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Main Article:

Rethinking Interventionist Research: Navigating Oppositional Networks in a Danish Hospital

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Abstract

This article reports on a researcher's experience of being invited to improve upon an organisational situation in a hospital in Denmark. Being engaged with different networks of participants in the organisational situation, the researcher found himself wrapped up in various agendas, with different sections of the staff trying to persuade him to support their own respective interests. The article theorises these persuasions as "seductions." Consequently, the task of the researcher involves selecting, prioritising, and working upon his connections with various networks, while each continues to represent a different set of values, expectations, interests, and experiences. Based on this conceptualisation, the article interrogates the notion of interventionist research. Intervention is not limited only to a simple one-way causation where the interventionist does something useful in a studied field; it also involves engagement with multiple networks present in the field, each of which tries to seduce the researcher in order to befriend this potentially powerful collaborator. Using the term "interference," rather than intervention, to represent the researcher's action, the article suggests that the researcher is often not able to control the effect of his or her action unilaterally. Neither is the researcher able to establish an overarching perspective which can be used to evaluate the final outcome. The article calls for fresh thinking on how a researcher may be engaged usefully in an organisational situation, working within the boundaries defined by the institutional logic, confronting the seductions from multiple sources, and still seeking to maintain a ground that justifies one's identity as a researcher.

Keywords: intervention; interference; seduction; accreditation; actor-network theory; ethnography; sorting attachments; participative research

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1. Introduction

During recent years, there has been a growing awareness in social science that ethnography and intervention are not distinct, but intermingled practices. Approaches such as *practice research* (Dreier, 2009) and *action research* (Farren, 2008) have been given renewed attention. These approaches consider doing ethnography as a matter not just of describing practices, but of changing certain aspects of them. Doing an ethnographic study inevitably interferes with the field studied. In other words, intervening is not just a choice, but a condition of ethnographic research (Henriksen, 2002; Mesman, 2007). I am a researcher who, based on ethnographic observations and with a particular interest in materiality and physical conditions, describes practices (Latour, 2005, p. 21). However, in this study, I draw attention to my own effort to interfere, as an intentional act, in order to make a difference to those being observed. The article presents critical reflections on my intervention in a hospital in Denmark that was going through an accreditation process. I scrutinise the way I negotiate and operate in close collaboration with the professionals in the studied field in order to maintain professional engagement. However, acting in close collaboration with practitioners to make a difference is not without difficulties.

Interventionist research is increasingly seen as commendable, active, and useful, whereas descriptive research is seen as passive, detached, and ivory-tower-like. In a scientific context, the notions of “mode 2 research” (Nowotny, Scott, & Gibbons, 2003) and “engaged scholarship” (Van de Ven, 2007) characterise this endeavour. There is a class of research-like engagements known as “participative inquiry” (Reason, 1998), which includes specific approaches such as “appreciative inquiry” (Cooperrider & Srivastva, 1987), “action science” (Argyris & Schön, 1996), “co-operative inquiry” (Heron, 1988), and “participative action research” (Fals-Borda & Rahman, 1991).

This study challenges the dichotomy between participative research and passive, detached, ivory-tower research by reflecting on the complexities of intervention. My intention is to untangle the implication of intervention by asking: What kinds of connection are produced among the social researcher and a number of other participants in the field studied? And what do these connections bring with them?

Some years ago, I worked as a development consultant close to the central administration of a hospital in Denmark. In this role, I was involved in a controversy among managers, nurses, and doctors in the postnatal ward. Soon I was wrapped up in various agendas. Public health care has been described as comprised of multiple complex networks which interact and transform in subtle ways (Knudsen & Vinge, 2002). I was invited as a researcher by a number of parties. Researchers are potentially good allies and often a number of parties try to invite and persuade them. In the hallways, I experienced advice on where to focus whispered in my ear. I investigate the potentials of these invitations and theorise them as *seductions*. Here I must be precise about my role. I was working in

the development department as a consultant, although my approach to this task was as a researcher. This has to do with the fact that I had just finished my PhD. The focus of this article is the engagement the researcher has with various actors and groupings, and the effects this produces.

2. Tracing Associations in the Studied Field

Internationally, during the last 25 years, science and technology studies (STS) has achieved the status of a relatively stable and comprehensive interdisciplinary research field. Within the framework of its own conferences, research centres, and teaching programmes, sociologists, social psychologists, philosophers, anthropologists, and others meet with a number of convergent interests under the STS banner. The interests converge on thorough, situated, and empirical studies of technology and science and its social, political, and cultural possibilities and conditions in different spatial and temporal contexts. Actor-network theory (ANT) is perhaps the most well-known theoretical and methodological construction within STS.

Bruno Latour, one of the leading contributors to the development of ANT, enjoins that the social researcher ought to describe what he or she observes and stay with that, instead of taking the point of departure in dubious presumptions on what it means to be helpful (Latour, 2005, p. 141). The point is, social research does not know what it implies to be helpful and it does not even know whether intended helpfulness is more helpful than describing practices and presenting those descriptions for the observed. In an actor-network perspective, the researcher intervenes whether he/she thinks so or not. But the question whether active discussion of the researcher's observations with the persons in the field studied, that is, intervention by volition, is more or less helpful than just making good written descriptions is an open question, which this article addresses.

According to Latour, ANT offers an alternative to most social research. He distinguishes between two research strategies: the first, he calls "sociology of the social" and his own, which he denotes "sociology of associations." The argument is, in brief, that we cannot take our starting point in the social per se and use this to explain social phenomena. Why? The problem is, according to Latour, the social signifies a substance and also a movement between non-human entities. When the social is seen as a substance it loses the ability to associate. When it is seen as a movement it disappears too, because it only exists, in the moment where something is associated (Latour, 2005, p. 159). Instead, Latour argues, the challenge is to explore how actor-networks are established by following heterogeneous associations--associations between human and non-human *actants*. Thus the social is defined as "not as a special domain, a specific realm, or a particular sort of thing, but only as a very peculiar movement of re-association and reassembling" (Latour, 2005, p. 7). If we accept this premise, we cannot understand the empirical challenges that this article addresses, namely the connections between research practice, accreditation, and job-resignations, by taking our starting point in a separation between social domains (research practice, job-resignations) and a technological domain (accreditation). Objects as well as subjects can only be understood in their specific interweaving over time and in striving to solve certain specific problems and tasks. According to Latour, the researcher should

follow associations in the studied field rather than a priori introduce his/her own framings. This idea has inspired the analysis presented in this article.

3. Research Strategy

The ideas of *new public management* (NPM) and *evidenced-based practice* are necessary to understand the research context and the methodological challenge of this study. NPM refers to a number of change strategies in private as well as public service operations, which have been practised during the last 25 years in the Western societies. It is based on a criticism of bureaucracy and the idea that it ought to be leaner, simpler, more competitive, and more market-controlled (Christensen & Lægheid, 1999; Klausen, 2001, p. 44). Ideas of audit society, accreditation, and evaluation are closely linked to NPM.

Although evidence-based practice was originally an ambition in medical research, it has been closely linked to the politically initiated streamlining of the public health sector in Denmark. The intention in evidence-based practice is to document the effect of certain treatment strategies, as well as apply this in clinical decision processes (Møhl & La Cour, 2008, p. 127). The movement is initiated in the UK and the USA and has led to a number of reference programmes and treatment proposals, which the Danish health authorities have recently launched on their Web site (www.sundhedsstyrelsen.dk). In practice, evidence-based practice produces conflicts among professionals. This has to do with the fact that universal standards can compromise professional autonomy, while seeking to routinise work practices. There is a need to do more research in order to understand the effects of evidence-based practice in health care.

Taking actor-network theory as a starting point, my aim is to describe and reflect on what I observed in the field during an accreditation process, not as a fly on the wall, but as somebody who actively engages with a number of persons and groups involved in the field. Viewed from an STS perspective, intervention takes place as an exchange between many networks whereby a number of transformations may be occasioned. These might be seen as many-way causations where a number of actors constantly persuade, negotiate, and influence each other in order to achieve multiple overlapping goals and spread their own agendas, ideas, and aspirations (Zuiderent-Jerak & Jensen 2007, p. 232). Jensen argues:

A performative approach would be concerned with the specific elements, which the researcher attempts “to make cohere” in theory and practice, and which kind of “event” this occasions. I refer to this process as *sorting attachments*. Sorting refers here to the practical activity of figuring out how to engage with other organizations, institutions or agendas as part of conducting research. The term *attachments* points to the fact that no such engagement is innocent, since all actors come packaged with sets of cultural, political and economic relationships as well as institutionally sanctioned commitments. (Jensen, 2007, p. 239)

Zuiderent-Jerak and Jensen propose that intervenors ought to ask themselves, “Which partial connections with the field do my approach, discourse and activities strengthen? Which partial disconnections do they establish? And what kinds of normativities are enacted through these?” (Zuiderent-Jerak & Jensen 2007, p. 232). These questions have guided my study.

Since I was invited into discussions by several factions in the postnatal ward, I needed to figure out how to engage with different parties and to clarify the normative commitments tied to these invitations. This job may be conceptualised as what Jensen (2007) refers to as “sorting attachments.” Critically, this notion may be seen as too optimistic. One may query whether the researcher is able to establish this kind of overview. However, I believe, the notion of sorting attachments is helpful in reflecting on connections with various actor-networks and, as such, it contributes both to the discussion of useful social research as well as the difficulties in interventionist research. In a broader perspective, sorting attachments may also be useful in seeking a ground in interventionist research that justifies the role and identity of a researcher. The strength of this notion is that it elucidates the incoherence, as well as the many oppositional agendas, which characterise organisational fields. In the specific case, what I initially wanted to make cohere was an increased focus on the effects of accreditation mixed with reconciliation among professionals and managers. This challenge gave me a special reason to do more than describing. Moreover, I was invited not only to make descriptions of networks, but also to participate and lead discussions.

In my study, I follow the suggestion by Lynch (2009) to enact participation through a number of *local-interactional spaces*--spaces and opportunities where the researcher may reflect on his or her observations with those being studied. This approach emphasises that being there and communicating with those involved makes a difference. In this operational strategy, intervention may be considered a form of ongoing explicit reflection on the part of the researcher, while interacting and communicating, in this case, with a number of networks consisting of managers, doctors, and nurses.

4. Local-Interactional Spaces in the Postnatal Ward

During 2000-2005, the hospitals in Copenhagen went through a process of accreditation. “Accreditation” is part of the new public management (NPM) discourse, which is able to challenge the dominant tradition of professional autonomy. All procedures in a hospital were to be based on standards, clinical descriptions, and evidence-based practices. An international institution of good reputation was to evaluate this and grant the status of an accredited hospital, that is, a well-managed high-quality hospital.

The accreditation process led to some complications at the hospital where I was involved. I observed that it led to a conflict over clinical descriptions in the postnatal ward. Clinical descriptions are generally handled by experienced nurses. This is an area where evidence-based practices pointed out by the health authorities may not be accepted by experienced professionals. The conflict over clinical descriptions at the hospital gave rise to opposing

networks of nurses. From March 2004, some senior doctors and nurses started giving notice of job-resignation.

The hospital has a hierarchical organisation. There are three centres at the hospital. The case study refers to the surgical centre. The postnatal ward is in one of the several clinics in the surgical centre.



Figure 1. Organisational relations (showing the surgical centre and the postnatal ward).

4.1 First Space: Initial Discussions With Management

One day I was called by the Senior Managing Nurse (see Figure 1). She wanted to tell me about what she called her “difficult work situation.” I invited her to my office. She told me about the resistance she experienced among nurses in relation to “very urgent initiatives that had to do with preparing for the accreditation.” The Senior Managing Nurse had been working for several years in the pharmacological industry and was appointed to the hospital less than 2 years earlier. She wanted to get rid of what she called the “old fashioned traditions and lack of relevant leadership in the postnatal ward.” She invited me for a meeting with the clinic management group in the obstetrics clinic, which I accepted. The clinic management group comprises the Clinic Manager, who is a medical doctor, the Senior Managing Nurse, and the Midwife Manager.

I became aware that I was invited to this meeting by the Senior Managing Nurse to mollify resistances (Latour, 1991; Lewin, 1948; Vikkelsø, 2007). I saw this as a minor inconvenience compared to the opportunity to influence local networks. In conversations with the Managing Director of the hospital (see Figure 1), I had already heard about the difficult situation in the postnatal ward. The Managing Director encouraged me in the hallways to do my best in this difficult situation.

Some days later, the topic of ongoing job-resignations came up at the clinic management meeting. The Clinic Manager opened the meeting by stating that he preferred to delay any discussion of job-resignations and work environment until the accreditation was completed. He feared that taking up the issue of job-resignation and work environment would disturb the momentum. He said:

In this area there are one, or perhaps two, hospitals too many. An outcome of accreditation could be the closure of one hospital and a number of clinics. It is reasonable to presume that it is the less sophisticated hospitals and clinics that are closed. We are under heavy pressure to come successfully through the accreditation. (Field notes, January 2005)

In spite of this, the Senior Managing Nurse and the Midwife Manager insisted on immediate action. They argued that something had to be done about the work environment, otherwise the ward would not only continue to lose people, but also lose its long-term credibility among obstetrics professionals. It was decided to invite all nurses to two meetings to discuss work environment and job-resignations. I was asked to lead the meetings.

4.2 Second Space: Meeting the Nurses

The first meeting was organised as a roundtable discussion and the second meeting was organised as group discussions. The Centre Manager (see Figure 1) and the Clinic Manager opened the first meeting. They emphasised that everybody was to be heard and that they genuinely wanted to do something about the job-resignations. I had planned to give everybody the opportunity to tell what it was like to work in the ward. This turned out to be surprisingly emotional. Some nurses stated they felt like staying at home and some announced they did not sleep at night. A narrative of two oppositional networks of nurses appeared to emerge during the roundtable discussion. In the following, I refer to these networks as “evidence-based nurses” and “traditionalists.” Of course, these labels given by me exclude a number of details, but, on the other hand, they embrace some important differences. The labels refer to repeated descriptions given by a number of actors in the field. These two networks appeared to live together in tension. The nurses representing these different positions and orderings disagreed about important aspects of their common routines, for instance, on how to initiate breast feeding, maintain hygienic procedures, and so forth. One of the networks maintained that the postnatal ward should adapt their practice to clinical descriptions based on evidence-based practices. This was contested by the Senior Managing Nurse and three young and newly educated nurses. These nurses felt they were being bullied and it came up that some nurses were not able to attend the workplace at the same time. Soon it appeared that the Assistant Matron was adroit at constructing ingenious rotas, which ensured that certain individuals were never on duty at the same time. The traditionalist nurses valued existing knowledge in the ward. They supported the Assistant Matron and maintained she was treated unjustly by the Senior Managing Nurse. They expressed resentment because the Senior Managing Nurse did not listen, and they stated that she ought to be more sensitive. In comparison, the

Assistant Matron was constructed as a “large hearted” leader and nurse, and an asset for the mothers and their babies.

At the second meeting, the nurses were asked to discuss the following topic in groups: “What to do about the situation in the postnatal ward?” Some of the traditionalists stated that the Senior Managing Nurse and the Assistant Matron ought to solve what was now articulated as “their mutual communication problem” by involving a third party in a mediator role. Moreover, the traditionalists proposed that a third person ought to interview all nurses in order to provide a more comprehensive description of the work environment. Later I recognised that the nurses’ union had a representative standing outside the door to attend to any member who might be offended or emotionally hurt during the meeting. At that moment, I was beginning to conceive the tension as influenced by the accreditation requirements. What I mean is that the discontent I witnessed was connected to the lack of clear authorisation and the generally messy organising of the making of clinical descriptions. I considered this as an organisational problem, although it was interpreted in the meeting as a communication problem between the Senior Managing Nurse and the Assistant Matron. The meeting also brought out widespread concerns regarding fairness in the organisation. The traditionalists wanted to make public the unfairness they experienced. They argued that interviewing could be an important element in bringing about reconciliation. This led me to individually interview some of the traditionalist and evidence-based nurses.

4.3 Interviews: Traditionalists and Evidence-Based Nurses

By interviewing the traditionalists, I got detailed accounts of their resentments, hopelessness, and perceptions of being treated unfairly. The nurses were worried and frustrated because the Assistant Matron was treated unfairly. Moreover they found themselves by-passed in the current construction of clinical descriptions. Four traditionalists announced they would also leave the ward if the Assistant Matron were to be ever discharged.

For the first time, I had the opportunity to meet the evidence-based nurses. They wanted to develop existing routines, build a modern ward, implement instructions from the health authorities, and replace the Assistant Matron with a professional manager. I found myself sympathetic to the evidence-based nurses. They argued convincingly, whereas the traditionalists seemed to be obstinate. At this point, I was becoming aware of my own predisposition towards the tenets of new public management (NPM).

4.4 Third Space: Discussing Communication Problems

I planned four mediation meetings between the Senior Managing Nurse and the Assistant Matron. The Assistant Matron announced that she would bring along her Deputy Head. At the first meeting they respectively articulated the “communication problem.” The Senior Managing Nurse and the Assistant Matron practically did not talk during everyday work days. The Assistant Matron regretted that the Senior Managing Nurse did not appreciate her efforts and asserted that she was ignored. The Senior Managing Nurse, on

the other hand, stated that the Assistant Matron did not do the job well; she said: “You are an excellent nurse, but not a good leader and leadership is what is needed at the moment.”

The Deputy Head reported that the usual work space of the Assistant Matron, that is, a highly visible glass cage at the end of the central hallway, has recently been assigned to another nurse. She managed the writing of the clinical descriptions. This glass cage may be seen as a public show window for passers-by and a humiliation of the Assistant Matron. The traditionalists found this disgraceful among other things because “dignity” was simultaneously promoted on T-shirts all over the hospital as the key notion in a new value statement.

At the second meeting, the Senior Managing Nurse and the Assistant Matron both considered and wrote down a number of action proposals in relation to their mutual communication. At the third meeting, they were requested to appreciate and put forward a few of the proposals written by the other on a flip-board. The Assistant Matron standing in front of the flip-board was not able to comment positively on any of the 12 quite specific action proposals given by the Senior Managing Nurse. For instance, one proposal was: “A weekly meeting between the Senior Managing Nurse and the Assistant Matron, which ensures contact and continuity.”

The Senior Managing Nurse began to generalise from this situation to everyday collaboration in the ward: “This is exactly what happens oftentimes; you are not willing to collaborate.” The third meeting ended when the Assistant Matron left the room followed by the Deputy Head slamming the door behind them. When they had left, we discussed what to do. We decided we should now report to the Centre Manager. He would then have to decide what to do.

4.5 Meeting With the Centre Management

The next morning there was a meeting in the centre management (consisting of a Centre Manager and a Centre Managing Nurse) in which the clinic management group and I participated. After I had made a report on the interviews and on the mediation, the Centre Manager slammed his hand on the table and said stridently, “She [the Assistant Matron] is incompetent.” The Clinic Manager opposed this labelling, but was ignored. The Centre Manager continued, “If she is incompetent, she must leave the job; an Assistant Matron cannot be incompetent.”

Since the Assistant Matron had worked in this position for many years, the Centre Manager proposed that she could be offered an alternative position at the hospital. Nobody protested. Later the Assistant Matron rejected that offer and was dismissed. Due to the breach of labour union agreements, this dismissal was very expensive for the hospital. I believe everybody was surprised that the Centre Manager was able to demonstrate this kind of decisiveness. It is possible that my reports on the meetings in the postnatal ward provided him with the justifications for this decision. It is also possible

that the Centre Manager used the sequences of events as a show trial in order to make his decision appear legitimate (Scott & Davies, 2007).

5. Challenging Tradition

The discussions in the local-interactional spaces elucidate both the discourse of NPM and how the postnatal ward responds to it. The discourse of NPM comes with (a) more or less explicit threats of closing hospitals and clinics, (b) increased focus on written documentation, and (c) new demands on manager competencies. These elements challenge local traditions and beliefs on how to do postnatal nursing in close contact with exhausted mothers and babies. Whereas traditionalists may be argued to be informed by an ethics of physical labour and thus consider clinical descriptions as representing fault lines between theory and practice, between correctness and practicality (Sennett, 2008, p. 45), increased focus on clinical descriptions may very well be seen exactly as part of a strong political reform programme intending to challenge existing professional traditions and procedures (Klausen, 2001; Latour, 1991). My point is that the discussions in the local-interactional spaces elucidate the subtleties of a transformation process, although, I admit, the end of the story is not subtle. The pressure to perform postnatal nursing according to the health authorities' instructions (i.e., correctness) challenge the ethics of labour (i.e., practicality) and produce resistance and thus engender a number of actor-networks (Law & Moser, 2003). The evidence-based nurses perform a kind of "vanguard role," whereas the traditionalists safeguard and cherish existing traditions and practices. I am not arguing that traditionalists are hidebound nor that they refuse the principle of clinical descriptions. While they generally support clinical descriptions, they value the traditions of the ward more. They associate the traditions of the ward with mutual respect, professionalism, and decency. There is a tradition of autonomy in the postnatal ward and the traditionalists resist the heavy-handed management style of the Senior Managing Nurse.

My argument here is that "tradition" and "vanguardism" are actor-networks, which are occasioned as consequences of the political-managerial discourse which formalises hitherto autonomous local traditions. Not surprisingly this is a demanding situation for the researcher to navigate and, as mentioned, the researcher is invited by all these actor-networks as a collaborator to strengthen their agenda. The rest of this article discusses how the researcher may participate usefully by making connections with these networks based on one's identity as a researcher.

6. Interference and Seduction

This study indicates that the notion of intervention may be considered too preordained to elucidate what is occasioned when social researchers have ambitions to be useful. The notion of intervention brings with it the idea of one-way causation where the interventionist does something helpful beyond the forces of the field, based on an extraordinarily sensitive body (Schein, 1987, 1999). Schein argues, for instance:

In my own experience, it is the observed anomalies, blank looks in response to simple questions, defensive denials and counterarguments, and various other kinds of emotional responses that occur in reaction to my own behaviour that are the most valuable sources of insight into what is going on. (Schein, 1987, p. 30)

The notion of intervention may additionally involve the bringing forth of a completely new order through overt use of power instituted by, for instance, a new paradigm, a new political order, or even military forces. In an actor-network perspective, as well as in light of this case study, this is more misleading than illustrative. Stepping into an organisational space characterised by many interests and agendas, the social researcher needs a vocabulary of modesty, rather than a monolithic vocabulary (Law, 1994). I argue that the notion of *interference* is more adequate. The notion of interference points to the possibility that, rather than one order replacing the other, several orders meet in agony and attempt to convince each other by way of arguments, texts, and other tools. Thus, compared to intervention, the notion of interference provides a more humble description and metaphor of the relations between the social researcher and the field of actors he or she tries to influence. Thus, attention is given to the limited capacity an intervenor would have with respect to initiating any change as per his or her own wish. Moreover, the notion of interference takes away some of the glamour of Schein's long praised process consultant.

I borrow the notion of *seduction* from Baudrillard (1997, p. 31). Etymologically, the Latin *se-ducere* means displacement. Baudrillard articulates seduction as a strategy of leading astray. As used in this analysis, seduction involves the possibility of being led astray. Thus, seduction may point to our subtle intentions in relation to others and it may be a way to talk about emotions and non-rationality in research practice. Social researchers as well as other actors are attracted by ideas, bodies, and materials in the field studied. Whereas, the notion of *interest* may embrace that certain actors have more or less objective goals, the notion of seduction expands this and points toward the performed desires by an actor. This leads back to Latour's ideas about the manoeuvres of scientists in order to mobilise actants (Latour, 1987, p. 104). Initiators in laboratories, Latour argues, lead actants away from their way up till now in order to enrol them in an actor-network. This is done in order to produce a scientific fact and realise the ambitions of the fact-builder. I want to clarify the possible connection between seduction and manipulation by maintaining that, whereas manipulation leads to cynical Machiavellian power games, seduction rather articulates desire as well as aspects of intention, vision, and passion.

In order to illustrate the analytic potential in the notion of seduction, I now take up my entanglement with the Senior Managing Nurse in the postnatal ward. What she did was crucial to the ward, I found. I supported her because of my own approaching realisation of what I believed needed to be done in the ward, but also because she convinced me that something had to be done in the postnatal ward. As already indicated, the top management endorsed her view, but she was unable to act. She was unable to communicate with the Assistant Matron, the Clinic Manager worked against her, and

only a few young nurses supported her. After the meeting in the clinic management group in which I participated, the Clinic Manager accepted to discuss the job-resignations publicly. She convinces not only me but also the Clinic Manager.

This and other examples point to the possibility of analysing the way in which some actors' goals and interests are made attractive to other actors in a network and thus may have some palpable impact. Intervening social researchers may also seduce, endorse, support, and even define the course of some actor-networks and obliterate others. Remember the notion of sorting attachments in Section 3, where I argued that the social researcher has to make clear which parties he/she strengthens and weakens by participating in certain ways. Moreover, researchers that wilfully intervene in the fields they study are also seduced. Different groups in the studied field try to make their programmes attractive to the social researcher in order to ally themselves with this potentially powerful collaborator.

By the same token, social researchers try to avoid being involved in endeavours they do not find interesting or convincing. This point may be illustrated by the situation at the second personnel meeting where the traditionalists try to coax me into making a thorough description of the unfairness they experience. No doubt, in principle, I find this invitation and proposal well-founded. Nevertheless it was a challenge for me to connect to the normativity of the traditionalists. One way to explain this is that I was already engaged in a more or less oppositional task. Another is that I was unable to attach myself to values such as "large-heartedness." I am not arguing that "dignity" is not desirable, but positioned outside the ward, I found the bitterness in the postnatal ward revengeful and, at the time, I was convinced this was a hindrance for an improved work environment. Moreover, at the time, my point of view was that the traditionalists needed to be challenged and I believed it was important to offer some space to young nurses with alternative ideas about how a modern postnatal ward ought to be configured. So, even though interviewing the nurses could be a way of influencing them, interviewing the traditionalists was not what I intended to do. Anyway, I accepted this assignment for tactical reasons. Thus, the notion of seduction points, on one hand, to the sets of professional and personal engagements the social researcher brings into the studied field and, on the other hand, the notion of seduction is vigilant to the fact that the social researcher is influenced by forces in the studied field such as invitations and persuasions.

Apparently the discussions in the local-interactional spaces influenced the Centre Manager and provided him with the legitimacy to frame the Assistant Matron as incompetent and dismiss her. This dismissal led to a reconfiguration of the networks in the postnatal ward in favour of the evidence-based nurses. The case study may be seen as a power struggle where the evidence-based nurses, NPM, and the accreditation process, turn out to be victors, supported by the social researcher. This case draws attention to the cunning way transformation in health care is instituted.

The case also helps to reflect on two important aspects of research practice when the researcher aspires to intervene in an institutional field: (a) the institutional sanctions on the commitment of the social researcher and (b) the way the researcher is tethered to the

institution during the study. The social researcher in this case strengthens and supports the evidence-based nurses and the Senior Managing Nurse in relation to the questions of work environment, job-resignation, and the making of clinical descriptions. The social researcher is also tethered to the institutional logic of the centre and the ward. Ultimately the commitment of the social researcher appears to be seduced by forces in the field and ironically he steps forward as a pioneer for NPM and accreditation.

7. Discussion and Perspective

One important effect of the researcher's interference, which I have already argued, is that the Assistant Matron is dismissed because the Centre Manager demonstrates a new kind of decisiveness. This is, as mentioned, an important change of ground, which, to some degree, transforms the interaction among nurses. Depending on the point of view one adopts, dismissing an Assistant Matron after many years of service may be seen as a success or a defeat. The dismissal produced difficulties for those outside the discussions who had to disentangle the situation with an astonished labour union. It may be reasonable to state that the discussions throughout this case study expedited the dismissal, but it did not make it elegant. It may be problematic that this kind of painful decision is legitimised in the name of social research. On the other hand, the decision helped the different networks in the field to start functioning once again to ensure long-term survival of the hospital. Taking up this question as a moral issue is beyond the purpose of this article and I will lay it aside here.

From an analytical point of view, what may be problematic about the participation of the social researcher is not the dismissal of the Assistant Matron. Rather, what may be seen as problematic is the fact that the researcher's approaches, commitments, and choices are not articulated clearly and publicly for those being studied. On the other hand, drawing on actor-network theory and semiotics, it is not possible to make this kind of announcements in a way that provides the same understanding to everybody (Law, 2004). But this can hardly be an argument for not trying to make the commitment of the researcher as clear as possible in order to give space for criticism. Moreover, in relation to this case study, it may be criticised that a thorough description of the traditionalist network was never fully made. It is reasonable to posit that the outcome of the discussions would have been different if a detailed and respectful description of the traditionalists' network was presented by the researcher to the Centre Manager. This opens up the possibility that the participating social researcher is indeed influential and emphasises the most important argument of this article, that is, participating in the field studied may be illustrated as mutual seduction and that the researcher may participate usefully by confronting and reflecting on the seductions from multiple sources, and maintain a ground that justifies one's identity as a researcher.

This raises ethical as well as practical questions. Vikkelsø (2007) argues that the social researcher ought to stay out of so-called "proactive STS," that is, projects where the researcher is invited by one party to fight resistances. She proposes that the social researcher keeps to good descriptions, which are descriptions that connect local and central networks. Moreover she argues that written descriptions such as executive

summaries may be powerful tools for intervention and discussion. The fact that written descriptions may be refused, criticised, and corrected are pivotal advantages in order to curb seduction and consider the interests of all parties, but something is missed if the researcher is only making reports and presentations. I am not arguing that the intervenor should hide his/her predisposition, neither that normativity should ideally vanish. Rather, like Harraway (1991), I argue for “strong objectivism,” which means that the researcher should situate oneself and clearly demarcate backgrounds, assumptions, and engagements. Even though the social researcher in this case was part of the staff and in that sense was clearly embedded in a management discourse, the case demonstrates that an alliance between a social researcher and the management may be a difficult constellation.

Thus this case study has appeared to be a challenging and provocative endeavour which has led to an understanding of subtle aspects of the kind of transformation the idea of accreditation embraces. Moreover the analysis has provided an unveiling picture of a predisposed social scientist’s ambition to intervene. Being attentive to the detailed effects of interference is indisputably valuable, but acting as a passionate agent, who spreads agendas, ideas, and engagements in the field studied will, in the worst case, have long-term damaging consequences for the credibility of social research. On the other hand, the conclusion cannot be that social research should be dispassionate. Rather this analysis points to the condition that the social researcher is not able to control the effect of one’s interference unilaterally. Moreover the social researcher is not able to establish an overview which can lead to a judgement on the value of the research process and the effects produced in the field studied.

8. Conclusion

The focus in this article is on methodological reflections on opportunities and hindrances in intervening as a researcher. Studies of intervention from an STS perspective are interested in the implication of the research for those being studied. While some ethnographers may be criticised for pretending to be simply a “fly on the wall,” classical social psychologists may be criticised for seeing intervention as one-way causation and be too optimistic about their own capability to influence (Schein, 1987, p. 30). In contrast to these perspectives, actor-network theory directs attention to the meeting of multiple agendas and goals, and the effects produced. The questions discussed in the article are: How can we open up a discussion of the complexities of intervention? What does it imply to intervene willfully as a researcher compared to simply observe and make written description in the field?

In this case study, the researcher was seduced by a number of actor-networks. The notion of “sorting attachments” is applied in the analysis to reflect on the researcher’s struggle to define his participation and identify weaker and stronger connections to parties in the studied field. The researcher thus strengthens some actors’ perspective and weakens others’ simply by participating in the field. The case study is ordered as discussions in three local-interactional spaces: (a) discussion with the management, (b) discussion with nurses, and (c) discussion with two managing nurses. The postnatal ward is under

pressure due to accreditation, which demands increased written documentation of work procedures and new types of manager-competencies. This transformation leads to an increasing number of job-resignations from doctors and nurses, which again is related to closure threats in the wake of accreditation. A number of actor-networks are identified in the case study: (a) traditionalists, who value existing practices and procedures, (b) evidence-based nurses, who constitute a kind of modernisation vanguard, and (c) managers yielding to the pressure of accreditation. This last point refers to several observations based on which the managers may even be seen as hypocritical. Hypocrisy has been defined as a split between talk, decision, and action (Brunsson, 2003). The Managing Director whispers in my ear that I should do my best, but does nothing himself. The Centre Manager supports discussions of work environment and soon after decides to dismiss an Assistant Matron. The Clinic Manager does not believe it is the right time for discussions on the work environment, but does not argue convincingly against it. These three networks are argued to be arising from the demands of accreditation and they constitute exactly the actor-networks that the researcher sorts among, and relates to, in his effort to produce reconciliation.

It is argued that the interference and participation of the social researcher have effects. Those effects are folded by complex transformation among the political-managerial program of accreditation and a number of local actor-networks. Thus the argument is that the ambition of the social researcher to interfere cannot be seen as either deliberately enacted or as completely determined by forces in the field. Rather they emerge while the researcher is bound to the discourse of the postnatal ward. In order to articulate and cultivate this potential space of influence, the article proposes the notions of seduction and interference.

The notion of interference points to the possibility that the intervenor acts in a field of many-way causation and elucidates that the commitment of the social researcher is not fixed, rather the effects of the intervention are occasioned and institutionally sanctioned in the meeting with a number of networks. The notion of seduction points to the possibility that the intervening researcher steps into a space, where many actors more or less passionately try to install their own engagements as attractive to other actors. Moreover, throughout this endeavour, social researchers can be good allies for members in the field. Social researchers are invited, that is, seduced, by a number of parties in the studied field, but researchers also actively seduce the studied networks based on their own engagements and ambitions.

In a broader context, this article questions the common rhetoric that research should be applicable and it ought to contribute to society. Social researchers intending to be useful can find themselves in situations where the effects of their engagements can be led in multiple directions by the agents involved in the studied field. The article points to the need to clarify what it means for social research to be useful and for whom it is useful and with what consequences for others.

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