

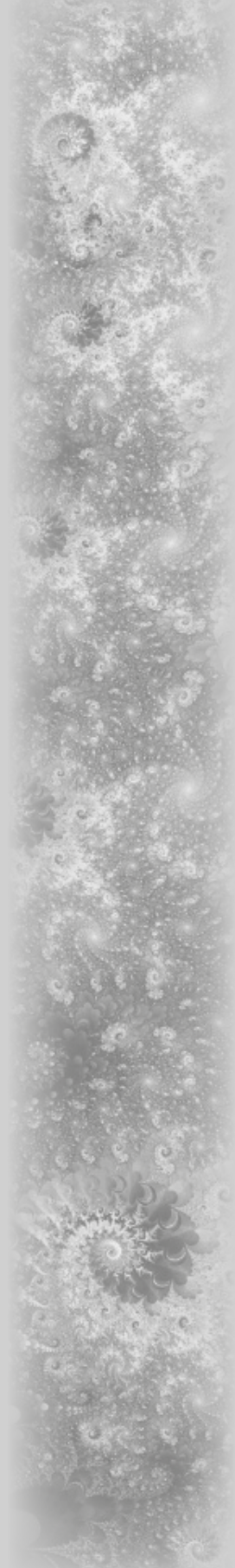
Chapter 2

Engagement enacted: Essentials of initiating an action research project

Individual level of learning

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Abstract

Engagement is seen as an important characteristic of action research. The term is often used to refer to the participation and involvement of the research participants. Within this article we take another angle and explore the concept of engagement in relation to the main action researcher. Using an auto-ethnographic approach, we illustrate that the involvement and ‘closeness’ of the researcher, although necessary within action research, can also have a darker side as people have the tendency to get trapped in their own beliefs and prejudices. If not mindful enough of their own involvement and way of being within the context, the researcher can lose him or herself in the situation and is no longer able to encourage or facilitate the participation of others. We give suggestions for realising productive engagement as a (participatory) researcher using concepts such as mindfulness and mindsight.

Introduction

Building relationships and engaging with others is crucial within action research. The researcher is challenged to keep a balance between distance and proximity, to approach situations open-mindedly and to value and see clearly the beliefs and values of oneself and those of others. Such attentiveness is also needed to cope adequately with internal struggles and organisational and political pressures and differences.

Essential and obvious as this seems within this kind of research, the difficulties researchers encounter in building relationships, encouraging engagement between stakeholders and being involved are rarely highlighted in the literature. Particularly little has been written about the (pre-)initial stages of action research (McArdle, 2002). As these first steps can influence the further research process (McArdle, 2002; Wicks & Reason, 2009), stories and experiences about these stages are needed (McArdle, 2002).

This article focuses on the experiences of the first author during the pre-initiating phase of an action research project in a care facility for elderly people. As Wicks and Reason (2009) refer to this phase as ‘opening up the communicative space’, difficulties encountered in encouraging open communication, participation and engagement will be highlighted. These experiences will illustrate the need for learning and practicing mindfulness to be able to facilitate the process adequately and have a pedagogical value particularly for those new to action research.

Theoretical background

The variety of traditions and approaches in action research are huge as is the degree of participation of those involved in it. In line with Heron & Reason’s (1997) participatory worldview, we believe that human beings are ‘part of the whole’ and consider individuals as ‘embodied experiencing subjects among other subjects’, giving meaning to their world through participating in it with others. Participation, therefore, is not just a cognitive phenomenon, but an embodied endeavour leading to experiential knowing as a foundation for learning and action. Furthermore, we value equality of human beings as well as the notion that activities should contribute to the development of those involved in them, including the action researcher him or herself (Guba & Lincoln, 2005; Heron, 1996; Mertens, 2009). The diversity of meanings, knowledge and abilities should be appreciated and people should have the opportunity to influence processes and transform their environments. This requires a rebalancing of power. Therefore, like many other researchers (e.g. Carr & Kemmis, 1986; Fals-Borda & Rahman, 1991; Heron &

Reason, 1997; Mertens, 2009), we view action research as an essentially participative and democratic process that also contributes to the empowerment of people.

Ideally, stakeholders participate as actively as possible in the entire research process as co-researchers. Or, as Reason and Bradbury (2001) put it: “Action Research is only possible *with, for and by* persons and communities, ideally involving all stakeholders both in the questioning and sense making that informs the research, *and* in the action which is its focus” (p.2.). If we wish to promote participation and engagement we should establish open, trustworthy and reciprocal relationships. This requires the formation of ‘communicative space’ (Wicks & Reason, 2009), which follows three phases. The (1) inclusion phase starts at the very first contact and concerns membership. The aim is to challenge and support people to contribute, and to clarify the inquiry task and the meaning of the inquiry. Power issues and differences regarding procedures and processes can arise and are discussed during the (2) control phase. This requires a safe climate in which participants feel free to express and explore differences. When issues around power and influence are negotiated successfully, relationships can grow and become more flexible and tolerant during the (3) intimacy phase. Participants will find their own identity in harmony with the identities of other participants, which enables the group to carry out its task effectively.

While the phases described by Wicks and Reason (2009) explain the process of creating communicative space, we believe it is the quality of the dialogue, and how it is initiated and developed during this process, that makes the difference. As new and shared understandings are generated by examining values, assumptions and ways of thinking, we agree with others (Abma et al., 2001; Maurer & Githens, 2010; Schwandt, 2001) that dialogue is a medium for reflection, (mutual) learning, and democratisation. This may lead to problem solving, decision-making and (organisational) change (Maurer & Githens, 2010), but contributes also to the emergence of a sense of self as participants discover their own identities (Abma et al., 2001). Ethically we place high importance on the involvement of all stakeholders; preventing exclusion, giving voice to marginal groups, encouraging equality, and rebalancing power (Abma, 2001; Widdershoven, 2001). Furthermore, involvement in decision-making about the research topic will encourage engagement and ownership as the topic will be important for participants (Abma, 2001; Abma, Nierse & Widdershoven, 2009; Lavie-Ajayi, Holmes & Jones, 2007).

Facilitating dialogue, participation and engagement can be quite an arduous task as is also shown by Jacobs (2010). Practical problems, such as time constraints (Chenoweth & Kilstoff, 2002; Mead, 2002) and challenges from the organisational context and politics (Baur, Abma & Widdershoven, 2010) can arise. Particularly difficult seems to be promoting bottom-up processes in top-down organisations like health care organisations, which are typically characterised by top down

structures, bureaucratic control and hierarchical working orders (Chenoweth & Kilstoff, 2002; Jacobs, 2006). An unsupportive organisational culture and little support from management can also hinder participation and engagement; a flattened organisational structure and supportive management can be accommodating (Chenoweth & Kilstoff, 2002; Khresheh & Barclay, 2007). Generally, issues of power and control arise not only in relation to differences in access to (financial) resources, but also when attempts are made to put into practice the aim of empowerment (Jacobs, 2006; Lavie-Ajayi et al., 2007). Potential results are resistance to change and feelings of discomfort (Khresheh & Barclay, 2007; Lavie-Ajayi et al., 2007).

In this article we will expand on some of the tensions that emerged as we were trying to open up the communicative space. These tensions may arise when researchers deal with their own and others' values and are related to researchers' abilities to establish relationships, monitor their own thoughts and reactions and to deal with political dynamics. Insight into these tensions can help researchers to reflect upon their own practices in order to learn and clarify the need for a mindful practice. First, we will explain the background of the research setting and the methodology we have used. Secondly, we present our findings in the form of short stories and reflections on them.

Methodology

Research setting

The action research project was designed to be conducted in a new ward, a so-called Care Innovation Unit (CIU), in a care facility for elderly people in the Netherlands. In the CIU, which was established by the care facility in collaboration with two schools of nursing, health care providers collaborate intensively with a large group of students to combine care, education, innovation and research (Frost & Snoeren, 2010). The goal was to develop a challenging workplace for practitioners and improve the quality of care using principles of practice development, which Manley, McCormack, and Wilson (2008) define as "a continuous process of developing person-centred cultures" (p.9). As the organisational structure traditionally had been more hierarchical, through the development of a CIU the management hoped to encourage practitioners not to act solely on tradition and instruction.

The first author, a lecturer at one of the faculties of nursing involved in the CIU project, was hired as a consultant for two days a week to facilitate this process by helping the team to develop their own knowledge and skills and to work towards transformation of the culture and context of care. She was used to working in a

non-hierarchical organisation in which learning and innovation are highly valued and hoped to operate as a free change agent in the formal structured health care facility. Since action research is known to be well suited to practice development and encourage participation, change and improvement (Manley et al., 2008), the first author set up an action research project. Having read the literature and shared ideas with colleagues involved in action research, she had built up a range of ideals. These would be useful, she thought, once the ward was in operation.

Before the ward opened in September 2007 the first author, hereafter referred to as the (initiating) action researcher, arranged a meeting with the executives and managers involved to promote commitment and partnership between the collaborating organisations. Ideas were shared to clarify the concept of a CIU and to explore the role of the stakeholders in establishing the CIU. Despite differing interests, the participants showed willingness to work together, strong enthusiasm and high expectations.

From the beginning, the action researcher had to work together with the nurse manager, a person regarded highly by the senior management and with a hierarchical position over the practitioners on the ward. Together with the student co-ordinator within the care facility and a nurse teacher from the second nursing faculty, the nurse manager and researcher had to become a team that could effectively support the staff members and the students in working and learning on the ward.

This supporting team also planned how and when to start up the unit. Qualified staff members were selected to join the team and eight half day meetings were organised with the twelve nurses and healthcare assistants to lay the groundwork for becoming a team. During the meetings, which were facilitated by the researcher, there was time for sharing ideas, critical dialogue and reflection. All parties evaluated the meetings as useful and it seemed as if there was a shared understanding about the goals to achieve and how to work together.

The first months after the CIU had opened were very chaotic. Twenty-two residents, fifteen students and the twelve nurses and healthcare assistants came together. The trained staff members were responsible for both supervising the residents and coaching the students, a combination that was new to most of them. After everyone had settled into the new unit, the situation kept changing because of a variety of circumstances. For example, the group of students changed every six months when their placement ended, some staff members left and the care needs of residents altered frequently. The research setting was very dynamic.

Data collection and analysis

To present the researcher's experiences in setting up the action research project we used an auto-ethnographic approach; an autobiographical genre of writing and research that connects the personal with the cultural to look more deeply at self-other interactions (Ellis & Bochner, 2003; Reed-Danahay, 1997).

During the first six months of the CIU project, the researcher kept daily reflective notes about her experiences. These notes served as field notes for constructing a chronological and detailed story as close as possible to the experiences as the researcher remembered them. This chronological story was shared with four other researchers from different backgrounds, each with expertise in action or qualitative research. One of them was familiar with the research setting, another had also faced difficulties in setting up an action research project.

The peer researchers were asked to express their feelings on reading the story to judge its validity, which means to ascertain if the reader feels that the experience is authentic, believable and possible (Ellis, 1995). In addition, beliefs about crucial events and issues were shared in (one-to-one) dialogues helping the initiating researcher to develop a deeper understanding of the story and to identify key aspects and dynamics (themes). These events and issues were restructured in two short stories, each highlighting one or more identified themes. Reliability was examined by asking the peer researchers to give feedback on these stories. Also, the student-coordinator was asked to give her comments and interpretation of the stories to check their recognisability and representativeness from an insider perspective. Based on this feedback some small changes were made in the wording of the text and the degree of detail.

During the process of writing and (re)constructing the stories, the researcher engaged in reflection on her experiences, which resulted in increased awareness of her own and others' values and the influence of ideologies. In addition to the writing process, dialogue with others and the use of theory facilitated 'moving in and moving out to analyse the data from a cultural perspective' (Ellis & Bochner, 2003) and to alternate between narrative and categorical knowledge in giving meaning to the experiences.

Although we are aware of the role of influencing structures and systems in the research context, our analyses are mainly focused on individual acting and interactions with others to emphasise the impact of and the individual responsibility for relationships. In the next section lived experiences and insights are presented in detail providing opportunities for the reader to have vicarious experience (Stake, 1994) and to test the generalisability of the findings by determining whether they are in line with their own practices.

Findings

We present two narratives that were selected for their ‘learning potential’ with regard to the research question (Abma & Stake, 2001): Which incidents have been pivotal in establishing the action research project and how were participants dealing with these incidents? Each narrative is followed by a reflection on how the researcher handled the incidents and dealt with internal and political dynamics.

A normatively laden care practice: conflicting values

As explained earlier the first seemingly successful steps in opening up the communicative space were taken before the ward was actually established. However, soon after the CIU had started an incongruence between espoused values and theories-in-use (Argyris & Schön, 1974) became visible and frictions arose between the researcher and the nurse manager (box 1).

When we analyse this situation, it becomes clear that the nurse manager as well as the researcher were trying to define their roles and positions on the ward, a situation that is similar to Wicks and Reason’s (2009) explanations of the inclusion phase. Moreover, they valued different things and had different perceptions of how knowledge is gained. The researcher promoted dynamics, heterogeneity and inclusion of all stakeholders, whereas the manager valued stability, homogeneity and exclusion of those who were not part of the regular team; the latter three being characteristics of a closed culture (Hofstede & Hofstede, 2005). As is customary in the top down structures, bureaucratic control and hierarchy that are common in health care organisations (Jacobs, 2006), the nurse manager saw instruction and formal authority as the obvious ways to gain knowledge and insights. Where the manager supported autocracy and top down decision-making, the researcher promoted bottom-up approaches to encourage equality, partnership and democracy as well as the use of dialogue as a vehicle for knowledge production and shared understandings. In this she differed fundamentally from the nurse manager, who focused on ‘doing’ and ‘acting’ in practice, whereas the researcher valued theoretical insights, learning and change.

Differences in values, interests and power are common and can be enriching when recognised and acknowledged by explicating and discussing them with stakeholders (Brown, Bammer, Batliwala & Kunreuther, 2003; Lavie-Ajayi et al., 2007; Mead, 2002). In this situation, however, there was no genuine dialogue and the incongruence between espoused values and theories-in-use (Argyris & Schön, 1974) were not explicated. The researcher and the manager were trying to persuade each other of the superiority of their own value and belief system. They were not really prepared to explore each other’s perspectives. They did not

communicate openly and did not explore the differences and similarities between their views. By adhering to their own values, they triggered mutual stereotypical perceptions of each other. Although differences can be valuable for learning and collaboration, in this situation they created suspicion, distrust and resistance to change; bottlenecks also described by other action researchers (Brown et al., 2003; Lavie-Ajayi et al., 2007).

Box 1 Determining positions

Three weeks after the CIU had started, the nurse manager decided to organise a meeting for qualified staff members only. Dissatisfaction among team members had grown and she wanted to give staff members the chance to air their concerns. The manager told me she did not want to have me there as the subject of the meeting would only be 'practical things'. I felt left out and had a strong feeling that I was not taken seriously by her. Furthermore, I did not agree with the exclusion of the students. In my opinion the meeting provided an opportunity to share different perspectives on situations, which could help all concerned to improve their working together as a team.

Apparently, we thought differently about my role and position on the ward and valued participation differently. I decided to use every opportunity to share my beliefs about these topics and did so during a meeting with the supporting team (consisting of the nurse manager, nurse teacher, student co-ordinator and myself) that same day. The nurse manager had decided she was too busy to join, but came in unexpectedly after half an hour. She told us that things were tense on the ward and that the different cultures of the team members, who came from different work settings, did not mix well. I had the feeling that she was taking control of the supporting team meeting without asking what was on the agenda. She focused on her own concerns and solutions. For example, the manager was not happy with how and when the daily evaluation took place and felt that the hand-over was not necessary. She wanted to change that. I had the feeling she was pushing her ideas without first asking others what they thought should be done, confirming my view that we had different ideas about decision-making and the involvement of others in these processes.

Later during that same meeting I explained my idea about working on the ward and observing situations to discuss them with the team, so that they could decide what they wanted to improve. The nurse manager said that I should not tell the team members that I was observing, because this would scare them off. For me this was ethically unacceptable. I told her it was essential for me to tell the team members what I was doing and why, which provoked a reaction I had not expected. The nurse manager said that although I asked team members how they were doing, I did not do anything with that information when things were busy on the ward. She told me that she expected me to do bed-side work to help reduce the workload and increase the number of nursing hours that could be delivered.

I responded in all honesty that I felt I was an outsider and that I was not sure about my role. I explained I was looking for possibilities to build effective relationships and to co-operate with her and the team. She did not respond but repeated that I should deliver care. I saw no opening for further discussion and had the strong impression that I was expected to work on the ward to meet the goals of the nurse manager.

As a result of her strong individual (instead of joint) engagement, emotional involvement and perhaps lack of outside support, the researcher got lost in the situation and forgot to take an ‘attitude of inquiry’ (Marshall & Reason, 2007). She was unable to step back to reflect upon the situation and as a result unable to respond effectively to events. Based on her values, her theoretical ideas and the prevailing culture and habits in her own workplace, she kept using the same strategies to try and change the situation. These strategies, focusing on spoken communication (like convincing by arguments and showing one’s own vulnerability), did not match with the values of the nurse manager and the pragmatic and hierarchical culture of the CIU. Since the manager and other team members preferred not to talk but instead engaging in hands-on work and mimicking each others behaviour (role modelling), the researcher was not successful. In fact, she became inflexible and paid little attention to what the nurse manager and team members felt was important. She underestimated how important “simply” working on the ward was in building relationships and the development of her role in this context, where people place high value on practical skills and where finishing nursing tasks before a certain time is considered of prime importance. Hence, ideals were not translated to the present context, but were glorified in an absolute way.

The nurse manager reacted in accordance with her values by using her power to lay down the law. She gave instructions and directions to clarify her expectations of the researcher. The situation continued. Paradigm differences were not bridged and similarities were not used constructively to encourage relational empowerment (van der Plaats, 1999). Instead of encouraging open, trustworthy and reciprocal relationships, a breeding ground had been created for mutual misunderstandings, feelings of insecurity and power issues.

Temporarily crystallised enactment

Although the relationship with the nurse manager was anything but perfect, the researcher tried to set up the action research process anyway. She kept promoting her beliefs and ideas about how to start an action research project. As a result she captured the attention of the student-coordinator and the nurse teacher and managed, temporarily, to take some steps forward (box 2).

The experiences described in box 2 illustrate how the difficulties that had arisen earlier had a lasting undesirable impact, or, in the words of Wicks and Reason (2009), “unfinished business may trip up the process at later stages” (p.254). We believe that the difficulty in escaping the reified character of the situation is rooted in the crystallisation of enactment. The situation described depicts a ‘slice of working life’ that is frozen (crystallised) for uses of reflection. To enact a situation in situ (spontaneously, physically, experientially and

afterwards -more indirectly- cognitively) is like being thrown into an environment that already has meaning given the history inscribed in it. Those involved act in accordance with that meaning and at the same time are influencing it by their participation.

Box 2 Reconnaissance phase

In December the nurse manager fell ill and was absent from the ward for two weeks and for another four weeks in January, which made me feel less insecure. I managed to reach consensus with the team about observing activities on the ward. These activities started after the nurse manager had returned and given her permission. She had little option as all those involved were enthusiastic. She also agreed to schedule two meetings with all team members to share feedback. It was a busy time for me. I observed situations on the ward and supported the nursing teacher and student co-ordinator in doing so. I analysed the written observations, checked those with the other observers and prepared the meetings with team members. I enjoyed the collaboration and felt more connected to team members. This was what my role should be. I was enthusiastic and full of energy again.

However, as soon as the nurse manager returned from her second period of absence, I felt unhappy again. I did not feel appreciated and valued for the work I had done, especially because the nurse manager had not actually scheduled the feedback meetings with the team. She said she had simply forgotten to do so. She was laconic and said that I could talk to the team members who would be on the ward that afternoon. This meant I could only speak with two staff members and three students at the most. In the end, we agreed that I would give feedback on the observations on three different afternoon meetings with the team members present on the ward. It was not ideal, but postponing the meetings for a couple of months was even less so.

The meetings themselves were great. I used creative and active work forms to support team members in expressing their beliefs about topics from the observations. We discussed different themes where improvement was needed and team members prioritised them.

The nurse manager, who had promised to attend all meetings, did not show up at any of them. She sought no information at all about the workplace analyses. I told her I did not feel supported and that her presence was important to reinforce the value placed on change and innovation; she responded that she trusted me to facilitate these processes and that her presence was not required.

The team members, on the other hand, evaluated the meetings as useful and were motivated to continue to participate. I felt we had made a really good start towards reaching consensus about what we wanted to improve first and in forming small groups of team members to make action plans for specific themes. We agreed to do this at the next monthly staff meeting.

However, for almost six months meetings were either not scheduled or were cancelled for different reasons. I felt very frustrated. In my opinion the nurse manager was not showing any willingness to engage in action research, although she explained she had limited possibilities to create the necessary resources. Since the team members generally deferred to the manager, were used to receiving instructions from her and valued her opinion, their interest in the process we had started decreased. By the time of the next meeting, other things were given higher priority for discussion and the motivation for improving the identified themes had evaporated. The momentum was lost.

When we reflect on the particular slice of life (the temporarily crystallised enactment) in the CIU, the researcher was trapped in a configuration that consisted of multiple heterogeneous elements (Niessen, Abma, Widdershoven, van der Vleuten & Akkerman, 2008). This configuration included real physical constraints (such as the limited time available for the research and the absences of the manager), but also the researcher's mental images (her ideals and self-image) and those of the health care providers (hands-on mentality). The developed pattern is neither purely physical nor purely mental, but a combination of the two. It is a way of dealing and coping with the issue at hand that is inscribed in flesh, mind and context. These patterns or configurations stretch the boundaries of the mental into the entire brain/body system (Niessen et al., 2008; Varela, Thompson & Rosch, 1991), since we are enacting beings grounded in experiential and bodily knowing (Heron & Reason, 1997). We can see this in the researcher's emotions and feelings of frustration; physical expressions of her values which she feels are under attack. There was no movement, no dynamics until the nurse manager was physically absent. Then the researcher experienced space to interact creatively with her environment.

Since this entrapment within a configuration is the result of a habitual (mindless) handling of the situation, grounded in and influenced by all the elements mentioned, it seems inevitable, according to Varela (1999), that participants slip into another enactment, or 'microworld', when elements change or disappear. This explains why the researcher had more (communicative) space (literally and mentally) when the manager was absent. The different configuration made it possible to enact another space. It also explains how, on the manager's return, the previously performed micro-world 'jumped in', since all the previous elements fell into place once again. Although she might have been able to partially recognise what was happening in a cognitive way, the researcher was unable to develop a new, more creative response. She was trapped in a micro-world that was inscribed in her and others to be triggered again by the nurse manager's re-appearance.

Not getting trapped in old patterns and encouraging movement requires a certain awareness and sensitivity of the researcher to identify configurations. This seems especially difficult for novice researchers, like the researcher in this situation, who initially develop their ideas and ideals of research on the basis of propositional knowledge and role taking (through role modelling). Yet literature tends to give a tidy impression of action research (Cook, 1998; McArdle, 2002) and propositional knowledge can be a barrier to flexible responses to events, which might involve creativity and looking beyond the present knowledge (Cook, 1998). According to Grant (2007), 'being and doing' participatory research is necessary to really see and understand what it means. Therefore, lived experiences and

embodied knowledge are important to develop awareness and sensitivity to detail in situations.

(Self)-reflection seems prerequisite for learning from these kinds of knowledge (Grant, 2007; Marshall & Reason, 2007). We believe, however, that prior to reflection or perhaps instead of it, a certain openness is needed, through which people are able to perceive without prejudice what comes to their awareness. Langer (1997) calls this mindfulness. It requires patience and courage to continually observe what happens without evading unwelcome or unexpected events or responding by re-enacting habitually formed patterns. Although reflection after action seems always appropriate, we would like to add that when appropriating a mindful posture or engagement in practice, one's way of handling (enactment) a situation will emerge spontaneously, holistically combining cognitive and more embodied ways of knowing, instantaneously on the spot and hands-on (Varela, 1999; Varela et al., 1991). Although organisational problems and power issues will not be solved immediately, it helps the researcher to deal with differences and her own feelings more constructively.

A researcher who adopts a participatory focus should therefore first and foremost (learn to) cultivate a mindful attitude. However, once a researcher has become trapped in a configuration without being mindful of the situation, it can be difficult to step back and observe it. It will be necessary to introduce new meanings by introducing other voices or exercises as was done, for instance, by Abma (2000) when exchanging roles with the individual with whom a dysfunctional conflict had arisen. This will lead to new experiences and perspectives allowing the researcher and others involved to see the fuller context again and to break with habitually formed patterns.

Siegel (2010) has explained this situation from a neuroscientific perspective, using the concept of 'mindsight' as a way to change from autopilot to mindful observation and (re)shaping of the internal workings of the mind and thus to become more flexible and free in one's response to situations. Siegel illustrated that mindsight can be learned through some practical steps, usually starting with focused attention (mindfulness) followed for example by narrative reflection, meditative practice or body scan, resulting in a better balancing of emotions, homeostasis of body and mind and ultimately in better relationships with oneself and others.

Conclusion and discussion

The experiences that we have shared in this paper are of pedagogical value for (novice) action researchers; they show that there is a need to invest in relationships from the earliest phase in order to ensure participation and (joined)

engagement and confirm that it is crucial to create a communicative space in a participatory action research project (Wicks & Reason, 2009). This is not to say that the first phases of the research always determine the rest of the process. The emergent character of action research allows for adjustments. However, in this initial space, assumptions are clarified and ‘mental maps’ that guide people’s actions (Argyris & Schön, 1974) are explored with stakeholders. Sharing and explicating these values encourages open communication and awareness about differences regarding surfacing values and interests and power issues. Also, stakeholders as well as the researcher are helped to identify the extent to which behaviour fits espoused theories, which could encourage the development of congruence between espoused theories and theories-in-use (Argyris & Schön, 1974). Although our case examples portrayed a novice action researcher, there is ample evidence that more experienced researchers also run the risk of over-identifying themselves with the setting and their own mental maps. The challenges outlined are, moreover, not exclusive to action research.

Dialogue is essential in explicating values and acknowledging differences. It should be noted, however, that dialogue must be adapted to the context if it is to bridge differences in values and paradigms. Dialogue can thus involve different activities. It should not be sought solely in spoken communication, but also in physical forms: by doing and working together. Dialogue in the latter sense takes the role of performance (Denzin, 2003), in which understanding each other is initiated through working hands and embodied performance. Furthermore, the purpose of dialogue should not be consensus. Absence of consensus gives a feeling of disjunction which is helpful in recognising differences (Widdershoven, 2001), whereas feelings of harmony and coherence do not always trigger the exploration of underlying values and beliefs. This could give a false sense of shared understandings as happened in our case before the CIU was established. It seems better to achieve a second-order democracy that promotes ‘responsibility to ongoing processes of relating’ and in which differences are welcomed (Gergen, 2003), than a first-order democracy, which emphasizes coherence, agreement and effective coordination (Gergen, 2003). When differences are appreciated, a safe environment, openness and learning will increase, enhancing the opportunities for individuals and the collective to flourish. A group can grow and gain strength and power as a result of this type of relational empowerment (van der Plaat, 1999).

Our experiences have shown that beliefs and ideals are enacted within configurations (patterns) of multiple heterogeneous elements, including power relations. These configurations tend to be hard to change once they have become set and the researcher runs the risk of getting caught up in close involvement as is necessary within participatory research. To identify and deal with such configurations mindfulness (Langer, 1997) and mindsight (Siegel, 2010) are helpful in making sense of the situation and in recognising the own possibilities as well as

limitations in changing the situation. By attributing the situation to certain circumstances, the researcher will also be better able to maintain him or herself in the situation and to shape future behaviour. Becoming sensitive to configurations involves, besides a cognitive reflective component, a physical element. Being trapped within a certain adverse configuration will be accompanied by physical manifestations, such as feeling unwell. Like Gendlin (1981), we consider it wise to take these signals seriously since the body is the stage on which these issues will be played out.

Although several authors describe the requirements of a participatory researcher, such as skills and knowledge of communication and learning (Boog, 2003), change management (Khreshah & Barclay, 2007), and conflict (Abma, 2000), less has been written about the need for situational awareness (of configurations). Marshall and Reason (2007), however, focus on ‘taking an attitude of inquiry’ and the researcher’s ‘quality of being’ promoting self-reflexive practice and ‘an awake, choiceful and reflective’ attitude. This appears to be similar to our notion of *mindsight* or *mindfulness*, although their main focus seems to be the quality and validity of the methodology of action research and the production of knowledge about the topic under study. Yet *mindfulness* (Langer, 1997) and *mindsight* (Siegel, 2010) in particular, also guide self-development, personal growth and the establishment and maintenance of relationships. These concepts could therefore be useful in fostering ‘an attitude of inquiry’.

Agreeing with Heron and Reason (1997) that learning and knowing are grounded in participation or enactment, we suggest that researchers use the research process intentionally for their own learning and growth. In this way acting, experiencing and learning can become entwined (Heron & Reason, 1997). Moreover, by explicating this cyclic process of learning the action researcher becomes a role model of active learning (Dewing, 2008) for co-researchers, showing them how to use the research process purposefully for their learning and growth.

In line with Jacobs (2010), we believe that support and guidance are essential in addition to space for personal learning and experimentation. Support should perhaps even be provided ‘on the job’ to prevent researchers from drowning in their internal struggle and engagement. Such a critical companion (Titchen, 2003) can encourage *mindsight* and reflection, enabling the necessary distance to avoid becoming trapped in configurations.

Finally, we think it is time that participatory research is represented in a more honest way. The messiness of participatory research should not be polished into nice smooth paragraphs; unrealistic images represented in terms of propositional knowledge do not give (novice) researchers a clear picture of what this sort of research entails in practice. Let us be honest and vulnerable about our wrestling and searching, struggling and striving, because there are no easy answers.

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