help the evaluator understand her responsibilities.

Enhancing our moral understanding is particularly necessary for inexperienced evaluators. Novices seem to be more inclined to (subconsciously) underidentify or overidentify with one group of stakeholders. In the case narratives, Merel, as a novice, had just started to learn how to become a responsive evaluator. Responsive and moral work enhanced her awareness of her values and roles. Over time, she had to work out how to find the middle ground between the extreme positions she was inclined to find herself in (Aristotle, 1220b 21-27). She learned that her values are not fixed, but fluid and can transform relations with stakeholders. In order to do so, she needed to reflect on her work and experiences, as we illustrated with the reflections 'in hindsight'. Such processes of reflection are fostered in interaction with others, which we experienced in writing this article as a team.

Our moral work deals with the question of what we *feel* responsible for. This might imply that evaluators should not only be sensitive to the values of the participants of a practice, but also to our own values. This affective dimension of responsibility takes individual feelings of worth and values of respondents *and* ourselves into consideration. This is often the most difficult aspect to address. It is not a visible dimension and goes beyond the words we exchange. However, we can be sensitive to these feelings. We learned that reflecting and articulating our narratives enhances our sensibility for these affective dimensions. It is a necessary part of our responsive work.

Table 1: Questions to reflect on responsibilities in responsive evaluation (according to Margaret Urban Walker (2007) and inspired by Nussbaum (1994) and Aristotle)

General questions	
The situation	– What critical situations or events have happened so far? – What were the conditions and circumstances? – Who was involved? – What do they mean for the enactment of my responsibilities?

Specific questions about moral dimensions	
Identity	– How would I describe or represent my identity as an evaluator? – How did my identity develop and what are my future expectations on this? – What roles can I derive from this dimension of identity? – In what way am I selective in my contribution to the research and how does that reflect and refine my moral identity in responsive evaluation? – Do I overidentify with a role? – Do I underidentify with a role? – How can I find the middle ground between extremes?
Relations	– What story brought me to this point with this particular stakeholder or this group? – What does this mean for the evaluation? – How would I describe or represent the various relationships and what kind of commitment do I believe to be appropriate? – How would I describe the level of dependency and do I have a moral obligation to act? – What would happen if I were to stop for a while? – Would it damage a relationship? If so, why and what does that tell me about commitment? – Who do I naturally respond to? – Who do I have difficulty with responding to?
Values	– What values do I care for naturally and what does that mean for my evaluation? – What do I value? – What values do I reject? – How do my personal values connect to my professional values? – What does this mean for my evaluation methodology and practice?

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Chapter 9

General discussion:
Openings for humanization