

**Participatory Evaluation: An Action Research Intervention to  
Improve Training Effectiveness**

**Thesis submitted in accordance with the requirements of the**



**for the degree of**

**Doctor of Business Administration (DBA)**

*by*

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## Declaration

*No portion of this work has been submitted in support of an application for degree or qualification of this or any other University or institution of learning.*

*Signature: Gosim Martin Onu Chukwu*

# Abstract

**Author:** Gosim Martin Onu Chukwu

**Title of Thesis:** “Participatory evaluation: an action research intervention to improve training effectiveness”

**Background:** The managers of Zenith Medical Centre, a Nigerian hospital, desired to experiment a change to a process of evaluation that could improve training effectiveness for all stakeholders. Concern about evaluating training for effectiveness is not new. The past 50 years have witnessed a growing number of evaluation methods developed by scholars and practitioners to provide human resource development (HRD) professionals with alternatives for measuring training outcomes. However, investigation on the uses of evaluation data to improve training outcomes from the perspectives of divergent stakeholders is limited. Participatory evaluation (PE) through action research (AR) intervention was particularly considered as a viable means of improving training effectiveness by increased use of evaluation data.

**Aims of the Investigation:** The aims of the intervention were to deepen insight and understanding of PE from the perspectives of stakeholders, practically implement a change of the evaluation system and produce new knowledge for the action research community.

**Design/Methodology/Approach:** The action research approach was used from a social constructionist perspective to engage training stakeholders in the organization as participants. This perspective required working in the participatory action research (PAR) mode. Therefore, the project followed a cyclical process model (CPM) of the AR iterative process of constructing, planning, acting and evaluating. The CPM model was to accommodate the quality principles for using theory to both guide issue diagnosis and reflection on the intervention. Data on participatory evaluation were generated through focus groups and one-on-one interviews and analyzed using template analysis.

**Findings:** By identifying and discussing their stakes, contributions and inducements in training, participants were able to reflect on their own learning, gain insight into their own work situation by sharing experiences and these facilitated peer and management support. The results were deeper insight into training evaluation; change in behavior and perceptions; and the use of quality data to improve training design, delivery and participation. The participatory process also enabled participants to learn self-direction and self-management by becoming aware of discussing problems or issues of concern to them in the workplace, group coherence and social support. Profoundly, all levels of stakeholders tried actively to change their working conditions by participating in action research activities.

**Implications:** The study has implications for research and practice in three perspectives: First-person implications of deepening the researcher's understanding and knowledge and providing professional development for his practice; second-person implications of deepening understanding and knowledge and providing improved day-to-day practice for the participants, practical solutions to the issue and organizational learning for the client; and third-person implication of providing specific knowledge for the wider action research community.

**Limitations:** The research does not cover the political implications of the findings and opportunities they create for further research. It is limited to evaluation process while leaving out organizational decision making which is another factor affecting the utilization of evaluation data. Future studies should consider the question of what happens if the process of evaluation is right but the organizational politics or decision making structures hinders evaluation use.

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**Abstract:** 503

**Keywords:** Action research; focus group; participatory action research; participatory evaluation

## Dedication

*In memory of my mother, Uzoneme,  
who toiled for the hope  
but never lived to see it realized*

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## Abbreviations

AR – action research

CAL – critical action learning

CFR – Commander of the Federal Republic

CPM – cyclical process model

DBA – Doctor of Business Administration

DDP – doctoral development plan

FRSC – Federal Road Safety Commission

HEFAMAA – Lagos State Health Facilities Monitoring and Accreditation Agency

HMOs – Health Maintenance Organizations

HRD – human resource development

IPs – Individual Projects

LRT – Lune Rivers Trust

LTSI – Learning Transfer System Inventory model

MBA – Master of Business Administration

MPH – Masters in Public Health

NHIS – National Health Insurance Scheme

NHS – National Health Service (UK)

OD – organizational development

PAR – participatory action research

PATEM – participatory training evaluation method

PE – participatory evaluation

P-PE – practical participatory evaluation

ROI – return on investment

TKM – The Kirkpatrick Model

TNA – training need assessment

T-PE – transformative participatory evaluation

UK – United Kingdom

ZMC – Zenith Medical Centre (Hospital and Maternity Home)

# Chapter 1: Purpose and Rationale of the Research

## 1.1 Introduction

Utilization is an emerging development in evaluation practice. Participatory evaluation (PE) could be a powerful method to increase the generation and uses of evaluation data to improve program outcomes from the perspectives of all stakeholders. Interest in the measurement of training outcomes, in particular, is not new. A growing number of evaluation methods developed by scholars and practitioners to provide human resource development (HRD) professionals with alternatives for measuring training outcomes have emerged over the past 50 years. However, the concentration has been more on design, processes and variables for judging the success of training programs often based on employee attitudes rather than on using evaluation data to improve training. The little attention paid to evaluation utilization has created a gap in knowledge and limited practice development.

Speculations as to why it appears more difficult for employees to quickly transfer learning outcomes from training to improve organizational performance are rife in existing research. While The Kirkpatrick Model (TKM) – perhaps the most frequently referenced work on training evaluation – has been criticized regarding constructs in terms of current reality (e.g. Holton, 1996; Noe & Schmitt, 1986), neither models built on these critiques nor those based on the original model have taken all stakeholder dimensions into consideration. Bates (2004) argues that despite its popularity for more than 40 years, the Kirkpatrick model makes it unclear, “in the absence of more contextual information, whether the training program was not designed in ways that fostered effective transfer or whether other input factors blocked skill application” (2004:342). Postulating that training evaluation clients and stakeholders desire to know “whether a training program’s success or failure is a function of contextual factors such as proper equipment, adequate resources, organizational culture, performance consequences, managerial expectations and support, or other key input factors”, Bates (2004) identifies “the incompleteness of the model, the assumption of causality, and the assumption of increasing

importance of information as the levels of outcomes are ascended” as major limitations of the Kirkpatrick model (2004:342).

Despite attempts to update the Kirkpatrick’s model in response to mounting criticisms (Kirkpatrick, 1996/2006), gaps still exist in that investigation into the uses of evaluation data to improve training outcomes from the perspectives of divergent stakeholders is limited (Bober & Bartlett, 2004). Firstly, training is in most cases generally regarded as a matter of faith – a belief that training must always result in better performance; secondly, the understanding and importance of using evaluation results correctly is limited in both macro and organizational levels (Lewis, 1997; Guerci, Bartezzaghi & Solari, 2010). There is therefore a need for my current study of participatory evaluation, through an action research intervention, to address the resulting shallowness of evaluation utilization in one of my client organizations.

## **1.2 Background of the Study**

The management of Zenith Medical Centre (ZMC), a medium-sized Nigerian private hospital and maternity home (Figure 1.1) desired to experiment with a change to a process of evaluation that could improve training effectiveness for all stakeholders. The need was prompted by what the management considered undesirable level of improvement of training effectiveness following previous evaluations in the hospital which was usually conducted by a management executive and seldom used for top management decision making.

Zenith Medical Centre is dedicated to providing quality healthcare services to clients. As healthcare specialists, the hospital partners with clients to identify their healthcare needs and empower them to not only attain but also retain optimum health. The management of ZMC believes that by empowering the client, he or she enjoys a longer, healthier life that leads to higher productivity. Their size notwithstanding, the hospital is licensed and fully-equipped to provide a range of healthcare services including general health management, general surgery, child welfare/immunization, ante-natal and post-natal care, family planning, infertility management, laboratory investigations, ultrasound scanning, corporate medical services,

industrial medical services and specialist care. The hospital's accrediting agencies includes Lagos State Health Facilities Monitoring and Accreditation Agency (HEFAMAA), National Health Insurance Scheme (NHIS), Federal Road Safety Commission (FRSC) and several leading Health Maintenance Organizations (HMOs).

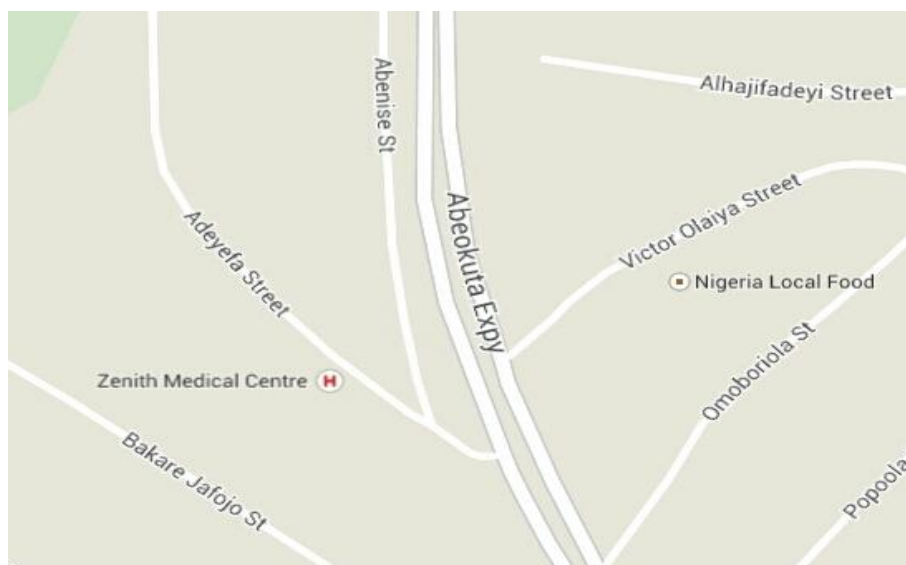
**Figure 1.1 Image of the Hospital Premises**



To succeed in meeting clients' expectations in these services in pursuit of their vision to be one of the top providers of quality healthcare services in Nigeria, ZMC strives to engage and retain well-trained high-calibre of medical and non-medical staff. Their belief in the power of training and development to assist them deliver on their brand promise of providing quality healthcare is guided by their core values captured in the acronym PACT – professionalism, accessibility, customer service and trust. During the course of this intervention I was facilitating a customer service training designed by my firm, Capacity for Africa (CIR Africa Limited) for the hospital. Customer service training has recently been a major concern for the hospital but, as in many other organizations, there has been little or no effort to utilize data generated by the traditional training evaluation method usually conducted by a management staff in improving future training programs (Bates, 2004). Management's desire to change to an evaluation method that would increase training effectiveness for all stakeholders coincided with my search for a suitable field site for an action research intervention for my doctoral (DBA) thesis.

One of the key factors that make customer service training so crucial for the hospital is its geographical location. Zenith Medical Centre is located in a sparsely populated area along the major expressway that connects Abeokuta, the capital city of Ogun State to Ikeja, the capital city of Lagos State (see Figure 1.2). From Abeokuta axis are many small to medium hospitals charging lower fees for lower services while towards Ikeja axis are medium to large hospitals (including a state general hospital, a military hospital and a private tertiary hospital) that offer higher services at higher charges. Management of ZMC therefore believes that only superb customer service would enable it compete successfully under the prevailing circumstances and that effective training for staff is essential for reaching this goal. The hospital's desire coincided with my quest for a suitable field site to conduct an action research intervention on any aspect of my training consultancy practice for the purpose of meeting the partial requirement for the award of a doctorate in business administration (DBA) by the University of Liverpool. The issue of participatory evaluation of training in the hospital provided me the work-based platform to self-study in action towards achieving my personal passion for meta-learning and professional development as a scholar-practitioner which was my impetus to engage in the DBA journey. Being a designer, vendor and facilitator of training for the hospital qualified me for the self-study and as one of their training stakeholders.

**Figure 1.2 Location of Zenith Medical Centre**



Source: Google Maps data, 2014

### **1.3 Why Participatory Evaluation is Worth Studying**

Evaluation is critical to the economic survival of the HRD function and ultimately of the organization (Kelly, Orgel & Baier, 1984). Research findings indicate that perception of training evaluation differs among groups in the organization according to their respective roles in training. For example, line managers perceive training from the angle of sponsors of training, employees from the perspective of participants in training, and training professionals from the viewpoint of providers of training (Michalski & Cousins, 2000). However, training evaluation research and practice have been dominated by a focus on outcomes of completed training programs, or on methods used to assess these outcomes. This focus has largely neglected formative evaluation, which involves evaluating training during design and development. The focus of this intervention is to review existing models of formative evaluation and suggest “an integrative practice” (Brown & Gerhardt, 2002) that is specifically targeted at improving training delivered in work organizations through increased use of evaluation data.

Evaluating in HRD refers to the improvement of programs. Although accountability data are needed and virtually every HRD operation could use data to better justify its existence, the value of HRD is not the main reason to evaluate it. Rather, as Brinkerhoff (1987) argues “when evaluation data are systematically collected and used to make programs work better the ‘proof’ argument tends to take care of itself” (1987:6). I prefer participatory evaluation (PE) to other training evaluation methods because it encourages stakeholder participation in both the collection (generation) and use (utilization) of qualitative evaluation data to improve future training outcomes (Cousins & Earl, 1992).

### **1.4 Why This Action Research Intervention is Worth Doing**

Action research (AR) intervention is considered most appropriate for the study of PE because it aims at organizational or system change as well as consideration and understanding of the ethical framework of the organization (Coghlan & Brannick, 2010). AR will involve training stakeholders in the client organization as co-researchers to achieve action and research at the same time. Therefore, through the AR approach, this study of PE is expected to provide



practical solution to the organizational problem and at the same time contribute to the stream of literature on evaluation utilization by understanding how the increased use of evaluation data, collaboratively generated by representatives of stakeholder groups, improves training effectiveness for the stakeholders. Particularly, participatory action research (PAR) will be followed because this mode of AR improves practice while simultaneously advancing scientific knowledge (Whyte, 1991).

### **1.5 Motivation for the Study**

I was motivated by my development over the years as a scholar-practitioner to study PE through an AR intervention. The critical action learning (CAL) interventions I carried out in my practice as a training consultant in the course of the DBA programme developed in me the passion for attempting new ways of doing things which AR promotes. Moreover, the project is being undertaken at a time training evaluation is a topical issue for my clients. I believe that besides achieving a practical solution and generating new knowledge, the study will further develop my meta-competencies as a scholar-practitioner.

### **1.6 Research Question**

The main purpose of the first component of this study is to implement participatory evaluation (PE) to address the issue of shallowness of evaluation and the second component is to deepen understanding of the process through the action research (AR) approach. The first component will focus on increased evaluation utilization and participation of stakeholders and the second component on the iterative AR cycles of constructing, planning, acting and evaluating.

My main research question incorporating both components of this thesis is:

*“How can we increase the use of evaluation data to improve training effectiveness?”*

To answer this question, I follow PE and AR as they are being adopted and used by different organizations in the context of training consultancy and healthcare industries. This will reflect upon my research journey into the implementation of PE and practice of AR.

## **1.7 Research Objectives**

There are two principal objectives of the intervention, namely:

- To deepen understanding of how participatory evaluation (PE) increases the generation and utilization of training evaluation data;
- To implement a change to PE in the hospital.

In order to achieve these two broad objectives, the research is also expected to:

- Provide learning and insight into the process of PE;
- Change stakeholder perceptions of training and evaluation;
- Lead to the organization of better quality training;
- Produce change in participants' behavior resulting in improved training outcomes.

## **1.8 What the Study Will Contribute to the World of Theory and Practice**

The relevance of the study is that by understanding and practically generating and utilizing quality evaluation data to improve training design, delivery and participation, a dynamic net balance would have been struck between stakeholder contributions (investments) and inducements (expectations) in training. Thus, it would not only contribute to improvements in the Kirkpatrick's model but also encourage both researcher and participants to reflect on their learning, gain insight into their own work situations, self-manage future workplace issues, and achieve group coherence, social support and active participation in change actions. Therefore, the study is expected to have implications for research and practice in three perspectives: first-person – to deepen understanding and knowledge and provide professional development for my practice; second-person – to deepen understanding and knowledge and provide improved day-to-day practice for the participants, practical solutions to the problem and organizational learning for the client; and third-person – to provide specific knowledge for the action research community.

Grounding of action research in the first-person (me), second-person (we) and third-person (they) research in this way has become an acceptable practice (Bradbury & Reason, 2001; Zuber-Skerritt & Fletcher, 2007).

### **1.9 Methodological Considerations**

The second component of the research will address significant issues in relation to methodological debates in AR. I will analyze my own experiences from the research collaboration, draw upon reflexive research methodologies, first-person action research and confessionals. In other words, I will reflect upon a fairly recent trend toward more collaborative and action-oriented research which focuses on integrating research and practice through co-creation of actionable knowledge between researcher and participants. Because of my philosophical stances in subjectivist ontology and social constructionist epistemology, I consider that the AR approach best meets the criteria for conducting the intervention. While there are many AR modes just as there are several participatory evaluation forms, PAR will be used to actualize the spiral cycles of constructing, planning, acting and evaluating action (Coghlan & Brannick, 2010). My choice of PAR over other AR modes is anchored on its ability to combine practical-philosophical function and balance researcher-practitioner co-participation in research (Whyte, 1991; Argyris & Schon, 1991).

### **1.10 How the Thesis is Structured**

After this introductory chapter on the conceptual development and background of the study (Chapter 1), I discuss the context of the key concepts of the study including participatory evaluation, training evaluation, action research, training effectiveness, evaluation utilization and the stakeholder approach from an extensive review of the literature in Chapter 2. The literature on participatory evaluation (PE) was found to be an extension of the stakeholder-based approach with a focus on evaluation utilization (Cousins & Earl, 1992). Action research (AR), particularly participatory action research (PAR), was found as a veritable approach to studying, understanding and implementing participatory evaluation. Notably, PE and PAR are portrayed as similar approaches to evaluation.

In Chapter 3, I take up the ontological, epistemological and methodological considerations as pillars of the action research intervention (Coghlan & Brannick, 2010). Relying on the more current classification of knowledge problematics into objectivism, subjectivism and intersubjectivism (Cunliffe, 2011) rather than the age-long positivist and functionalist research paradigm dichotomy (Burrell & Morgan, 1979) helps me to easily locate my philosophical stance in subjectivism. It is therefore necessary that I also focus on social constructionism which considers meaning-making as a product of human relationships (Gergen & Gergen, 2008) and is compatible with both my underlying research philosophy and the action research approach. To engage in the spiral action research cycles of constructing, planning, acting and evaluating in full collaboration with participants/stakeholders as required by the participatory action research mode, I find focus groups and one-on-one interviews as helpful data generation methods. Using template analysis as thematic style to analyze the data is also a necessary tool to understand the meaning of the data from the perspectives of the participants and therefore localize the knowledge creation process.

Chapter 4 covers my story of and outcomes from the intervention. It includes an account of how I have engaged in the intervention with the participants in four AR cycles from constructing (scanning and problematizing) the issue through to planning and actually taking action to implement the desired change to participatory evaluation in the hospital. It also contains reflective boxes that capture my thinking through my field journal as the project was underway. The chapter concludes with an account of a collaborative evaluation of the action. This includes reflections on lessons learned by participants on the action research process, how their previous views, values or understandings have changed as a result of their participation in the intervention and what they think could have been done better. In Chapter 5 I discuss the research implications (individual and organizational learning) as gleaned from collective reflection and sensemaking on the intervention and how these link back to extant literature including the focal and instrumental theories upon which the research is built. The implications for theory and practice on the research contents, issues and premises are also reflected upon.

I adapted the Johari window as my learning (knowing and discovering) window (Figure 6.1) in Chapter 6 for self reflection and discussion of my meta-learning from the AR intervention. This covers the insights I have about the content and what I have learned about the issue regarding my client organization, my practice and the AR process. It also includes how I have learned to deal with challenges in research and practice relationships. The chapter concludes with a methodological reflection discussing quality of the AR process. This is important because the quality of action research is not judged by the normal criteria of reliability (replicability), objectivity (value-freedom) and generalizability (internal and external validity) with which positivist science is measured. Rather, action researchers are encouraged to establish the criteria by which their research should be evaluated including how they generate, gather, explore and evaluate data and how they question and interpret events through the iterative action research cycles (Coughlan, 2001). I therefore try to provide answers to key questions surrounding the quality of the process I took throughout the intervention and how this has contributed to my meta-learning. In the concluding chapter (Chapter 7), I traced my journey of the action research intervention from what attracted me to study PE through the actual implementation of the change to a reflection on the theoretical and practical implications of the findings. I also pointed out the limitations of the study and opportunities these present for future research.

### **1.11 Chapter Summary**

Knowledge about the uses of evaluation to improve program outcomes is perhaps the most powerful development in evaluation practice (Cousins & Earl, 1992). Participatory evaluation (PE) of training is worth studying because the method offers a greater window of opportunity to engage stakeholders in the generation and utilization of evaluation data to improve training effectiveness. Using the action research (AR) approach for this particular intervention would ensure that the dual objectives of implementing the desired change in the focal organization and generating new knowledge for the action research community are achieved.

## Chapter 2: The Context of Participatory Evaluation

### 2.1 Introduction

Research aimed at improving training effectiveness through participatory evaluation (PE) evokes a number of concepts. This is especially so when action research (AR) intervention is contemplated for the purpose. Smits, Champagne and Blais (2009) has acknowledged regarding participatory evaluation that it is a field that requires strong theories and the exploration of relevant concepts which will assist any effort to track as well as improve its mechanisms and results. Therefore, the first step towards increasing our understanding of participatory evaluation is to conceptualize its dimensions. How does participation by relevant training stakeholders increase utilization of evaluation data? How does this increased use of evaluation data improve training effectiveness? To answer these key research questions and many relevant other concerns in an AR setting where the goals are to generate insight to deepen professional knowledge and improve the practice, quality and uses of training evaluation data in the organization, a foray into the existing body of knowledge in training evaluation, training effectiveness, the stakeholder approach, utilization of evaluation data and participatory evaluation is apt. The purpose of this chapter is to take that foray.

### 2.2 Debates about Training Evaluation and Training Effectiveness

Training evaluation and training effectiveness are “necessarily related” concepts but can be distinguished. Although these terminologies are often used interchangeably in the training evaluation literature, Alvarez, Salas and Garofano (2004) differentiates training evaluation as “a methodological approach for measuring learning outcomes” from training effectiveness as “a theoretical approach for understanding those outcomes” (2004:389). According to this view, the relationship is that while training evaluation measures the extent to which a training program’s desired objectives were met, training effectiveness is the effort to examine the different variables that make the program successful or unsuccessful (Palma, 2008). Such variables might include environmental factors (Jodlbauer et al, 2012; McDermott, et al, 2012),

training program design (Diamantidis & Chatzoglou, 2012) and employee characteristics (Latif, 2012; Noe, 1986; Noe, & Schmitt, 1986).

A number of trainers' attributes that drive training effectiveness, though long recognized in human resource development (HRD) programs literature (Cooper, 1969), have also recently been further explored (Chukwu, 2013; Gan, Lee & Soutar, 2009; Ghosh et al, 2012; Holladay & Quinones, 2008; Mamaqi, Miguel & Olave, 2011). Hence, training effectiveness can rightly be defined as "the study of the individual, training and organizational characteristics that influence the training process before, during and after training" (Alvarez, Salas & Garofano, 2004:389). This guiding definition differentiates the work from the many previous studies of training effectiveness that are based on the traditional post training evaluation.

However, the rather narrow distinction and alignment of the two concepts – training evaluation and training effectiveness – suggest that the best to be desired in training evaluation should be an integration of training effectiveness. This would help determine the factors influencing training outcomes at different levels of the training (Alvarez, Salas and Garofano, 2004). The argument for integration is consistent with Holton's (1996) inclusion of particular effectiveness measures in his training evaluation model in challenge of the Kirkpatrick's four-level model.

In his Learning Transfer System Inventory (LTSI) model, Holton (1996) provides a long list including learner readiness, motivation to transfer, positive and negative personal outcomes, personal capacity to transfer and peer support as training-specific factors that influence individual work performance through learning. He also defines other factors that motivate the transfer of the individual performance to organizational performance such as supervisor support and sanctions, perceived training content validity, transfer design and opportunity for the learner to use the learning. Effort-performance and performance-outcomes expectations, resistance/openness to change, performance self-efficacy and performance coaching are also implicated for influencing organizational performance through learning.

### 2.3 Understanding Training Evaluation

Evaluation of post-training attitudes, skills and knowledge is not new and ensuring the effectiveness of training has long been of serious concern to researchers (Guba & Lincoln, 1981). A 1968 survey of 110 industrial organizations evaluating training conducted by Catanello and Kirkpatrick and reported by Burgoyne and Cooper (1975) revealed that even though organizations were engaged in one form of training or the other, “very few were assessing anything other than trainee reactions” (Foxon, 1989:89). That the concentration has been on trainee reactions may be a little wonder because the human resource development (HRD) literature seems to accept the definition of training as “a planned learning experience designed to bring about permanent change in an individual’s knowledge, attitudes, or skills” (Noe & Schmitt, 1986:497). It has also been acknowledged that most of the intriguing training evaluation research in the early 1980s was focused on the influences on learning of learner dispositions (Holton, 2005). Changes in trainee attitudes as a result of training were subsumed under “learning” in the often cited Kirkpatrick’s evaluation model, and this has been the concentration of most training evaluation research and practice (Bates, 2004). That the trend continued for too long is evident from the concentration of training evaluation research on the Kirkpatrick’s four-level criteria for over 40 years without much change (Saks & Burke, 2012; Twitchell et al, 2000).

Current thinking (e.g. Brown & Gerhardt, 2002; Brown & Sitzmann, 2011) is still trailing the trend by viewing training evaluation as “a systematic process of collecting data in an effort to determine the effectiveness and/or efficiency of training programs and to make decisions about training” with improvement regarding transfer (Saks & Burke, 2012:119). However, this view retains an important element from the original evaluation thinking and design which is that “evaluation must be relevant to decision making” (Carretero-Gomez & Cabrera, 2011:225). Proponents of this “improvement” hypothesis maintain that training evaluation should be positively related to training transfer because, according to this category of researchers, there are advantages accruing to organizations that evaluate their training programs in that, by doing so, they generate information with which to redesign and improve on the programs. Thus, their



training programs will be more effective and at the same time the learning will be more likely to transfer to work performance (Saks & Burke, 2012).

This “improvement” might be necessary because, as Bates (2004) argues in a critique of the Kirkpatrick four-level training evaluation model which focuses on reaction, learning, behaviour and results (Kirkpatrick, 1979), both the summative question concerning whether the training was effective and the formative question about how the training can be modified in order to increase its potential for effectiveness are yet to be adequately addressed by existing research. Alvarez, Salas and Garofano (2004) also posits that the purpose of training interventions is usually concerned with changes in employee attitudes. Based on this outcome-centered concept of summative evaluation, Wang and Wilcox (2006) identified a number of benefits accruable to HRD aside from justifying their budget and the return on investment (ROI) success measurement (Barnett & Mattox, 2010; Phillips, 1997). These include validation of implemented interventions, demonstration of the value of training interventions to organizational decision makers, discovery of areas of training interventions that fail to meet the expectations of stakeholders, provision of opportunities for future improvement and perhaps assisting and supporting future training and HRD investment (Wang & Wilcox, 2006).

### **2.3.1 Forms of Training Evaluation**

Campbell (1998) outlines the simple process of training evaluation in the traditional approach. According to this schema proposed by L’Angelle (1996), evaluation process usually conducted by an expert (internal or external to the organization) is divided into three parts: first, planning of the evaluation; second, collection and interpretation of information/data; and third, preparation of recommendations and action plan. The first part, planning the evaluation, involves determining the requirements for evaluation from specialist and training managers, specifying evaluation purposes and objectives, identifying sources of information, determining the appropriate methods for collecting information/data and preparing an evaluation schedule, perhaps involving stakeholders. In part two, data collection and interpretation include preparing and pilot-testing of the evaluation instrument(s), administering the instrument(s),

collecting and collating of data, and analysis and interpretation of the data. Finally, part three, preparation of recommendations and action planning demands formulating recommendations, drawing up a plan for corrective action and, of course, writing the evaluation report (Campbell, 1998).

Consequently, the common forms of evaluation are those based on the conventional tenets of the professional evaluator expressing his or her own neutral and objective judgement of the outcome. Anderson (2010) views this type of evaluation as reminiscent of “an exercise in proving or disproving that something worked rather than providing the basis for further learning and of a dynamic approach to programme development” (2010:297). Wang and Spitzer (2005) divided the training and HRD evaluation evolution of the past 50 years into three stages. The first stage, according to their classification, is a *practice-oriented atheoretical stage* dominated by Kirkpatrick four-level scheme from late 1950s to the late 1980s. The second stage is a *process-driven operational stage* dominated by the ROI wave of the late 1980s to the early 2000s. The third stage is the *research-oriented comprehensive stage* believed to rule from the late 1980s (Wang & Wilcox, 2006).

More recently, however, growing emphasis is shifting to stakeholder-focused evaluation and utilization of evaluation data (e.g. Burgoyne, 1994; Greene, 1988; Guerci & Vinante, 2010; Mishalski & Cousins; 2001; Nickols, 2005; Wang & Wilcox, 2006). There is also a recent shift from ROI to “return on expectation” (Anderson, 2008b) which I consider as only but a look at one side of the coin as this measure of outputs ignores the inputs from the stakeholders. Application of these newer concepts are expected to generate evaluation information that can identify weaknesses which, when corrected, will lead to improvements in training programs. It is also envisaged by their proponents that these would create greater accountability among training stakeholders (Saks & Burke, 2012).

A meta-analysis of the effectiveness of training in organizations has established a relationship between the choice of evaluation criteria and the effectiveness of training programs (Arthur et

al, 2003). The implication of this finding is that not only what is included in the evaluation process (e.g. any of the four levels of the Kirkpatrick model - reaction, learning, behavior and results) but who is included (stakeholders such as trainers, trainees, trainees' managers, human resource/training managers, etc.) could help determine training effectiveness. In order to include the various process variables as well as the multiple training stakeholders in an empirical evaluation of training effectiveness, a review of literature on the theoretical aspects of stakeholder management becomes inevitable.

#### **2.4 The Stakeholder Approach to Training Evaluation**

The main purpose of evaluation is to determine the value of what is being evaluated (Nickols 2005). Training evaluation enables the determination of the value of the training intervention. But this raises the vital question: value to whom? The problem with prevalent traditional training evaluation based on the 50-year old Kirkpatrick model has been succinctly stated by Nickols (2005:121) as "primarily of interest to trainers but not to the many constituencies served by training, trainers, and the training function." There is therefore the need to consider the stakeholder approach to training evaluation in order to determine to whom value of training is related in the course of evaluation. There is no doubt that the general program evaluation literature contains evidence of fairly well developed stakeholder-based evaluation but it has not been that fully recognized in training evaluation practice until recently (Mishalski & Cousins, 2001).

Nickols (2005) vividly presents the basic premise on which a stakeholder approach to evaluating training is built. Recognizing the multiplicity of groups within an organization that could have a stake in any training intervention conducted for members of the organization, the author posits that the needs and requirements of these stakeholders or stakeholder groups must be factored in when designing, developing, delivering and evaluating training interventions. This would help ensure that the subsequent evaluations will be effective, i.e., meet expectations or the desired results. Furthermore, as a "politically complex" activity (Mishalski & Cousins, 2001), stakeholder-based evaluation seems a veritable approach to breaking the culture of silence

(Verhezen, 2010) that often pervades the complexity and politics of organizations using unitary evaluation activities. For reasons such as this, Cunningham (2002) makes a good case for developing both human and social capital in organizations. The author argues that “If training stays focused on the individual (human capital) level it may be missing on important changes in developing organizational performance” (2002:89). Quoting from Cohen and Prusak (2001:4) who defined social capital as consisting of “the stock of active connections among people: the trust, mutual understanding and shared values and behaviors that bind the members of human networks and communities and make cooperative action possible”, the author urges the HRD function to recognize the social capital needs of organizations. Otherwise, he suggests that this might form a new role for training functions if they must deliver on their obligations to their organization in the future (Cunningham, 2002).

In the light of the foregoing, the basic assumptions of the stakeholder approach to training evaluation (and which constitute evaluation data) are as follows:

- trainers and their managers might desire to demonstrate the value of what they do;
- funding managers might be interested in the ROI of the training;
- course instructors and developers might want to know the nature and extent of learning that took place and level of transfer to the workplace;
- trainees might be concerned about how the subject matter of the training (including the concepts, principles, methods, tools and techniques covered) is applicable or relevant to their day-to-day job functions and the time value of the training;
- training vendors might be interested in how satisfied the training department (their client) is with the training they bought;
- trainees, trainers and perhaps others might be concerned about learning (i.e. skills and competencies acquired);
- trainees’ (line) managers and trainers are interested in participants’ behavior change on the job;
- senior management as well as trainers might be interested in the results on the particular organizational performance for which the training was organized; and

- every stakeholder might want to know what the trainees think “because if the trainees are sharply and uniformly critical of the training, very little else matters” (Nickols, 2005:124).

#### **2.4.1 Foundations of the Stakeholder Theory**

Stakeholder theory is grounded in the early works of Barnard (1947) and later Freeman (1984). The essence of the theory is that all organizations – profit, non-profit, public, and private – serve and depend on multiple constituencies such as customers, employees, and investors (Nickols, 2005). The concern of researchers and practitioners should now be to recognize the importance of serving and satisfying the interests of the various constituents of training in the organization. This is based on the understanding highlighted by Nickols (2005) that the various training stakeholder groups have contributions to make the training successful as well as inducements to gain as a return from their contributions. The task of training should be to achieve and maintain a dynamic net balance (between the contributions and the inducements) to the organization on a continued basis. A stakeholder is defined as “a person or group with an interest in seeing an endeavour succeed and without whose support the endeavour would fail” (Nickols, 2005:127). The endeavour here is training and typical training stakeholders have been identified to include trainees, trainers, line managers, funding managers, training developers, training managers, training vendors, and other members of the organization served by training (Nickols, 2005).

Going by the formal language of organizational theory where stakeholders exchange contributions in return for inducements, it requires no special gift of perception to discern that the various stakeholders must perceive value in the exchange. That is to say that the inducements they receive in return from the training must be in excess of their contributions (Nickols, 2005). Thus, Palmer et al (2010) analysed the evolution and current state-of-the-art of stakeholder thinking and view the stakeholder theory as “a new narrative to understand and remedy three interconnected business problems – the problems of understanding how value is created and traded, the problem of connecting ethics and capitalism and the problem of helping managers think about management such that the first two problems are addressed”

(2010:404). The authors reviewed theoretical and empirical research evidence to show that the organization that employs good stakeholder relations enjoys superior financial performance on the long run. It is also believed that poorly performing firms improve their performance more quickly when there are good stakeholder relations (Palmer et al, 2010).

#### **2.4.2 Issues with the Stakeholder Theory**

Stakeholder theory is not without controversy. While the stakeholder concept has become widely accepted in management literature to the extent that it has been equated with the naturalness of breathing or drinking a cup of water, Antonacopolou and Meric (2006) question whether it is not a mere philosophical hoax. After their analysis of the critiques of the concept such as its ambitions, scientific status, generalization and informational role, the authors conclude that “stakeholder theory is an ideological product rather than a scientific process” (2006:24). In a similar vein, Cennamo, Berrone and Gomez-Mejia (2009) and Santana (2012) present the dark sides of stakeholder management but make credible case for efficacious use of the concept in management.

While Santana (2012) emphasizes the importance of identifying and sifting “definitive stakeholders” from “dangerous stakeholders”, Cennamo, Berrone and Gomez-Mejia (2009) outline the “conditions under which executives might have a real self interest in pursuing a broad stakeholder management (SM) orientation to enlarge their power” (2009:491). In his own critique, Goodpaster (1991) presents a rather paradoxical outlook to the stakeholder approach: the conflict between managing the ethical relationship with shareholders and the interest of other stakeholders in an enterprise. In consonance with this view, Fraser (2007) also notes the paradox of developing an evaluation framework that will determine return on investment and at the same time include indicators of social justice and cultural competency. Research results have indicated that there are stakeholder groups which may be related to levels of the stakeholders in the organization. According to Palma (2008), these differences could pertain to decisions made regarding training investment, expectations regarding the types of outcomes to result from training and perceptions regarding the importance and/or

usefulness attached to different types of training evaluation data. Considering that the study also indicated differences between training and non-training groups with respect to training investments, outcomes and measurement preferences, the author concluded that it could be in the best interest of practitioners that the multiple needs and perspectives of the variety of training stakeholders in the organization (those who contribute to and are served by training) are incorporated in the evaluation of training effectiveness.

In an analysis of training stakeholders' evaluation needs, Guerci and Vinante (2010) identified the convergences and divergences between stakeholder groups' evaluation needs which ROI-focused training evaluation models often neglect. However, the authors noted particular limitations in their empirical study which create a gap for possible development and future research. The main limitation concerns the correlation of the value which the stakeholder-based evaluation adds to the training process with the levels of increase in performance. It is believed that pursuing this aspect of training evaluation research "could be useful in identifying the applicability conditions for stakeholder-based evaluation and privileged contexts of application" (Guerci & Vinante, 2010:400). A study to fill this gap in literature should be based on participatory evaluation (PE), described as a transition from conventional evaluation which attempts to use evaluation data to change organizational development processes that could help the organization achieve improved performance from different stakeholder perspectives (Greenwood & Levin, 2007). Yet, experts have cautioned about the need for training evaluators to think carefully about uses to which evaluation outcomes are intended to be for and the preferences of the stakeholders who will be using the evaluation data regarding the way the training outcomes are measured (Kraiger, 2002; Palma, 2003).

## **2.5 Utilization of Evaluation Data to Improve Training Effectiveness**

A paradigm shift from the "scientific" approach to HRD evaluation which was basically academic and overly concerned with finding the truth to a future (rather than the past) was perhaps first proposed by Putman (1980). The author argues that the "discursive approach" which draws on social constructionism (Anderson, 2010) is better because, as Foxon (1989) argues, it provides

evidence and information upon which future decisions about training can be based. This, according to the argument, is contrary to the attempt at providing irrefutable proof which the scientific method sets to achieve. However, the change of focus from trainee reactions to the use of “utilization” to measure training results can be traced to the work of Grenough and Dixon (1982) which suggested a strategic evaluation model to generate future oriented management information which is designed to identify whether or not trainees are using their experience. The study further suggests that for such an evaluation to worth its while, the results expected to be produced by training, the actual results that occurred, how useful or otherwise the results are and how the results will be used in the future should also be determined (Foxon, 1989).

Good as the training evaluation models that incorporate a consideration of the utilization of evaluation data might be, lack of participation by non-evaluator practitioners has been indicted as a potential cause of low utilization of evaluation results (Smits, Champagne & Blais, 2009). There is therefore the need to find out not only how participation of all relevant stakeholders increases the generation and utilization of evaluation data but also how this participatory approach improves training effectiveness. In discussing stakeholder participation as one route to evaluation utilization from a review of two case study evaluations, Greene (1988) sought to suggest that there is “a link between a participatory evaluation process and meaningful, substantive uses of the evaluation results” (Greene 1988:100). Perhaps subscribing to this view, Patton (2008; quoted by Datta, 2013:256) emphasizes the requirements of utilization-focused evaluation to include “extraordinary skills in mediation, listening, being a resource for how, rather than an advocate for what”. These lines of argument suggest that participatory evaluation is utilization-focused and could lead to finding a solution to the question of how increased use of evaluation improves training effectiveness.

## **2.6 Participatory Evaluation**

Participatory evaluation, as defined by Cousins, perhaps the most well-known scholar on the subject (Cullen & Coryn, 2011) is “an extension of the stakeholder-based model with a focus on



enhancing evaluation utilization through primary users' increased depth and range of participation in the applied research process" (Cousins & Earl, 1992:397). Participatory evaluation could be used for the evaluation before, during or after the implementation of the project, program or intervention. One example is a study that was conducted to evaluate a game for social problem-solving skills at the start of the development aimed at ensuring that the desired game attributes were successfully embodied in the final game (Tan et al, 2013). Kuzmin (2012) also illustrates a step-by-step process of post-training study using participatory training evaluation method (PATEM) as a collaborative evaluation capacity building strategy. The former case shows that a pre-training participatory evaluation would be necessary to generate quality evaluation data to feed into developing and delivering training programs to ensure desired outcomes. The import of the later case is that post-training participatory evaluation is equally necessary to collaboratively reflect on lessons learned thereby building capacity for the organization.

However, it has been acknowledged that evaluation is contextual (Chouinard, 2013). These include the political, philosophical and pragmatic justifications of participatory evaluation. Chouinard contends that "the issue in participatory evaluation is not about which methods to use, but whose voices to include, how to include them, and determining who will speak for whom" (2013:241). This raises a number of tensions: relational, epistemological, pedagogical, contextual, political, methodological and organizational. Methodology in participatory evaluation is seen as a bridge between epistemologies that guide the research and the methods of data collection – and the participatory approach does not favor any one method. Hence, method selection and design in this type of research has been described as "eclectic, as methods are adapted for use based on organizational and community context, rather than on predetermined metrics and measures of success" (Chouinard, 2013:247). Moreover, because some approaches seem more appropriate for some contexts and questions than others, it is recommended that paradigms, frameworks and methods could be combined to help strengthen the process and avert the pitfalls or weaknesses of any particular approach (Datta, 2013).

### **2.6.1 Scope of Participatory Evaluation**

From all indications, it appears that participatory evaluation (PE) is the appropriate umbrella concept for interventions involving stakeholder participation in the generation and utilization of evaluation data. Although only one form of collaborative inquiry (Cousins & Whitmore, 1998) and congruent with the process of cooperative inquiry (Heron, 1996; Reason, 1988; Heron & Reason, 2008), PE encompasses the stakeholder as well as utilization focused approaches to the training intervention. PE also falls within the purview of evaluative inquiry defined as the “[r]eformulation of traditional evaluation practices” (Coghlan & Brannick, 2010:49). The core issue in traditional evaluation practices is accountability to authority. For example, evaluations for programs are usually required by private funders, local authorities, governments and organizational leaders for the purpose of guiding or legitimating their funding decisions or to control activities that they support (Greenwood & Levin, 2007:184). PE can have different foci other than accountability.

### **2.6.2 Justifications for participatory evaluation**

Traditional evaluation methods which are usually based on Kirkpatrick’s four-level criteria have not proved effective in assisting HRD practitioners to translate evaluation data to uses that improve training effectiveness (Bates, 2004) (see section 2.3 above). Despite all the goodwill intended by such evaluation schema and the tools to aid the process, problems arise for several reasons. For example, reports are often ignored as non-essential especially when it is favorable, the evaluator is part of the decision making process or it is communicated only to senior management instead of to all stakeholders (Campbell, 1997). Chouinard (2013) holds that there are three conceptually distinct justifications for adopting the participatory approach to program evaluation generally. According to the author, these include rationales used to advance collaboration such as political justification, philosophical justification and pragmatic justification. In the words of the author, political justification is “rooted in concerns for social justice and based on a moral and normative sense of obligation involving the ideals of democratic inclusion, empowerment, and emancipation”. (2013: 242). She argues that a philosophic justification is, on the other hand, motivated by social constructivism.

While philosophic justification is also concerned with the central idea that evaluation is contextual, it advocates that multiple participants should be included in the knowledge production process. Finally, a pragmatic justification is described by the author as “practical in orientation, and based on the belief that increased participation will lead to results that better support program and organizational decision making” (Chouinard, 2013: 242). While the last justification is in tandem with Patton’s (1988) advocacy for utilization focused evaluation and can contribute to the enhancement of organizational learning, organizational change management literature points to the difficulty often encountered in coping with the political and philosophical justifications as postulated by Chouinard (2013). For example, her implied claim that for embracing the forgoing justifications for collaborative inquiry, PE should be “a new uber-standard for all evaluation” has been severely criticized by Datta (2013) who rather favors “evaluation multiplism” (2013:254) which I understand to mean various approaches to conducting evaluation.

Another area of conflict could be where management decision to adopt participatory evaluation is resisted by employees. A way of dealing with such employee resistance to change has been suggested for organizations desiring successful implementation. According to this view, efforts should be geared towards generating employee support and enthusiasm for any proposed changes rather than expending such on managing resistance. For example, Piderit (2000) has proposed “a multidimensional view” in responding to proposed organizational changes. This should move from the usual monolithic and/or dialectic negotiations that pervade employer-employee relationships and communication to a trialectic approach that captures employee responses along the emotional, cognitive, intentional or more dimensions (Piderit, 2000). However, as has been stated above, training stakeholders include not only employees but other groups or individuals internal and/or external to the organization (section 2.4). Participatory evaluation of training effectiveness therefore requires insight into the responses or reactions of wider stakeholder groups or individuals.

### **2.6.3 Participation and empowerment in participatory evaluation**

Participatory evaluation lays much emphasis on participation. Empowerment of individuals or groups is part of the political justifications of PE (Chouinard, 2013). The applicability of these tenets constituting good practice of participatory evaluation has been articulated by Cousins and Whitmore (1998) in their classification of the process into two streams: practical participatory evaluation (P-PE) and transformative participatory evaluation (T-PE). In T-PE the transformation of power relations and the promotion of social action and change are the primary concerns of evaluation processes and outcomes. Evaluation in this view is a developmental process which involves less powerful stakeholders in the course of investigation, reflection, negotiation, decision-making and knowledge creations, but at the same time strives to change individual participants and power dynamics at play in a socio-cultural setting. The authors observe that the evaluation team may be fairly dependent on professional evaluators and facilitators for training at the early stages of the process, but they become more sophisticated as soon as the process progresses. The result is that they become responsible for virtually every aspect of the evaluation including the organization and implementation, evaluation results dissemination, sense-making, group coordination, decision making, change management and action taking (Cousins & Whitmore, 1998).

The objectives of P-PE and T-PE overlap but there are observable differences in primary functions. While P-PE focuses primarily on practical problem solving, T-PE focuses on empowerment. Similarly, while there are overlaps between the two sub-approaches of participatory evaluation in secondary and other functions, they have different ideological and historical roots (Cousins & Whitmore, 1998). Yet, the integrated rationale for practical participatory evaluation (P-PE) is that the concern for utilization of the resulting evaluation data is just about the same as for the findings. Secondly, it is not enough that the evaluation is utilization-orientated; the planned change agency role is incorporated as part of the elements of the evaluation. Furthermore, the concern for utilization and impact of evaluation are not just about the particular program being evaluated but extends to future applications. This expectedly has organizational learning and change as the by-products. Research has demonstrated that “under appropriate conditions participation by stakeholders can enhance utilization without compromising technical quality or credibility” (Cousins & Whitmore,

1998:89). This suggests that if applied in a hospital setting, P-PE involving medical and non-medical training stakeholders would help enhance how training evaluation results are utilized.

Transformative participatory evaluation (T-PE), on the other hand, aims to demonstrate social change. This has been explained partly as “a reaction to positivist models of inquiry that were seen as exploitative and detached from urgent social and economic problems” (Cousins & Whitmore, 1998:90). The underpinning concepts of the transformative participatory evaluation (T-PE) sub-approach therefore include seeking answers to questions such as (1) “Who creates and controls the production of knowledge” and (2) “How is the evaluation conducted?” In this way, the distance between researcher and researched are broken down such that all participants are contributors working collectively to achieve the purpose of the evaluation (Cousins & Whitmore, 1998). Of course, T-PE involves critical reflection if the above aims are to be achieved. As Antonacopoulou (2004) explains, critical reflection helps in giving more attention to the organizational learners’ experiences and problems in order to reveal the inherent social and political dynamics. This requires that the participants should question, doubt and consider the different social factors surrounding the evaluation process. The participants’ own biases and assumptions should also be challenged (Cousins & Whitmore, 1998). The foregoing characteristics of both types of participatory evaluation make it attractive for me to undertake a study of the phenomenon through the action research approach.

## **2.7 The Action Research Approach**

The concept of action research (AR) is credited to Kurt Lewin (1946/1952) in the United States and was first expressed in the work of the Tavistock Institute of Human Relations in the United Kingdom (Rapaport, 1970). Dick (2002) defines action research as a flexible spiral process which allows action and research to be achieved at the same time – where action is about change or improvement and research about understanding or knowledge. It emphasizes group decision and commitment to improve organizational performance (McTaggart, 1991). This distinctive feature requires that “those affected by planned changes have the primary responsibility for deciding on courses of critically informed action which seem likely to lead to improvement and

for evaluating the results of strategies tried out in practice” (McTaggart, 1991:170). According to the central tenet of Argyris’ interpretation of Kurt Lewin’s (1946) concept, action research involves change experiments on real problems in social systems that focus on a particular problem with a view to providing solution to the client’s system (Argyris et al, 1985).

Gummesson (2000) has enumerated the characteristics of action research. From a management perspective, these characteristics involve taking action and pursuing dual goals of solving organizational problem and contributing to the body of scientific knowledge, i.e. research in action. It also involves the iterative process of the researcher, in collaboration with client personnel as co-researchers, continuously adjusting to new information and new events as they unfold. It involves developing holistic understanding, recognizing the complexity of organizational systems (Stacey, 2011), for example, in the training consultancy industry and the healthcare industry where AR has gained ground over the years (Bate, 2000).

According to Coghlan and Brannick (2010), action research intervention aims at organizational or system change as well as consideration and understanding of the ethical framework of the organization. Action research can use quantitative and/or qualitative methods of data generation but quantitative methods have limitations in providing in-depth explanations of training evaluation phenomenon. Qualitative research methods are more likely to provide rich insight and in-depth understanding of the experiences of the individuals and groups as well as the meanings they attach to training evaluation process. Action research also requires the level of thorough preunderstanding of the corporate or organizational environment, structures and systems in which the intervention is situated. It calls for explicitly stating the theoretical underpinnings of these preunderstandings (Coghlan & Brannick, 2010).

Action research is conducted in real time as an intervention to promote reflection and organizational learning and assurance of quality in the underlying research philosophy of the researcher (section 3.3). This is important because action research is judged by the criteria of its own terms and not in terms of positivist science (Coghlan & Brannick, 2010). In positivist research, the quality test of reliability refers to replicability of research findings. Objectivity

refers to value-freedom. Internal validity refers to correct mapping of the phenomenon with findings while external validity refers to generalizability of findings (Denzin & Lincoln, 1994). Conversely, quality and rigor issues in action research are different (see section 6.4). Evered and Louis (1981) maintains that inquiry of this nature does not require any “scientific method”. Instead, Coghlan and Brannick (2010) outlines the necessary requirements for using this form of inquiry in action research. These include justification of topic and approach, description and defense of rigor in methodology (quality and rigor questions), familiarity with existing content and process literature – conceptually, on whose shoulders the researcher is to ride on.

The iterative cycles action research entails include problem identification, planning, acting, and evaluating (Coghlan, 2001). I will discuss details of each cycle of the process later in Chapter 3 (section 3.4.5). The intended change involves inquiry and seeking to increase understanding of individuals and the groups through participation of relevant stakeholders in action to challenge the status quo. As Moore (2007:30) emphasizes, “You don’t do action research in order to simply maintain the status quo”. The improvement of the problem situation is intended to simultaneously contribute to new knowledge in social change. This is the kind of action research long advocated by Rapaport that “seeks to optimize the realization of both the practical affairs of man and the intellectual interest of the social science community” (1970:510). In this respect, action research perhaps stands as the most appropriate approach to engage in first person, second person and third person research, all of which would be desired for an intervention focused on organizational change. It can be reasoned that implementing the intended change to a training evaluation method through action research stands to benefit the academic and professional development of the researcher as a scholar-practitioner, benefit the participants as co-researchers in their day-to-day practices and benefit the focal organization in improved training effectiveness. At the same time it will generate new knowledge to HRD and to the action research community in general.

### **2.7.1 Brief History of Participatory Action Research**

A generation of action research emerged in the 1980s “in the connection between critical emancipatory action research and participatory action research (PAR) that had developed in the

context of social movements in the developing world” (Kemmis & McTaggart, 2003:272). Two key themes of this movement were the development of theoretical arguments for action-focused approaches to AR and the quest to link with broad social movements through PAR as an alternative philosophy of social research (Kemmis & McTaggart, 2003).

Key features of participatory action research have been identified as involving a spiral of self-reflective cycles of planning a change, acting and observing the process and consequences of change, reflecting on these processes and consequences leading to a repeat of the cycle (Kemmis & McTaggart, 2003). Because the stages overlap, strictly following the steps by participants is not the criterion for a successful PAR. Rather, successful PAR is measured by “whether [researchers] have a strong and authentic sense of development and evolution in their *practices*, their *understandings* of their practices, and the *situations* in which they practice” (Kemmis & McTaggart, 2003:277, authors’ emphases). Moreover, action researchers generally are not the best of “rule-followers” (Brydon-Miller, Greenwood & Maguire, 2003). The self-reflective practice is performed in collaboration with participants as co-researchers in the belief that by thus constituting practices in social interaction between people, changing practices becomes a social interaction (Kemmis & McTaggart, 2003). This makes participatory action research, at its best, “a social process of collaborative learning realized by groups of people who join together in changing practices through which they interact in a shared social world in which, for better or worse, we live with the consequences of one another’s actions” (Kemmis & McTaggart, 2003:277).

### **2.7.2 Principles of Participatory Action Research**

Besides the spiral cycles of self-reflection (planning, acting and observing, reflecting, replanning, etc.) seven key principles of participatory action research (PAR) have been identified by Kemmis and McTaggart (2003). These include that PAR is a social process, participatory, practical and collaborative, emancipating, critically reflexive (e.g. recursive, dialectical) and aims to transform both theory and practice. I chose the PAR approach because each of these principles is relevant to my current study.



## 2.8 Chapter Summary

Concern for training effectiveness is not new. Evaluation methods for measuring training effectiveness are not lacking in the literature. The potential of utilization of evaluation data is strong but has received little attention. It is important to fill this gap by finding out how utilization-focused participatory evaluation (PE) increases the use of evaluation data to improve training effectiveness. What constitutes evaluation data, from the stakeholder perspective, includes the various stakes held in training inside and outside the organization (by trainers, training managers, trainees, line managers, senior management, funding managers, training vendors and course instructors) and their contributions and inducements (Nickols, 2005).

The practice of PE can be built on different premises and participation can also be conceptualized in different ways. One is Guba and Lincoln's (1981, 1989) postulation which holds that evaluation is a process of construction and reconstruction of realities. Another is Patton's (1986, 1997) utilization-focused evaluation which emphasizes the imperative of using evaluation results to improve projects or activities. Of course, there is Guzman's (1989) empowerment evaluation which aims at empowering dominated group to join the struggle for a better society. It is imperative for an AR intervention on PE to draw from these perspectives as all are relevant to attaining the objectives of the study. In each perspective, consideration of the stakeholders is paramount. Particularly, the pragmatic and emancipatory functions of PE are shared by P-PE and T-PE with a central function of fostering evaluation data use, "with the implicit assumption that evaluation is geared toward program, policy, or organizational decision-making" (Cousins & Whitmore, 1998:88).

Action research (AR) might be a particularly powerful approach for intervention such as this as it focuses on both practical change action and new knowledge production (Coghlan & Brannick, 2010). The AR approach, particularly in the participatory mode, is consistent with organizational interventions and includes "planned, behavioral, theory-based actions that aim to improve employee health and well-being through changing the way work is designed, organized and managed" (Nielsen, 2013:1030). An analysis of the central characteristics of forms of

participatory evaluation (Table 2.1) shows similarities in P-PE, utilization-focused evaluation and PAR in terms of function, control of decision making, selection for participation and depth of participation (Cullen & Coryn, 2011). Stakeholder-based evaluation also shares similar characteristics with PAR except that the depth of stakeholder participation is limited to planning and interpretation stages (Cullen & Coryn, 2011).

**Table 2.1: Comparison of Some Forms of Participatory Methods**

Form	Principal Author(s)	Function	Control of Decision Making	Selection for Participation	Depth of Participation
Practical Participatory Evaluation (P-PE)	Cousins & Earl (1992,1995); Ayers (1987)	Practical: Support for program decision making and problem solving: evaluation utilization	Balanced: Evaluator and participants in partnership	Primary Users: Program sponsors, managers, developers, implementers	Extensive: Participation in all phases of evaluation
Transformative Participatory Evaluation (T-PE)	Tandon & Fernandes (1982, 1984); Fals-Borda (1980); Gaventa (1993)	Political: Empowerment, emancipation, social justice	Balanced: Partnership but ultimate decision-making control by participants	All legitimate groups: Especially program or project beneficiaries	Extensive: Participation in all phases of the evaluation
Stakeholder-Based Evaluation	Bryk (1983); Mark & Shotland (1985); Nickols (2005)	Practical: Evaluation utilization; some emphasis on political aspects of evaluation	Evaluator: Coordinator of activities and technical aspects of the evaluation	All legitimate groups: Representation is the key to offsetting ill effects of program micropolitics	Limited: Stakeholders consulted at planning and interpretation phases
Utilization Focused Evaluation	Patton (2008)	Practical: Evaluation utilization	Balanced: Evaluator and participants in partnership	Primary users: Intended users of the evaluation	Extensive: Participation in all phases of the evaluation
Participatory Action Research (PAR)	Whyte (1991); Argyris & Schon (1991)	Practical/philosophical: Improve practice while simultaneously advancing scientific knowledge	Balanced: Researcher and practitioners as coparticipants in research	Primary users: Most often program implementers, although can be open to beneficiaries and others	Extensive: Participants in all aspects of the research

Source: Adapted from Cousins and Whitmore (1998) and Cullen and Coryn (2011).

## Chapter 3: Methodology and Methods of Inquiry

### 3.1 Introduction

The choice of methodology has long been recognized as a critical component of research related to evaluation (Burgoyne & Cooper, 1975). This is probably because methodology is the point of the research where both the conceptual and practical issues are integrated<sup>1</sup> and this requires that the researcher clearly states the theoretical and philosophical frameworks of his study (Burgoyne & Cooper, 1975). I consider the choice of methodology particularly important in my present research not only because the issue is about changing an existing system of training evaluation that does not encourage the use of evaluation data to improve future training (section 1.2) but also because of the various modes through which action research could be carried out (see section 3 below). Theory-practice focused research such as this particular one will require a different methodological approach from one that is purely academic focused (see section 3.4.1.2 below).

In this chapter, I will discuss the philosophical assumptions that underpin my current research (section 3.3). I will also discuss in more detail the methodological approaches chosen from my review of the literature (sections 2.7) as the framework for the study (section 3.4) and the step-by-step process of carrying out the research. Meanwhile, suffice it to state at this juncture that my philosophical stances for the research will be subjectivist ontology and social constructionist epistemology. My methodological approach will be qualitative, using action research approach. The action research mode I follow will also depend on my underpinning research philosophy. Other major influences on my choice of methodology are my development as a scholar-practitioner discussed in the next section (section 3.2) and my relationship with the focal organization as their training consultant. I believe that making clear my philosophical stances

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<sup>1</sup>Anderson, Herriot and Hodgkinson (2001) caution that taking of solely practice or practitioner perspective could result in “unauthorized and invalid practice” just as taking solely researcher or academic perspective could produce “irrelevant theory”.

and methodological approaches for the study at the onset will help me in designing an appropriate method for resolving the issue of implementing participatory evaluation as a way to improve the effectiveness of training in a Nigerian hospital.

I intend to pursue the solution by understanding and implementing a change to participatory evaluation using participatory action research (PAR) method of inquiry. This will involve collecting training evaluation data from the training stakeholders as research participants through focus group and one-on-one interviews and taking practical action to change the existing evaluation method. Although the focus is on the *use* of evaluation data, I expect that the *quality* and quantum of data generated would also improve. The data will be analyzed through template analysis and the results will be fed forward to the hospital's ongoing training and future evaluation processes. Besides the purpose of partially fulfilling the requirements for my academic pursuit (i.e. as a doctoral thesis), the knowledge and experience or learning from this intervention would serve my first person research purpose by contributing to my own personal and professional development. The intervention would also serve the second person research purpose as I will be working on practical issues concerning the hospital in collaboration with its relevant stakeholders who, like me, intend to self-study in action (Coghlan & Brannick, 2010) (see section 1.5 above). More generally, it would serve the third person research purpose by generating understanding and theory for practitioners and researchers.

I think it would be presumptuous for me to expect that the methodology for this project would be carried out in a clear-cut manner as I just expressed. Rather, I will be adjusting as events unfold and as my understanding of the subject and the system becomes clearer. This position is informed by my belief that the quality of action research is judged by "multiple perspectives of knowing" including "appropriate methods and theories and connecting the researcher's own judgments to discussion in the current literature" (Zuber-Skerritt & Fletcher, 2007:418). As Weick (2002) points out, the idea of multiple perspectives suggests that I take myself less seriously by doing less stereotyping and engaging in more dialogues. Multiple perspectives and methods are particularly imperative for me in that, as the training consultant for the hospital, I will need to play the dual roles as "insider" and "outsider" researcher with consequent

challenges regarding preunderstanding, access, politics and ethics (Coghlan, 2001; Coghlan & Brannick, 2010) (see section 3.3.2 below).

It is perhaps for the above reasons that it has been observed that the choices a researcher makes in the course of inquiry are powerfully influenced by the values he holds and the ideological perspectives that guide them (Brown & Tandon, 1983). In the following sections, I outline the metatheoretical assumptions that will affect how I design and carry out the research. This will include a discussion of the philosophical underpinnings of the research, the methodological approaches and the evolving process of the research design and methods. But first, let me explain how I have undergone philosophical transformations that influence my choice of methodology for this project.

### **3.2 What Influenced My Choice of Methodology**

In the course of my development as a scholar-practitioner through the doctorate in business administration (DBA) by action learning, I have learned that organization studies could be conducted from a multiple of paradigms (Hassard, 1991). While some scholars cling strictly to functionalist and positivist paradigms (e.g. Donaldson, 2008) that might produce knowledge for its own sake, others are more committed to literary style and subjectivist approaches (e.g. Van Maanen, 1995; Czarniawska, 1999) that encourage actionable knowledge (Argyris, 1996). Research in the former paradigm aims at discovery, starts with hypotheses and uses experimental designs and measurement techniques to verify or falsify “truth” about causality. The aim in the later is invention through meaning-making, reflexivity, conversation and sense-making with understanding in view (Easterby-Smith, Thorpe & Jackson, 2008). Throughout my DBA coursework projects, I had always taken a stance that would enable me to generate knowledge that is capable of solving my workplace-based problem and serve the need for future leadership development. Because the present project is similar to the messy and not well-formed organizational issues I have dealt with of recent, I intend to take a subjectivist stance from the social constructionist perspective and conduct the research through action research approach. This is transformational for me given my positivist background.

Although I was privileged to have embraced the qualitative method before the beginning of my engagement with the DBA program, the scope has expanded over the years. I completed my masters in public health (MPH) studies with the University of Liverpool during which I was first introduced to the qualitative method. After taking a module in qualitative methods at the early stages of the MPH, I completed most of the remaining Individual Projects (IPs) and Dissertation using qualitative methods which aroused my interest in qualitative approaches. Actually, I was a convert, having had some good knowledge of quantitative methods from undertaking my master of business administration (MBA) and subsequently working in a research firm where I became familiar with collecting data through surveys and some of the key processes involved in the measurement of such data and building models. Besides, my accounting background lends itself to primarily quantitative approaches which made me feel familiar and comfortable with the main assumptions of the positivist school, such as the independence of the observer from the observed and the notion of causality. At that time, it was easy for me to see why a positivist approach was attractive. I had always been mathematically minded and the simple idea that the world exists externally and that its properties could be measured seemed logical.

Despite my exposure to qualitative methods at the MPH level, the DBA has made me become increasingly interested in the kinds of power relations which exist in the workplace and the implications of these for the effective organization and management of the working environment. The striking outcome of this doctoral level development in me is that I am not contented with one best way of learning, research or practice and this view will be reflected in the approaches I intend to use in the current action research intervention, particularly in the data analysis stage. I have come to see an ally in action research methods in attempting new ways of doing things – and I am very passionate about this development.

In the next section, I discuss the philosophical assumptions (section 3.3) underpinning my subjectivist ontological (section 3.3.1) and social constructionist epistemological (section 3.3.2) stances and take up methodological discussion later (section 3.4).

### **3.3 Philosophical Assumptions**

Philosophy impacts upon management research because research based on a different philosophy can produce a different result. I believe that being explicit about the philosophical assumptions that underpin the form of action research intervention I intend to engage in for this particular project will not only influence how I go about conducting the research but also the criteria by which I wish it should be evaluated (Cassell & Johnson, 2006).

Burrell and Morgan (1979) have shown that all social research takes place out of a background set of ontological and epistemological assumptions and these form the “poles” from which other methodological foundations emerge (Alvesson & Deetz, 2000). Mingers (2003) explains that taking a stance on ontology is to recognize the existence of different types of objects and relations while a stance on epistemology is to recognize that there are different ways of knowing the world. In other words, ontology is the assumption about the nature of reality (Denzin & Lincoln, 1994). It addresses questions such as what am I studying and how is the world made up in terms of management research? Also, since the business world is changing, do I need to generalize? Relative to my research question (section 1.6), my ontological stance will be subjectivism (Cunliffe, 2011) and this will in turn inform my epistemological stance and choice of methodology.

Epistemology describes assumptions regarding the forms of knowledge and knowledge creation the research methodology uses. It is also about the researcher’s relationship with the subject of inquiry. Put more succinctly, epistemology addresses the question, “What is the relationship between the inquirer [knower] and the known?” (Denzin & Lincoln, 1994:99). My epistemological stance will be social constructionism (Gergen, 1985). These stances, including their implications for my study, are explained in the following subsections.

#### **3.3.1 Subjectivist Ontology**

The classification of the different ways of knowing into objectivism, subjectivism and intersubjectivism by Cunliffe (2011) is perhaps a more useful way than paradigms to articulate

the approach of this intervention which leans on pluralism or multiple ways of knowing. The Cunliffe's knowledge problematics is a revision of Morgan and Smircich's (1980) typology for the various ways of thinking about humans and the world around them which considers only interpretive and functionalist paradigms out of the four paradigms earlier articulated by Burrell and Morgan (1979). Subjectivism is located in-between the extreme knowledge problematics of objectivism and intersubjectivism which are marked by the view of research as science and research as a craft respectively, although with cloudy boundaries between each of the three knowledge problematics (Cunliffe, 2011).

My ontological position in this research is hinged upon the basic understandings of subjectivism over the years as historical, social and linguistic construction of reality (Cunliffe, 2011). This view of reality assumes that human understanding about any subject varies over periods of time, depends on what group or community of people is experiencing it and/or the meaning attached to it in the language in which it is used. The related understanding is reality as culturally situated, meaning that knowledge and meanings are embedded in particular contexts, time and place as attributable by individual, and/or group of people in relationship with their surroundings (Cunliffe, 2011). Because ontology informs epistemology, which is to say that one's view of the world determines how he views knowledge of it, subjectivists also extend the view of the world as where there are "truths" instead of one truth. This assumes there is no absolute but multiple ways of knowing. There is no universally accepted understanding of any phenomenon and therefore no one person or group of persons has a claim of "correct" understanding above others. Hence, the world is viewed as "where meanings, sensemaking, and knowledge are relative to the time, place and manner in which they are constructed – in the everyday interactions of people" (Cunliffe, 2011:656).

I will therefore need to ask my research participants how they experience time, place and progress regarding training evaluation (section 3.5.3.1) since these are human experiences variously accomplished in practices, interactions or discourses (Cunliffe, 2011). This means that my research accounts will be subjectively situated. In other words, I will be relating the story of the intervention to my own and the participants' embedded experiences, observations and



interpretations relative to the focal organization. It also means that my story or research accounts will be partial since they cannot articulate all that transpires in the organization at any one time (Boje, 1995). I will seek social reality and knowledge that are contextualized in the understandings of the local (organizational) people (Cunliffe, 2011).

This my search for thick descriptions on the assumption of reality as constructed and contextual differs from the reliance of positivists on the assumption of an objective reality and their search for durable (i.e. replicable, generalizable and predictive) knowledge in the belief that organizational system and subsystems are seen as stable and controlled. In the subjectivist stance, organizational processes are seen as messy, not formed. Hence, I will view humans as intentional and reflective subjects, as constructors of social realities within linguistic conventions and routines, and as storytellers. I will also view my research participants as actors, interpreters and sensemakers in the research process (Cunliffe, 2011). In summary, by taking a subjectivist ontological stand, I assume that reality is viewed as constructed by our imaginative selves yet socially constrained (Gergen, 1994). The social constraint could be linguistic, cultural or other critical processes inherent in human society. These subjectivist assumptions lend themselves to the contemporary understanding of social constructionism.

### **3.3.2 Social Constructionist Epistemology**

Subjectivism and social constructionism share some common basic philosophical assumptions. As in the subjectivist ontology discussed above (section 3.3.1), we start constructionist research designs with the assumption that there is no absolute truth. Because we do not expect real-world problems to come well-formed (Schon, 1992), we also begin “to establish how various claims for truth and reality become constructed in everyday life” (Easterby-Smith, Thorpe & Jackson, 2008:93). For the avoidance of repetition, suffice it to say that at least from the time of Emmanuel Kant in the eighteenth century, it has increasingly been recognized that what leads us to believe that a world exists “out there” is but a set of interpretations of our perceptions and experiences. The social constructionist perspective assumes that the authority of knowledge or how we come to know ultimately derives from a “knowledge community” of

people at any point in time. Kuhn (1970) puts it more pointedly: “knowledge is intrinsically the common property of a group or else nothing at all” (1970:210).

The difference between this constructionist view and the more traditional views is that constructionists believe that knowledge is not what individuals believe but rather what social groups (or knowledge communities) believe. Here lies the difference between Piaget’s “constructivism” and Papert’s “constructionism” – terms which are sometimes used interchangeably. Gergen and Gergen (2008) explain that constructivism is associated with scholarship which considers meaning-making as taking place in the individual mind while constructionism is considered as a product of human relationships. This does not mean that individuals have no ideas but such ideas must ultimately be given meaning by their social context. From a social constructionist viewpoint which I will take in this study, facts or data are viewed as all human creations (Easterby-Smith, Thorpe & Jackson, 2008). This social constructionist epistemology fits the intentions of my research question because what constitutes participatory evaluation and evaluation data are socially constructed (Easterby-Smith, Thorpe & Jackson, 2008).

As Gergen (1985) argues, the orientations of the social constructionist view invite us to challenge the objective basis of conventional knowledge given the various ways different cultures and subcultural groups understand such daily life taken-for-granted assumptions regarding, for example, gender, anger, suicide, childhood, etc. over time (historicity). In these instances, it has been observed from the constructionist position, that “the process of understanding is not automatically driven, but is the result of an active, cooperative enterprise of persons in relationship” (Gergen, 1985:267). Another orientation of the social constructionist view argues that how long a given form of understanding prevails or is sustained does not depend on the empirical validity of the perspective in question, but on the interplay of social processes such as communication, negotiation, conflict or rhetoric. This implies that we can retain the perspectives, views or descriptions of persons regardless of differences in their actual conduct (Gergen, 1985).

The implication for my research is that individual participants' understandings about and/or experience with training evaluation are not what should count. Rather, what will emerge from the interactions of a group of people (including the participants and I as the researcher) in this research endeavor will form the primary data. Finally, Gergen (1985) emphasizes the critical significance of negotiated understanding in social life as they are integrally connected to other activities in which people engage. That is to say that linguistic descriptions and explanations of the phenomena under study by the participants are not enough. Moreover, from the social constructionist perspective, all data are seen as mediated by both my own (researcher's) reasoning and those of participants (Johnson & Duberly, 2000). From this perspective, my aim is to analyze the data generated in such a way as to invent the phenomena through meaning-making and reflexivity. Thus, participatory evaluation, evaluation data and what constitutes training effectiveness will become the products of human creations (Easterby-Smith, Thorpe & Jackson, 2008). The end result will neither be the generation of universal models of training evaluation practice nor a stipulation of "best practice" standards but rather the construction and co-creation of knowledge and understanding (Boulus, 2010) with the participants who are also the training stakeholders.

Another implication of my epistemological stance is that I will inevitably confront the challenges of preunderstanding, access and politics in my research design. It will also present me with a moral burden which could test my ethical values to a large extent. This is particularly so because being the training consultant for the hospital places me partially in the role of an "insider" who impacts and is impacted by the training evaluation. In addition, not being a staff of the hospital places me partially in the role of an "outsider" who is not completely enmeshed in but is, nonetheless, affected by the organizational politics. Participation and democratization are also implicated as these are critical to determining whether and to what extent my relationship as the researcher is detached, embedded and/or embodied.

### **3.4 Theoretical and Methodological Framework**

The methodological implications of my subjectivist ontology and social constructionist epistemology pertain to the aims of my research as an invention or change, my starting points of research from meaning-making, and my research designs around reflexivity. Other areas are my research techniques as relying on interaction or conversation and analysis or interpretation through sensemaking. These will culminate in outcomes that manifest in understanding.

“Methodology focuses on how we gain knowledge about the world” (Denzin & Lincoln, 1994:99) and recognizes that there are different methods guiding action in the world (Mingers, 2003). In consonance with my philosophical assumptions (section 3.3), the dominant methodology for this project will be qualitative, using the action research approach.

#### **3.4.1 Why Action Research Approach Is My Choice**

Reason and Bradbury (2006) defines action research (AR) as a framework for inquiry that “seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people” (cited in Bjorn & Boulus, 2011:284). Historically, AR and training evaluation are both inventions of the twentieth century by Kurt Lewin (1946) and Donald Kirkpatrick (1959) respectively. In this particular project, the dominant approach to participatory evaluation (PE) will be built on a well-grounded, contemporary understanding of AR. The logic for this approach is aptly captured by Greenwood and Levin (2007) who argue that “there is a real sense in which evaluation should be a dimension of AR projects” (2007:193). The context of this argument suggests the meaning to be that evaluation activity should be studied using AR processes and therefore does not conflate PE and AR. At this juncture, I think it is pertinent to clearly distinguish between these two key concepts in the context of this thesis.

Participatory evaluation (PE), the subject of this study, is an evaluative method while action research (AR) is the umbrella concept for action-oriented research approaches from which methodological framework the study is designed. PE differs from other forms of evaluation in its appropriateness for formative (rather than summative) evaluations. Another distinguishing

characteristic of PE is that it enhances utilization of evaluation findings by changing the social construction of the organization. It is an empowering process in which participating in an evaluation (rather than receiving or resisting an outside evaluation report) gives ownership of the information to those most involved in carrying out the work of the organization. It is viewed as more flexible and less rigid than traditional evaluation methods (Cousins & Earl, 1992).

Even when stakeholders are involved in other methods, experience with evaluation of psychosocial interventions in the healthcare industry has shown that the views of relevant stakeholders are “mediated by and indeed limited by the criteria used in quantitative, professionally determined outcome measures” (Forrest & Masters, 2004:196). Traditional evaluation methods have therefore not been able to measure or capture the spirit of change in people which is what this intervention desires to achieve (section 2.6.2). Consequently, Guerci, Bartezzaghi and Solari (2010) have recommended an extension of research into stakeholder-based evaluation of training using qualitative methodologies such as AR, believing that such study would benefit from a richer theoretical framework. In the light of the foregoing, I have chosen AR to enable me meet the objectives of this intervention. Specifically, AR is my methodology of choice for the following reasons which accord with the philosophical underpinnings of my current intervention:

**3.4.1.1 Action research assumes reality as a social construction.** As an action researcher I share the assumption that the social world we inhabit is co-created, context bound, relational and situated (Susman & Evered, 1978). I share with critical theorists the assumption that social reality is historically constructed and emerging. As discussed under subjectivist epistemology above (3.3.1), context is seen in the light of human action and interpretation and can be relative to interactions between people in moments of time and space, depending on how embedded the researcher is in relation to the community (Cunliffe, 2011). On the assumption that specific historical interests drive current social practices, I prefer historical, reflective and change-oriented methods as these are more likely to reveal that current social practices are neither natural nor inevitable (Ozanne & Saaticioglu, 2008).

Rather than gather facts to measure patterns of occurrence as I used to during my previous research practices (section 3.2), I intend to use methods that enable the social construction and meaning-making by people (Easteby-Smith et al, 2008) of the phenomena under study including participatory evaluation, evaluation data and training effectiveness. I believe that action research from a social constructionist perspective will enable me to focus on ways the stakeholders make sense of the world through sharing experiences (Shotter, 1993). The method should be able to help me “explore” (in the sense of digging dip for rich descriptions into) how people are thinking and feeling both individually and collectively about the issues and how they are communicating their thoughts and feelings verbally and non-verbally (Easteby-Smith et al, 2008).

Such reflective methods also reveal that society is constructed by humans and as such should be critiqued and changed on the basis of those whose interest is at stake (Ozanne & Saatcioglu, 2008). It is for this reason that I will seek the inclusion of key stakeholders in the research process as participants. Reflective methods would be able to help me focus on understanding and explaining why stakeholders’ experiences differ rather than looking for external causes or established laws that explain their behavior (Easterby-Smith et al, 2008). I also share post-structuralists’ concern for, or the Foucauldian perspective of, “the micro-politics of power that shape society” (Ozanne & Saatcioglu, 2008:425). This is simple to understand given that in the Nigerian healthcare sector, there are acute power struggles between the different healthcare professionals, although it is less obvious in the private sector with small to medium-sized hospitals usually owned by medical doctors than in the public sector. This in turn creates a sort of domination by medical doctors but that is rarely questioned and the voice of the other healthcare professionals such as nurses, lab scientists, pharmacists and so on that are constantly suppressed. This situation makes dealing with power and organizational politics inevitable for me because ZMC belongs to the private sector healthcare industry (section 1.2).

**3.4.1.2 Action research assumes knowledge is practical and a product of human creations.** It has been suggested that the struggle to match theory and practice is one of the commonalities among action researchers (Brydon-Miller, Greenwood & Maguire, 2003). That is to say that all

action researchers embrace “knowing through doing” or practical action as much as “knowing through conceptualization” or theory development (2003:15). This reinforces the often quoted observation by Kurt Lewin that “there is nothing so practical as a good theory” (Lewin, 1951:169). Carr (2006) posits that action research is a new way of articulating and expressing our understanding of the study of practice long known as practical philosophy.

As is apparent from the Aristotelian distinction between *poiesis* (guided by productive philosophy) and *praxis* (guided by practical philosophy) as methods of reasoning, I will not only seek to observe, analyze and develop theories of social practices that can be applied beyond the immediate research context but also work with local participants to improve local practice. In other words, I intend to marry theory with practice. Unlike most other (traditional) researchers, the ideas of the participants whose practices I hope to transform must be taken into account.

My intention is to create knowledge from common sense actions and constructions through interactions, dialogues or reflective relationships with participants, which would produce double loop learning (Cunliffe, 2011). Double-loop learning would occur when evaluation actions are based on changing the underlying values and assumptions in the light of the experiences of participants (Argyris, 2002). This is expected to result in a joint ownership of knowledge with the collaborating stakeholders, which will be disseminated through popular forms of communication shareable with the organization people in appropriate modes including relating my account in the form of storytelling. In Bjorn and Boulus (2011), an action researcher recalled producing a pamphlet on her observations and sharing this story with stakeholders while the project was ongoing. In my context, conversations and dialogues will particularly be expected as the means of sharing experiences with and by participants through focus groups and one-on-one interviews (section 3.5.3).

**3.4.1.3 Action research assumes causes are embodied in the local human and social structures.** Simply stated, action research recognizes that persons as agents are the only efficient causes in society. The research participants act as meaning-makers with causal powers

and capacities as embodied persons in the organization they represent. Particularly in PAR the expectation is usually that cultural, social and political processes of everyday life be analyzed through an iterative process of learning, reflection and action to promote change and social justice. Consistent with my assumptions about reality, I will ensure that the process of the present intervention is within the historical framework in which they emerge (Ozanne & Saatcioglu, 2008). This would involve engaging with participants in participatory evaluation of an ongoing training in the organization where they are stakeholders.

**3.4.1.4 Action research recognizes participants as collaborators in the research project.** In action research, participants are recognized as collaborators in the research project because action researchers assume that people who participate and are committed to the process will generate more thorough social accounts and will be more invested in the successful application of the findings (Reason & Bradbury, 2001 cited in Ozanne & Saatcioglu, 2008). This assumption drives many of the methodological choices I make and is unique to action research. Hence, Harris (2008) distinguishes action research from other field study methods on the basis of action researchers' focus on an intervention where the researcher is involved in active role with other members of the focal organization as participants working to bring about change of whatever amount in the organization.

Research collaboration also builds new skills and capacities which is consistent with the goal of developing human potential. My methodological decision to collaborate with the people studied is consistent with the "desire to democratize knowledge production and to give more people the opportunity to have voice in defining boundaries of the possible", as Ozanne and Saatcioglu (2008:425-426) puts it. A research "partnership" represents an ideal, but in practice research relationship presents challenges as it varies between "insider" and "outsider" status of the researcher and ranges from high to low levels of participation (Herr & Anderson, 2005). For example, some participants might feel more comfortable partnering with me as an outside researcher/consultant while others might resent my being the inside trainer whose training is being evaluated. The level of participation will therefore depend on how much each view accepts me as a friend or foe.



Alluding to the difficulty I look forward to dealing with in being perceived partially as an insider and partially as an outsider, Evered and Louis (1981) makes the dichotomous categorization of “inquiry from the outside” as positivist and “inquiry from the inside” as characterized by several analogies such as phenomenological, ethnomethodological, qualitative, dialectic, pragmatic, experiential, subjective and even the derogatory “unscientific”. This is where I expect the fluid boundary between subjectivism and objectivism discussed by Cunliffe (2011) to play out. According to the author, this boundary is where researchers can “study how people construct, are constructed by, and experience social reality as real and factual” or “study perceived objective ‘rules’ (roles, norms, statuses, etc.) that are subjectively interpreted and enacted through commonsense knowledge” (2011:657). Evered and Louis (1981) further describes “inquiry from the inside” as involving the understanding of a particular situation through physical and psychological immersion of the researcher within the organization. Here again I see the fluid boundary between subjectivism and intersubjectivism at play where the choice is between collaborative, contextual, situated knowledge creation through sensemaking with participants and getting fully immersed, in knowing in situ or “witness-thinking” (Cunliffe, 2011; Shotter, 2008). In simple terms, playing the role duality of insider-outsider can be challenging, but practically possible. My research design will need to include how I will carry all stakeholders along while working from the subjective knowledge problematic (Cunliffe, 2011) as I have earlier discussed (section 3.3.1).

At times it is not so clear whether the researcher will eventually be required to play these conflicting roles. An example is where a researcher came in originally as an “outsider” academic researcher but was later required to assume a role in the department she researched (Bjorn & Boulus, 2011). At such point the researcher’s interactions with the participants could cross the thin lines of demarcation between objectivism, subjectivism and intersubjectivism knowledge problematics (Cunliffe, 2011). This explains why, as insider-outsider researcher, I am partially but not fully embodied and embedded in the context of my present research. Another challenge of the researcher-participant relationship is that “rigorous action research depends on the quality of participation and the fair distribution of power in the relationship” (Ozanne & Saatcioglu, 2008:426). This requires that my action research methodology should be able to

address any power imbalances in participants, e.g., between the co-medical directors as owners of the hospital and others as staff; between doctors and other professional staff such as nurses, lab scientists and pharmacists; and between professional and non-professional staff. I intend to address this by engaging participants in discussing the ways in which understandings are shaped (and distorted) by power relations in the organization (McTarggart, 1991).

**3.4.1.5 Action research values democratic participation.** Participation is the cornerstone of participatory evaluation (PE) and both participation and democracy play vital roles in the achievement of the objectives of action research (AR). Participation serves action researchers the purpose of triangulation while democratization is important for collaboration in AR. However, Greenwood and Levin (2007) argues that these two concepts are not themselves panaceas to AR problems. According to the authors, and as we can see from the critique by Datta (2013) of Chouinard's (2013) advocacy for universal application of PE to all industries and sectors (section 2.6.2), there are rising criticisms against overdependence in participation and democratization since each term has different connotations. For example, while participation can be contextualized on power and control, on political positioning or on real-world pragmatics, democracy also operates within particular contexts, power structures and environments. Thus the expressed views of Greenwood and Levin are that participation that does not empower a group to facilitate change according to what the participants consider their priorities is meaningless and that democratization, on the other hand, "requires collaboratively setting the problems to be addressed" (2007:260-261). The implication for a potentially successful AR intervention is that the concepts of participation and democratization should be constituted in such a way that they will be meaningful to the achievement of the purpose of the project and not enmeshed by organizational politics.

I believe that doing research with (rather than on) people empowers and helps the participants to develop new capacities. AR interventions are expected to seek social change across individual, group and organizational behaviors and develop solutions in collaboration with stakeholders that are also sensitive to their needs and desires (Ozanne & Saatcioglu, 2008). Brydon-Miller, Greenwood and Maguire (2003) agrees: "A key value shared by action

researchers...is this abiding respect for people's knowledge and for their ability to understand and address the issues confronting them" (2003: 14). In AR solutions to problems are negotiated among the interests of stakeholders with different power and resources (Herr & Anderson, 2005). Particularly the participatory mode which I intend to use involves stakeholders as participants jointly identifying, designing, collecting data, analyzing and applying the research findings throughout the course of the project. "Authentic participation in research", explains McTaggart, "means sharing in the way research is conceptualized, practiced, and brought to bear on the life-world. It means ownership – responsible agency in the production of knowledge and the improvement of practice" (1991:171), hence it generates commitment (Dick, 2002). How participation will be designed in this project is discussed later (section 3.5.2). The importance of stakeholder participation in AR is therefore underscored by the fact that it encourages self-management which is believed to be "a moral and political value" (Greenwood, Whyte & Harkavy, 1993:177). Participation and democracy are particularly important to me and more so to the focal organization because these are increasingly being required as components of evaluation, assessment, appraisals, training, and research projects in organizations around the globe (Brydon-Miller, Greenwood & Maguire, 2003).

### **3.4.2 Action Research Modes**

In practice, action research takes many forms distinguished by their different philosophical stances such as aims, conception of social science, researcher's role(s) and relationship with participants, validity criteria and expected or experienced internal tensions (Cassell & Johnson, 2006). Perhaps it is because of this diversity which is strange to positivist research that a number of authors (e.g. Argyris, 1980; Evered & Louis, 1981; Sandford, 1970; Stone, 1982; Susman & Evered, 1978) have criticized action research as not truly "scientific" (Elden & Chisholm, 1993). However, Reason and Bradbury (2001) have argued that the diversity in action research is a welcome departure from the unsustainable norms of positivist science (Cassell & Johnson, 2006).

Many of the variants of action research to choose from depending on the research interest of the action researcher have been proposed (Cassell & Johnson, 2006; Chandler & Tobert, 2003; Heller, 2004; Kelly, 1985; Raelin, 1999), some distinguishing between as few as two modes and others as high as 27. I consider the categorization of action research practice by Cassell and Johnson (2006) into five approaches as most appropriate because they are differentiated according to their particular underlying philosophical and methodological assumptions. The first mode is *experimental action research* which retains the traditional objectivist epistemology (cause and effect), realist ontology (independent social reality) and methodological monism (experimentation and quasi-experimental designs) and is credited to Lewin (1946). The second approach is *inductive action research practices* which deploy qualitative methods to collect data to produce grounded theory (Glaser & Strauss, 1967). Third is *participatory action research* which implies the involvement of organizational or community people in the research process from initial design to adoption and implementation of results (Whyte, 1991; Harrison & Leitch, 2000).

The fourth mode is *participatory research practices* which are rooted in critical theorist epistemology committed to emancipation through democratization of social relations (Habermas, 1972). Finally, fifth is *deconstructive action research practices* with interest in postmodernism which assumes that language has no fixed meaning and therefore prefers many voices on the premise that “no organizational change...can have any epistemological authority or ontological priority” (Cassell & Johnson, 2006:804).

While Raelin (2009) has identified unifying elements in all action research approaches including being dialectic, contextual, involving learners as active participants, reflection-in-action, generating meta-competence, double-loop learning, producing practice-based outcomes, etc., I am convinced that the third mode, *participatory action research*, best fits the philosophical underpinnings of my current research and therefore merits further discussion as the modality I will work in this particular project.

### **3.4.3 Participatory Action Research**

Participatory action research (PAR) has been defined by Reason and Bradbury (2001:1) as “a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes”. As a participatory action researcher, with emancipatory interest aimed at improving human welfare, I will employ reflective and action-oriented methods. In this case, my action research will begin with the practical problems of a group of people under the assumption that solutions and knowledge lie in the local organization (Ozanne & Saatcioglu, 2008). The claim has been made that PAR “requires ongoing attention to physical detail and to process to a degree that is unusual compared to many other forms of research” (Alvarez & Gutiérrez, 2001:3).

In order to achieve these lofty ideals, McTaggart (1991) identifies nine key principles upon which PAR should be conducted and I intend to follow them. These include identification of the project or problem of interest to participants; distribution of power through changing and studying discourse, practice and the social organization; changing the culture of working groups, institutions and society; and action and reflection. Other principles will call for unifying intellectual (scholarly) and practical (practitioner, organizational) project; knowledge production; engaging in politics of research action; drawing from appropriate methodological resources; and creating the theory of the work.

In summary, PAR as an action research mode can be distinguished from AR as the umbrella terminology for all action-oriented research endeavors. Coghlan and Brannick (2010) specifically refers to AR as a generic term covering an array of activities including classical (Lewinian) action research, *participatory action research (PAR)*, action learning, action science, developmental action inquiry, cooperative inquiry, clinical inquiry/research, appreciative inquiry, collaborative management research, reflective practice and evaluative inquiry. PAR is clearly a form of action research in which social researchers fully collaborate with members of the focal organization to study and transform (change) the organization as an ongoing learning process with emphasis on participation (Greenwood, Whyte & Harkavy, 1993). This emphasis on extensive participation is the major connection between PAR and PE (see Table 2.1).

### 3.4.4 Action Research in the Context of Training Consultancy and in Healthcare

Action research is not new to health care organizations including in both the United Kingdom (UK) and elsewhere (Bate, 2000). According to Bate (2000), there is evidence that action research has gained ground in several branches of the UK health services including the areas of health promotion, nursing, general practice and in the work of commissioning health authorities. Pressure on National Health Service (NHS) for greater speed in the gathering and utilization of patient and community data has been adduced as one of the reasons for increasing action research in the UK health sector which is a model for Nigeria. An example is the observed government pressure for the use of the rapid appraisal technique within the NHS which the action research process meets (Bate, 2000). Although my present action research is situated in the Nigerian healthcare industry, its focus is on training evaluation.

PAR intervention on training evaluation in the healthcare industry can be justified. It is particularly so when a change to participatory evaluation system is contemplated. Furthermore, there have been calls for the employment of action research in organization development (OD) or human resource development (HRD) projects aimed at workplace learning (Grieves & Redman, 1999) and as a way to bridge the gap between research and consultancy in the healthcare industry (Bate, 2000). The calls perhaps stem from Edgar Schein's concept of *process consultation* which has its roots in the author's clinical/social psychology background and is based on Lewin's basic change dictum that "one cannot understand an organization without trying to change it" (Schein, 1996:35).

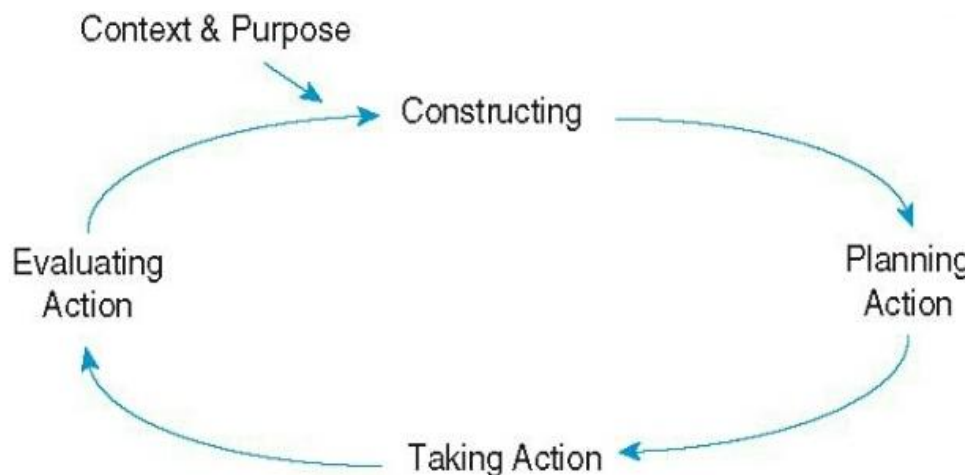
The arguments in favour of participatory action research in the healthcare industry notwithstanding, there have been doubts as to the willingness of managers in the healthcare industry in developing countries to engage in participatory evaluation, especially the justification for integrating practitioners into the evaluation process given the scant evidence of its practical benefits (Smits & Champagne, 2008). This might not be unconnected with the "clinical culture" with which the healthcare industry has generally been associated – i.e. the assumption that virtually all improvements in care are due to medical advances (Khatri, 2006).

However, a more recent Haiti based study suggests that health managers favour working in groups to achieve purposes such as increasing the use of evaluation results (Smits, Champagne & Farand, 2012).

In my current study and in accordance with action research processes, I as researcher-evaluator will collaboratively with representatives of medical and non-medical training stakeholders of Zenith Medicare Centre go through the iterative action research cycles of constructing, planning action, taking action, and evaluating action (Coghlan & Brannick, 2010). This is expected to help in gaining deep insight and reflecting on how a change to participatory evaluation would improve professional knowledge and practice for all stakeholders.

### 3.4.5 The Action Research Process

**Figure 3.1 The AR Cycle**



*Source: Coghlan & Brannick (2010)*

My action research project is designed to follow the iterative cycles of construct, plan, act, and evaluate (Coghlan & Brannick, 2010). *Constructing* involves organizing relevant stakeholders to create a cross-functional team in the focal organization as the starting point of the action research design process. This will involve interlevel (medical and non-medical) staff for the

purpose of generating and collecting research data about the ongoing program from where the research problem emanates, Zenith Medical Centre. This is the stage where I will need to determine the intentions or desired outcomes of the training stakeholders of the hospital selected for participation. It will include establishing shared values by the different levels of staff and organizational units.

*Planning* involves assessing the current state of the organization's processes with regards to training and its evaluation and determining the need for change from the status quo – i.e. from traditional evaluation system to participatory evaluation. I will also at this stage need to make implementation plans for realistic execution of the intervention, such as setting meeting agenda and time targets to ensure that the desired state is achieved at the end of the intervention (Coghlan & Brannick, 2010).

*Acting* is the stage for the actual implementation of the plan including gaining cohesive commitment from the organizational people (including executive management) for change and adoption of the agreed new evaluation method. It is also at this stage that I will be dealing with political and cultural dynamics and hopefully conduct an actual implementation of the participatory evaluation system. Acting will not be complete without setting a system for sustaining the change and the team after the project (Coghlan & Brannick, 2010). *Evaluating* is the climaxing stage to review the process and examine emergent questions about the intervention to see if the desired outcomes were produced. It is also a time for reviewing the consequences and effects of the change and reflecting on the experience gained. The review process can call for reconstructing and then repeating the cycle to ensure that the effectiveness or desired outcome is achieved (Coghlan & Brannick, 2010). Each stage in the process is, of course, an intervention. This means that learning occurs at each point I jointly with participants construct action, plan action, take action or evaluate action. Coghlan and Brannick (2010) allude to this point and succinctly illustrate how it happens:

“In action research, data come through engagement with others in the action research cycles. Therefore, it is important to know that acts which are intended to collect data



are themselves interventions. So asking an individual a question...is not simply collecting data but is also *generating* learning data for both you the researcher and the individual concerned. In short, you are not neutral. Every action...is an intervention" (2010:73-74, authors' emphasis).

### **3.5 Research Design and Methods**

My research design will follow the action research process discussed above (section 2.4.5). The design and implementation will involve the five-pronged process outlined by Coughlan and Brannick (2010) as follows:

I will start by constructing the initiative with training stakeholders of the hospital and systematically generate and collect research data about the evaluation of an ongoing training program for the purpose of determining how the system can be improved. Then I will engage with others in reviewing the data generated and collected with a view to conduct a collaborative analysis of the data. I will go on to plan and actually take collaborative action with the participants based on this shared inquiry. Finally, I will jointly evaluate the results of that action, leading to further planning for sustainability of both the project and the team (Coughlan & Brannick, 2010).

As I have stated at the onset (section 3.1), action research is a flexible and responsive cyclic process and therefore it will be neither possible nor necessary for me to design the research in full detail before starting the intervention. Rather, as Dick (2002) suggests, I will be refining and adjusting the research design as I learn more about participatory evaluation of training in the hospital while we progress in the project. However, in the following sub-sections, I discuss how I intend to identify and select the issue in my client organization that merits solution through action research intervention (section 3.5.1). This will include how my learning and experience as a scholar-practitioner have assisted me in selecting and problematizing the issue and what influenced my choice of site selection. I will also discuss here how participation will be designed (section 3.5.2), how data will be generated and captured (section 3.5.3), how data will be

analyzed (section 3.5.4), how cycles of action and research will be built in (section 3.5.5), how I will ensure that assumptions are challenged, encouraged and contradictory accounts dealt with (section 3.5.6), and how I will acknowledge political and ethical issues (section 3.5.7).

### **3.5.1 How I Will Identify and Select the Issue for Action Research Intervention**

I have been conducting management training for Zenith Medical Centre (ZMC), a medium-sized private hospital based in Lagos, Nigeria for several years and have always received commendation after evaluation. The evaluation process usually involved a top management executive going through what Campbell (1998) has described as the traditional approach and recommends favorably once the management's return on investment (ROI) expectations are met. The problem with this approach is that despite management's satisfaction with the training following evaluation, the results of or data generated from the evaluation never gets to be used to improve the outcomes of subsequent training. The hospital managers considered the shallowness of evaluation data and the effect this has on training as a "red hot" issue and wanted a change of evaluation method. I will consider inquiring into the effect PE has on the issue and its wider organization context/system. I expect that PE would help generate more evaluation data as more perspectives will be considered when stakeholder needs and requirements are factored in (Nickols, 2005). More with it is also not only anticipated but is the focus of this intervention since the evidence points to less use (if at all) of evaluation data generated by an individual in the organization or an outside expert as in traditional evaluation methods based on the Kirkpatrick's model (Nickols, 2005). From the literature review (Chapter 2), it appears that PE encourages utilization of evaluation data through buy-in of relevant stakeholders (Cousins & Whitmore, 1998). It is also thought that PE which is based on the stakeholder approach can increase both "more of" and "more with" evaluation data by "increasing stakeholder interest in the outcomes and in evaluating those outcomes in ways that offer meaning, value, and relevance to all the stakeholders" (Nickols, 2005:121).

A meta-analysis of the effectiveness of training in organizations has established a relationship between the choice of evaluation criteria and the effectiveness of training programs (Arthur et

al, 2003). I believe that seeking solution to my research question, “*How can we increase the use of evaluation data to improve training effectiveness?*” through action research intervention would meet the intentions of and desired outcomes for the stakeholders, including shared values by the different levels of staff and organizational units.

**3.5.1.1 How my learning and experience as a scholar-practitioner will assist me in selecting and problematizing the issue and in developing my reflective skills and capabilities.** The problematization process in action learning which I went through in the taught modules of the DBA has equipped me with the experience of selecting a research area from my workplace based problems – from problem identification/presentation of problem, problematization with a learning set to critical literature review, problematizing and reframing the issue through reflection, and creating problematization write-up. This was cyclical, culminating in critical action learning (CAL) reports. The contextualization of the research design of my current thesis project from the perspective of “insider”/“outsider” researcher is good for enabling us (me as researcher-trainer, client management as training program funders and the participants as affected stakeholders) to jointly identify the “red hot issues” confronting my client organization that warrant scientific investigation (Roth, Shani & Leary, 2007) and in dealing with the ethical and political issues that might arise (Hilsen, 2006).

Critical action learning (CAL) tools for developing my reflective skills and capabilities also embodied in the taught modules incorporate all the elements of action learning and will equip me in carrying out the current change-focused intervention. CAL involves the related concepts of critical learning, critical thinking, critical reflection and action research. Critical learning, defined as the “process of drawing from critical perspectives to make connections between learning and work experiences, to understand and change interpersonal and organisational practices” (Rigg & Trehan, 2004:149), ran through the organizational problems I identified in all my CAL projects in the course of the DBA modules. They will remain useful in my current project. I apply critical thinking when I reflect on and question my reasons/assumptions and practice in order to be both informed and be accountable for my actions (Antonacopoulou, 2004). The deeper the understanding of my problems become, the more I need to provide valid

proof from literature or practice (or both) to support new assumptions. My learning about critical reflection has helped me to develop new perspectives on the issue of evaluating training effectiveness for my thesis and this is expected to increase through honest questioning of self and others as the action research project gets underway.

**3.5.1.2 What will influence my choice of site selection.** In my consulting firm, Capacity for Africa (CIR Africa Limited), we train for diverse sectors, industries and organizations but I will prefer Zenith Medical Centre as a site for this intervention because of the unique challenges hospital settings present to evaluation of novel interventions particularly in capacity building (Wharton & Alexander, 2013). For example, there are challenges of burden of daily tasks (Smits, Champagne & Farand, 2012) which training aims to address. There are also the challenges of staff turnover or “floating audiences”<sup>2</sup> (Wharton & Alexander, 2013) and relationships among the various health professionals in hospitals (see section 3.4.1.1) which I consider interesting areas to learn about. Another reason I prefer the site is because of my familiarity with or preunderstanding of the political dynamics of the hospital, having been officially relating with both management and staff as their training consultant for more than five years prior to the initiation of this project.

### **3.5.2 How Participation Will Be Designed**

Relying on Freeman’s (1984) definition of a stakeholder as “any group or individual who can affect or is affected by the achievement of an organization’s objectives” (Nickols, 2005:126), I will work with the senior management of the hospital to identify their training stakeholders (Garavan, 1995). The eligibility or inclusion criteria will be that a participant must have contributions to and inducements for training in the organization. At least ten participants will be identified through purposive sampling as stakeholders and to whom Participant Information and Participant Consent forms will be served one-on-one. In purposive sampling “the researcher has a clear idea of what sample units are needed, and then approaches potential

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<sup>2</sup> Wharton and Alexander (2013) uses the term “floating audiences” to refer to the high turnover rate of (part-time) specialists and other professional staff in high demand such as nurses and midwives.

sample members to check whether they meet eligibility criteria" (Easterby-Smith, Thorpe & Jackson, 2008:218). They will be allowed 7 days to read the information and ask questions if there is anything that they do not understand before signing the consent form. A minimum of one representative of each of the training stakeholder groups identified will be purposefully selected for participation to ensure that as much stakeholder groups as possible are included.

### **3.5.3 How Data Will Be Generated and Captured**

**3.5.3.1 Data collection.** My primary source of data collection will be focus group but will also include one-on-one interviews (see Appendix A). The appeal of focus group is its ability to generate insightful and useful rich data in timely and cost-effective manner (Davies, 2008). Conducting successful group interviews requires sharpening both the initiator and facilitator skills of the interviewer. In focus group interviews this is called the moderator role which, according to Stokes & Bergin (2006), demands the creation of "a situation where all participants feel comfortable expressing their views and responding to the ideas of those around them, bearing in mind that the focus group interview should never be organized without structure, though it is loosely structured" (cited in Easterby-Smith, Thorpe & Jackson, 2008:151).

Following the "topic guide" structure suggested by Walker (1985), I will organize the focus group in a format which will be circulated to all participants about two weeks before the actual interview date. It will contain the research topic, study aims, research site, date and time of the focus group meetings, and key interview questions on how they experience training evaluation in the hospital over time. Specifically, the questions will address participants' stakes, contributions and inducements in training to understand how these affect the evaluation process. The questions will include: (1) What is/are your stake(s) in training in Zenith Medical Centre? (2) What are your contributions to the ongoing training in the organization? (3) What are your inducements or expectations from the training? It is my expectation that these questions will generate the data for the research since, according to Nickols (2005), stakeholders' contributions and inducements mainly constitute evaluation data as discussed in Chapter 2 (section 2.3).

**3.5.3.2 Laddering and probing.** According to Burgess, interviews of this nature provide the opportunity for the researcher to probe deeply in order “to uncover new clues, open up new dimensions of a problem and to secure vivid, accurate inclusive accounts that are based on personal experience” (Burgess, 1982:107). Drawing from this view, not only will participants be asked the key *what* questions regarding the changes they desire for training evaluation but also *how* questions about the uses of the evaluation data to improve future training programs. I will therefore employ “laddering” – i.e. using the *why* type questions and probes to establish meanings and interpretations the participants attach to their experience with training evaluation (Easterby-Smith, Thorpe & Jackson, 2008).

To achieve this depth of data, virtually all the techniques for probes in interviewing suggested by Easterby-Smith, Thorpe & Jackson (2008) will be used in the one-on-one follow-up interviews. This will include *basic probes* involving repetition of the initial question when the interviewee seems to be wandering off the point; *explanatory probes* involving building onto incomplete or vague statements made by the respondent; *focused probes* used to obtain specific information, and *silent probe* or pause used when the respondent is either reluctant or very slow to answer the question posed (Easterby-Smith, Thorpe & Jackson, 2008). Other techniques to be used will include *drawing out* or repetition used when the interviewee has halted or dried up, giving ideas or suggestions involving offering the interviewee an idea to think about, and *mirroring* or reflecting involving expressing in my own words what the respondent has just said to enable him or her rethink and possibly reconstruct the answer given (Easterby-Smith, Thorpe & Jackson, 2008).

**3.5.3.3 Uses of focus groups in management research.** Areas where focus groups can be used in management research are not exhaustive (Krueger & Casey, 2000). Sharts-Hopko (2001) specifically highlights some examples of formative evaluation, process evaluation, feedback, monitoring, reporting as well as summative or outcome evaluation studies that appropriately used focus groups for data collection for the program or project. Her conclusion that focus

groups “promote self-disclosure among participants” (Sharts-Hopko, 2001:90) aligns with international focus group processes for health and social science research. In this parlance, the essential purpose of focus group is “to identify a range of different views around the research topic, and to gain an understanding of the issues from the perspective of the participants themselves” (Hennink, 2014:4). According to this view, the idea of the group concept is to ensure that wide-ranging information is collected in a single session than would be possible through one-on-one interviews. Also of critical concern to my present project is the creation of group dynamic to raise spontaneous issues and provision of conducive atmosphere where participants will be free to highlight issues that are of important concern to them.

**3.5.3.4 Limitations of focus groups.** There are limitations of focus groups relating to skills required to conduct the meetings, issues associated with group dynamics and data analysis (Krueger, 1994). However, in order to counter such shortcomings it is important to distinguish between Kitzinger’s (1994, 1995) contextual constructionism and Krueger’s (1994) realist perspective of focus groups. According to Freeman (2006), these differences are in the areas of group membership, homogeneity, interaction and generalizability of results. In the constructionist perspective which I take throughout this work, pre-existing groups are considered potentially useful in providing “naturalistic” exchanges as against the realist discountenance of pre-existing groups as engendering bias. Homogeneity is weak in constructionism because having participants with marked status differences (heterogeneity) increases the generation of divergent views likely to deepen understanding. Homogenous groups (or groups of equals) may lead to easier conformity among group members and thus inhibit detailed discussion (Freeman, 2006). That is why the participant selection in this research is wide-ranging to ensure that all key stakeholder groups are included and their perspectives taken into account. Interaction is stronger in the constructionist perspective as the central analytical resource than in the realist perspective where it is only useful for generating discussion on the subject of interest (Freeman, 2006). Finally, much unlike the realist view where results as transferable is strong, attempt to generalize results in constructionism is weak

as theoretical insights are taken in the context of the research. Although results are potentially transferable, that is not the focus but is rather decided by the reader (Freeman, 2006).

I believe that I possess the skills required to moderate focus groups given my more than 20 years of conducting group training and discussions and I will ensure that the environment where the meetings will hold are controlled and permissive.<sup>3</sup> Also, the risk of bias in selection of participants will be countered by appropriate selection criteria enumerated above (section 3.5.2). To deal with the problem of group dynamics, I will ensure that no participants will dominate the discussions or be prevented by the influence of social pressure from participating fully despite the differences in their levels in the organization hierarchy. The major data issues I will have to deal with will include the unsuitability of focus groups for discussing sensitive topics. For example, in this case where I am the facilitator of the ongoing training being evaluated, the operating staff participants are the trainees and the management staff participants presently conduct the evaluation system which the intervention intends to change, open debates might be perceived as sensitive. I anticipate these issues as falling within the nature of PAR to be handled through strict anonymity and prompt transcription.

**3.5.3.5 Data capture and handling.** Audio recordings and transcription of data will be handled by me and strict anonymity of respondents will be maintained. Encrypted password protected personal laptop accessible only by me will be used to ensure strict confidentiality of data. A backup disk will be used as an external storage device and stored securely in a locked up

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<sup>3</sup> The phrase “controlled and permissive” appears as a contradiction such as “carefully planned and permissive” used in the same context by Agar and MacDonald (1995) who in turn acknowledge similar contrast in Morgan’s talk of focus groups as both “controlled” and “naturalistic” (Lincoln & Guba, 1985; Morgan, 1994). The term is used here to refer to formal but relaxed environment. This is the kind of atmosphere for conducting focus groups that Freeman (2006) suggests precludes the development of any single, universal and definitive set of rules. Krueger (1994) sums it thus: “[A] focus group is a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment...Group members influence each other by responding to ideas and comments in the discussion” (1994:6).



drawer accessible only by me. Every completed transcript of a focus group or interview will be stored in the back-up system in addition to the personal laptop from where the analysis will be performed. This will provide additional back-up to make retrieval possible and easy in the case of any eventuality. As all information gathered from participants will be strictly confidential, anonymity will be maintained throughout the duration of the project so that no data would be published that might allow identification of individuals.

### **3.5.4 How Data Will Be Analyzed**

**3.5.4.1 Data review and analysis.** The focus group is expected to provide me with rich evaluation data for the intervention but there will be the need to review and analyze the data according to constructionist conventions. Although there is a variety of qualitative data analysis techniques and approaches in the constructionist perspective and discursive research including narrative analysis, conversation analysis, discourse analysis and thematic analysis, there are common themes that hold them together. The foremost themes appear to be the constant attention to discourse and talk in various interactional contexts and focusing on the close study of language use. Any of these approaches could be used but I will prefer template analysis technique because of the importance of presenting the report in such a way that allows the reader to distinguish the data, the analytic framework and the interpretation by producing a convincing account of my work (Mays & Pope, 1995).

**3.5.4.2 Template analysis.** This a technique (rather than a method) defined as “a style of thematic analysis that takes a relatively high degree of structure in the process of analyzing textual data with the flexibility to adapt it to the needs of a particular study” (King, 2012:426). According to King (2012), template analysis has been used widely in management and health studies and can be used to analyze from small data (such as in one-case study) to large data (e.g. for multiple interviews and focus groups). Although not used in some forms of discourse and conversational analyses (e.g. those that take radical relativist approaches), there are examples of social constructionist studies concerned with broad patterns of discourse that have

used thematic discourse style (King, 2012). One of such examples is Taylor and Ussher (2001) that used thematic discourse analysis in a study of sadomasochism (a sexuality condition).

Using thematic analysis, I will select a priori themes from thorough reading and group discussion of the focus group and interview transcripts to construct the preliminary coding of the data. Every section of the text that seems to offer something of relevance to answering my research question will be marked and a preliminary code noted in the margin to sum up what is of interest on the page or appears to relate to matters relevant to my study. This will provide me the initial template of the study upon which the other data analysis techniques (discussed below) will be employed to generate and discuss the final template.

### **3.5.5 How Cycles of Action and Reflection Will Be Built In**

**3.5.5.1 *Planning action.*** I will adapt from Nickols' (2005) process for implementing a stakeholder approach to evaluating training and feed the resulting data into ongoing training programs in the organization (see Table 4.1). This process will start from jointly with the stakeholders assessing the current state of the organization's existing training evaluation processes and determining the need for change from the status quo. My implementation plans for realistic execution of the intervention will include deciding, in collaboration with the participants, on a particular training program (e.g. the ongoing customer service training) to evaluate, identifying stakeholder contributions to and inducements (expectations) from the training, setting agenda for the training and participatory evaluation, financial and other resource requirements (e.g. venue and entertainment) and time targets for both the training and evaluation to enable the achievement of the desired state at completion of intervention. Out of this mutual process is expected to emerge redesigned actions implemented in the ongoing training programs to attain goals (effectiveness) or to redirect the program towards new goals. Learning to improve learning outcomes manifested in improved organizational performance and assisting the organization to undertake sustainable training evaluation themselves in the future are additional goals or implications of the study.

**3.5.5.2 Implementing the action plan.** The resulting data from the analysis will be fed forward to the ongoing training evaluation. That is to say that the outcome of the analysis of stakes, contributions and inducements will be applied in evaluating the ongoing customer service training program. The training program is one of those usually facilitated by me in my capacity as the hospital's training consultant under the auspices of my consulting firm, Capacity for Africa. This planned action is compatible with Coghlan's (2001) description of action research projects as involving "opportunistic planned intervention in real time situations and a study of those interventions as they occur" (2001:49).

Ordinarily, it would just be enough to administer a post-training program assessment where the evaluator or evaluators will rate their satisfaction with aspects of the training usually wrapped around the Kirkpatrick's four criteria model. Most of the time, in ZMC as in many other organizations using the traditional evaluation method, the expectation will be to measure the ROI to program funders or management through trainee reaction to pre-determined training parameters (section 2.4). Although participants' reaction is important to decisions about any training, critics of trainee reaction regard this so-called "smiles" test as "the weakest link in a course/program evaluation" (Campbell, 1988:329).

However, by feeding the evaluation data generated forward to the design and facilitation of the ongoing training program and collaboratively with the participants evaluating the training on the basis of these stakeholders' perspectives, it is expected that this increased use of evaluation data would improve the effectiveness of the training. In addition to this increased utilization, it is likely that this participatory evaluation process would also increase the quantum as well as the quality of the evaluation data generated. It is therefore my belief that if these objectives are achieved successfully at the end of the intervention, this project would have made a significant contribution to the professional understanding and practice of training evaluation.

**3.5.5.3 Evaluating the action.** The action research intervention will conclude with a collaborative evaluation of the stakeholders' satisfaction or otherwise with the intervention

outcomes and to judge how the use of the emerging evaluation data has improved the effectiveness of the training. Besides the practical resolution of the issue, the focus of the evaluation process will be on increasing the practical understanding of the intervention by looking more closely at meaning-making than seeking for generalizability (Parlett, 1981; Forrest & Masters, 2004:197). It will be necessary for us to determine how the participatory evaluation intervention would have increased the uses of evaluation data to improve the effectiveness of the ongoing customer service training in the hospital in accordance with my research question. This is also the stage to make decisions as to whether the participatory evaluation process and the team should be sustained for future training programs in the hospital.

I believe that the concept of enacted sense-making (Weick, 1988) will assist me in factoring my own biases about this change and the assumptions of the other stakeholder-participants into the design for managing the desired change from the traditional monolithic evaluation process to participatory. Maitlis and Sonenshein (2010) argue that the two core concepts underlying sensemaking in Weick's (1988) study are shared meanings and emotion. In line with the position taken by these authors, I will examine when and how shared meanings and emotion are more and less likely to enable more helpful, or adaptive, sensemaking as I remain open to learning by sharing with the participants. This is important because of the pre-existing relationship between me and the participants, bearing in mind the bias that proximity can bring to learning (Kuwada, 1990). Like in the data generation and analysis stages, I will be careful not to allow my own judgment of what good evaluation of the training, most of which I conduct for the organization, should be. Rather, I will employ an appropriate method to allow sense to be made jointly with participants out of the action research intervention for the intended sustainability.

Again, I consider that focus group will be appropriate for this evaluative exercise because of its key features of promoting dialogic discussion or interaction between participants of between 5 and 12 in number (Davies, 2008). Kristiansen and Block-Poulsen (2004) define dialogue as "an exploratory conversation in which the partners jointly strive for a better understanding or

become wiser together” (2004:373). The emphasis is on the critical engagement of individuals in action-oriented investigation of this nature in which the cultures, beliefs, values, tacit assumptions and mental models informing and shaping participants’ practices are examined thereby encouraging double-loop, organizational learning (Argyris, 1997; Maurer & Githens, 2009; Schien, 1993). Hence, the three key dimensions of discussion for the evaluation focus group will be on (1) what participants learned from the intervention process, (2) any previous views, beliefs or assumptions that have changed as a result of the intervention, and (3) what participants think we could have done better to improve and sustain the process for future interventions.

**3.5.5.4 Reflection and reflexivity.** Reflection will be desirable after each AR cycle to evaluate the lived experiences of participants and learning from the resulting intervention. This explains the essence of evaluation as a form of reflective practice (Watson, 2002). As Moon (2004:6) expatiates, “...a reasonable definition of reflection indicates that we reflect on what we already have learned” and so it will be necessary that we review what has been learned about PE and how this could resolve the issue. Besides this “reflection-on-action”, the entire research process will also incorporate reflection-in-action (Schon, 1992; Weick, 2002) and climax in both personal reflection for me and group reflection for us. Keeping field journals will be critical for me to think about self from a subjective perspective (Cunliffe, 2004). This is where reflexivity, the practice of the researcher recognizing his effect on the outcomes of the research and taking account of this involvement (Anderson, 2008a) will be exhibited through reflexive boxes inserted in my account (Chapter 4). Discussions on these will be incorporated in my personal reflections (Chapter 6). This will include introspective reflexivity about what I am doing as a researcher in the intervention, methodological reflexivity about my closeness to the subject matter and epistemological reflexivity about the mediating influence of language in co-creating meaning and the questioning of assumptions (Anderson, 2008a).

How the outcomes are linked to extant literature and the implications for training evaluation research and practice will be discussed, concluding with my meta-learning expressed in personal reflections on the entire research activity. Based on the final stages of enacting the

action research cycles (Coughlan & Brannick, 2010), this will start from reflecting on what insights I have about the content of the issue including fit of initial constructing, description of the issue and what I have learned about training evaluation in the hospital. Then reflection on the process including how the team worked on conceptualizing and problematizing training evaluation, what I have learned about planning, implementing the plan and evaluating it. Also, I will reflect on any challenges to the premises or assumptions I began with, anything that challenged the team to ask different questions from those originally contemplated or see the issue differently from their original understanding.

### **3.5.6 How I Will Ensure That Assumptions Are Challenged, Encouraged and How I Will Deal With Contradictory Accounts**

First of all, I will strive to ensure that my own biases impinge minimally on conversations. This is where the practical application of critical thinking (Antonacopoulou, 2004) discussed above (see section 3.5.1.1) is called for. I will also encourage participants to identify with others whose experience are either at variance or indistinguishable from their own. More importantly, following action research process will help me to bear in mind that “I am part of the problem and the problem is part of me” (Pedler, 2008:11) so that I know how I have to be engaged but not engaged in dealing with whatever ethical or political issue might arise. This is particularly important because I will have to harmonize my preunderstanding, defined as the knowledge, insights and experience the researcher is bringing into the research project (Gummesson, 2000), with the first, second and third person practice in this project. This requires that I attend to and question my own assumptions with self-awareness reflection, make the intervention collaborative as a research-in-action, testing all assumptions and inferences and link practice with theory (Coughlan & Brannick, 2010).

Here again, dialogical approach will be helpful because it requires that action researchers engage in debates to challenge the research findings and seek for alternative explanations, inconsistencies, problematic assumptions, biases etc. My wealth of theoretical knowledge

acquired in the course of my doctoral level scholarly development will be leveled with my own and participants' practical, day-to-day experience without any undermining the other. This position is informed by my understanding of Eikland's conceptualization of action research based on his discussion of Aristotelian philosophy of dialogue and action research. He urged action researchers to combine a theoretically oriented or directed dialogue with a practically oriented or directed, deliberative action research (Ladkin, 2010). Dialogical approach does not accord any superiority or higher status to the knowledge of the scientific researcher than the knowledge of the real-world practitioner. Theory and practice are regarded, not as strange bed-fellows, but different forms of knowledge (Martensson & Lee, 2004).

### **3.5.7 How I Will Acknowledge Political and Ethical Issues**

Besides preunderstanding, I will have to deal with issues relating to access and politics and ethics in unique ways peculiar to my situation and relationships with the organization as partly an insider and partly as outsider. Being the training consultant for the organization over the years, I believe that I have some good knowledge of the attitudes, norms and relationships existing between the different levels of the organization hierarchy, e.g. between doctors and nurses, medical and administrative staff, hospital staff and customers. These have not only been subjects of training but also experienced in the course of my previous relationships with the hospital. However, this preunderstanding may bring about role ambiguity and conflict usually faced by insider action researchers (Coughlan, 2001; Coughlan & Brannick, 2010).

I will therefore need to balance the intentions and desires of the organization to initiate a change of training evaluation process particularly targeted at improving customer services with my personal objectives of conducting a credible action research intervention that will not only resolve the focal organization's problem but also generate actionable knowledge. I will use available toolkits to make a clear distinction between participatory *evaluation* and the ongoing customer service *training* I conduct for the hospital on the one hand and between participatory evaluation (the subject of intervention) and participatory action research (the research approach) on the other. My familiarity with all the ranks of the hospital staff is expected to

provide me easy access to data but it may be difficult to get the lower level of staff to speak up in the presence of their superiors who are also participants. This fear is informed by the organizational politics prevalent in Nigerian hospital settings where, as I mentioned earlier (section 3.4.1.1), medical doctors almost indisputably lord power over all other professionals. It is much especially so in private hospitals where the owners are usually medical doctors. Perception of my existing closeness to the top management of the hospital could also be an ethical issue for me to deal with. Lower level participants might see me as one of “them” (management) and tend to withhold information while the upper level managers might take me either as one of “us” or as an external training vendor who perhaps desires to justify his continued engagement.

I will therefore take as my responsibility towards handling these conflicts apportioning my motives and agendas in as explicit terms as possible from the onset and continuing to seek top management support in order to gain the needed trust of everyone (Bjorkman & Sundgren, 2005; Hilsen, 2006). Coghlan (2001:55) opines that when we make our assumptions explicit it “aids the resolution process as organizational members develop a shared understanding of the issue being addressed in terms of its history, scope and possible outcomes”. The process for dealing with the conflict of role duality in first, second and third person practice suggested by Coghlan and Brannick (2010) will serve as a guide for me. Going by this guide, I will try to catch internal responses to conflicting demands and deal with them right from the time of obtaining consent from the participants. I will also use the opportunity of the very first focus group meeting to negotiate my role with every stakeholder group represented. Finally, I will link my experience of insider-outsider role with relevant theory.

### **3.6 Chapter Summary**

The methodology chapter is the hub of the thesis because it integrates the conceptual and practical issues that constitute this theory-practice focused research. I was convinced by my doctoral development as scholar-practitioner through the DBA program that qualitative method would better serve my purpose of understanding the evaluation phenomenon from the



perspectives of stakeholders as participants thereby localizing the knowledge. I therefore underpinned the research in the subjectivist ontology and social constructionist epistemology which made AR (particularly PAR) my approach of choice. In the research design, I detailed how I will apply the AR cycles and use focus group and interview methods to generate data for template analysis to facilitate the interpretation. In the next chapter (Chapter 4), I will give a detailed account of what I have actually done and what I have done in collaboration with the participants including the extent to which the problem has been resolved and the sense I made of this in collaboration with the participants.

## Chapter 4: Story and Outcomes

### 4.1 Introduction

The main purpose of the intervention was to understand how training outcomes in Zenith Medical Centre (ZMC) could be improved by increased use of evaluation data. The solution was sought through the implementation of change to participatory evaluation (PE). I used participatory action research (PAR) approach that involved collecting training evaluation data from training stakeholders purposively selected as research participants through focus group and one-on-one interviews. I followed the research design of going through the iterative action research cycles of constructing, planning, acting and evaluating (Coghlan & Brannick, 2010). Each cycle in turn involved engaging in the empirical method of experiencing, understanding, judging and taking action because I was conscious of the core and thesis components of the project (Coghlan & Brannick, 2010; Zuber-Skerritt & Fletcher, 2007). The result was that each of the four cycles culminated in an intervention (Table 4.1).

**Table 4.1 Action Research Cycles and Resulting Interventions**

AR Cycle	Activity/Intervention	Section
Constructing	Selecting the issue and research site; reviewing literature; formulating the research question; drawing focus group and interview questions; obtaining ethical approval; qualifying and selecting research participants. AR team formed and issue identified	4.2
Planning	Diagnosing the issue; collecting data; reviewing and analyzing data; feeding the data into ongoing training; planning logistics for conducting participatory evaluation. Stakeholder contributions and inducements analyzed and fed into (data used to refine) ongoing customer service training	4.3
Acting	Collectively discussing feedback from research participants (stakeholders) on the training outcomes. Change to PE implemented	4.4
Evaluating	Reflecting on the outcomes; making sense of the action research intervention. Issue resolution confirmed; sustenance of PE planned in the light of the new knowledge/understanding	4.6

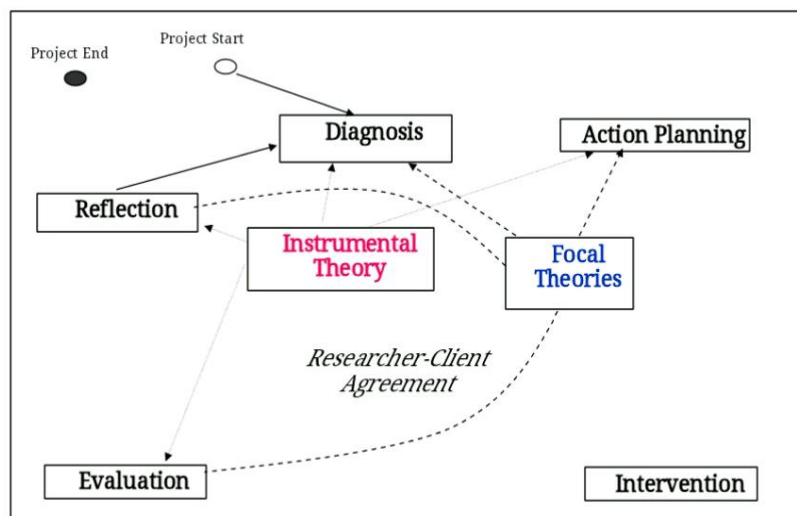
In the following sections, I give a detailed account of what I have actually done as the researcher, what I have done in collaboration with the participants, when and where each event took place, how much data was produced and how it connects to the research question. I will also account for how the data was analyzed, problems or issues that arose in the process and how I have dealt with them. It is important to mention that my account is given from subjectivist (Cunliffe, 2011) and social constructionist (Gergen, 1985) stances which acknowledge multiple and situated knowing (section 3.2). Hence, I was interested in seeking meaning in language rather than in numbers. My account is therefore written as narratives guided by template analysis of focus group and interview data transcripts with appropriate quotes from where the interpretations were derived. I use a number of reflective boxes inserted close to the relevant account to recognize my effect on the outcomes of the research (see section 3.5.5.4 above). These are taken from my field journal and will be incorporated in my personal reflections (Chapter 6).

#### **4.2 Constructing the Action Research Intervention**

In the first cycle, I engaged in constructing the action research intervention. Since I was interested in researching my training consultancy practice through action research for the purpose of my doctoral thesis, I approached the co-medical director of ZMC in charge of corporate services to find out the issue of pressing concern to the hospital regarding training. I chose ZMC because of my pre-understanding of the operational and political dynamics of the hospital, having been their training consultant for more than five years prior to the intervention. In collaboration with some medical and non-medical staff invited by the co-medical director, I found the area of training evaluation to be the “red-hot” issue confronting the hospital. Participatory evaluation (PE) was particularly considered as a viable means of improving training effectiveness through the promotion of increased use of evaluation data. Alternative solutions to the issue of perceived low effectiveness of training in the organization was also sought, for example, in training needs assessment (TNA) which did not appear to offer as much potential as PE.

I then provided toolkits from reputable sources through internet search and short excerpts from reviewed literature as provocative pieces of information to educate members of the group on the premises and processes of participatory evaluation (PE) and participatory action research (PAR). It was at this stage that I used the cyclical process model (CPM) in parallel with the AR cycles to accommodate the theoretical perspectives of the thesis component. The CPM (Figure 4.1) starts from issue diagnosis informed by instrumental and focal theories to planning informed by focal theory and the planned action. The intervention follows with researcher-client agreement reached on the outcome evaluation (also informed by theories). The final stage is reflection on the process to begin the next cycle, if necessary.

**Figure 4.1: The Cyclical Process Model**



To determine the intentions or desired outcomes of the training stakeholders of the hospital from the action research intervention, I drew a table of key focus group and one-on-one interview questions for the second, third and fourth cycles (Appendix A). After framing and reframing the initial proposal, I settled for the research question: *“How can we increase the use of evaluation data to improve training effectiveness?”*

Initially, I had proposed *“Does participatory evaluation increase the utilization of evaluation data to improve training effectiveness?”* as the research question. However, reviewing the

methodological framework convinced me that pursuing solution to that research question would be leading me into efforts to “discover” the cause-and-effect relationships which is positivist and therefore does not conform to my subjectivist philosophy.

#### **4.2.1 Obtaining Ethical Approval**

A rigorous ethical approval process where I made a case for expedited review was followed and obtained from the Committee on Research Ethics of the University of Liverpool after about six months in December 2013. The ethical approval process emphasized in the Participant Information Sheet that participation was voluntary and that participants were free to withdraw at any time without explanation and without incurring a disadvantage. The information included the potential benefits and the potential but minimal risk for the research participants.

#### **4.2.2 Qualifying and Selecting Research Participants**

I identified ten representatives of training stakeholder groups in the organization as potential participants. The eligibility or inclusion criteria were that a participant must have contributions to and inducements for training in the organization and be willing to participate voluntarily. Eight out of the ten sampled stakeholder representatives volunteered to participate and signed the informed consent. The two nurses that withdrew included one that resigned from the hospital and another that was on maternity leave before the start of the fieldwork. The eight participants consisted of 3 males and 5 females. Two of the male participants were medical doctors – in fact, co-medical directors responsible for corporate services and medical services respectively. They represented the executive management as well as the training program sponsors. The third male was a laboratory scientist and head of the lab services and business development in the hospital and whose primary stake in training was as a line manager. The five females were made up of three nurses, one lab technologist and one administrative officer. All the eight participants were trainee stakeholders in the ongoing customer service training in the hospital as they were all involved, directly or indirectly, in customer services in their day-to-day work roles. As the facilitator of the training, my roles as partly an insider and partly an

outsider were negotiated at this stage. I solicited the support of all and obtained assurances for full cooperation.

### **4.3 Planning the Action**

In the second cycle, I considered it critical that obtaining rich evaluation was key to addressing the research question because only when such data are analyzed that the outcomes would be fed into the ongoing training in the hospital before carrying out the intended intervention action – participatory evaluation. To decide on the methods of collecting and analyzing data and the roles of participants in this process which has to run concurrently with the actual participatory evaluation action, we used the 5Ws +H (what?, why?, who?, when?, where? and how?) diagnostic tool first suggested by a management executive participant. This called for the application of the principles of focus group (Krueger, 1994).

Focus group has been hailed as a means of generating insightful and useful rich data in timely and cost-effective manner (Davies, 2008). The first focus group for the purpose of generating evaluation data was held in January 2014 at the hospital's boardroom, an environment considered conducive for the purpose and that also helped the participants to concentrate without distraction by their normal duties. It lasted for about 2 hours during which the stakes of participants in training and their key contributions and inducements were identified from the perspectives of the participants. This was achieved through artful use of semi-structured questions and probes around the key focus group questions (see Appendix A).

I collected the data using audio recording which I personally handled after duly explaining the procedure to the participants and getting everyone to agree on the ground rules including strict anonymity to prevent identifying participants by names. The use of an audio recorder enabled me to analyze my own communication during the discussions. I also kept field notes where I jotted side talks and non-verbal clues that could not be captured through audio record. All participants attended a tertiary institution in Nigeria at the minimum and since entry to all

tertiary institutions in Nigeria requires proficiency in English language, all focus groups and interviews were conducted in English.

**Reflective Pause 1:** The more senior level participants were more enthusiastic at the beginning and almost had to coerce the lower level participants before I used the first focus group to remind everyone that participation must be voluntary. The meeting turned out to be the force that “fired” all participants to willingly continue until the end of the fieldwork project (see section 6.3.2).

#### 4.3.1 Data Analysis

I listened severally to the audio-taped interviews before transcribing soon after each of the three cycles of planning, acting and evaluating so as to vividly remember and note the non-verbal behaviors associated with each of the comments. In line with the template analytical approach to discourse (King, 2012; Taylor & Ussher, 2001), I familiarized myself with the transcripts and discussed with the participants to correct any errors in transcription. I then identified initial discursive themes and coded these along the margins of the transcript where they appeared. I later grouped the themes together, checking for emerging patterns, for variability and consistency, and for the function and effects of specific discourses. I conducted the interpretation of these themes through a process of reading and re-reading as well as referencing relevant literature and then discussion of the emerging sense-making with the participants in the last cycle (evaluating action).

To further ensure the correctness of my interpretations, I checked and rechecked the themes/ codes against the focus group and interview transcripts. From here I formed primary interpretive categories some of which included two or more “secondary discourses” or “sub-

codes” (Taylor & Ussher, 2001). Strict anonymity was maintained such that no names were mentioned. Rather, stakeholder status of participants was used against each group code and individual discourses. I also paid attention to the identification of new codes in the process of analysis. At the completion of coding I examined the data for differences and commonalities both within and across code categories with a view to ensuring that discourses underlying systems of meaning could be made apparent.

#### 4.3.2 Issue Diagnosis

From the stakeholder perspective, Nickols (2005) has identified training evaluation data as falling under three categories: stakes in training, contributions to training and inducements for training (section 2.5). Based on these categories, I asked each participant to answer three key questions from his or her perspective (see Appendix A). Every participant’s comments were in turn discussed by group members in the form of debating, probing or asking clarifying questions.

#### 4.3.3 Stakes in Training

The first question was for the participant to identify his or her stake in training. Analysis of the resulting discourse shows categories similar to Nickol’s (table 4.2).

**Table 4.2 A priori themes (stakes) in the first focus group discussion**

<i>A priori theme (stake)</i>	<i>Description</i>
Trainees	Employees nominated to participate in training relevant to their day-to-day job functions
Management executives	Funding managers and senior managers responsible for overall organizational performance
Line managers	Representing trainees’ managers and heads of functions
Trainers	Representing training department, course developers, designers, instructors, facilitators, vendors



Surprisingly, understanding of participants' stakes was not straightforward and there was ample space for clarifications from individual perspectives.

**Reflective Pause 2:** Contributions and inducements generated similar divergent viewpoints before identification from individual stakeholder group perspectives. This was expected given that dissention is a critical component of action research (Bjorn & Boulus, 2011) (see section 6.4.2).

For example, a management executive asked: "They said we are line managers?" Another management executive described line managers as represented by divisional or unit heads who supervise the work of others without anyone countering. There was also the question of "stake in what"?

*"You [moderator] said what is our stake? Now the basis is on the [ongoing] customer service training or based on the [...] study aim?" (Line manager)*

I clarified that the stake we were referring to was the participant's stake in training in the hospital. Although this explanation was made in the Participant Information Sheet read and understood (or so I assumed from the signed consent) by all, it was necessary to bring the ongoing customer service training in the hospital into context. It was also pertinent to explain that the intended change to participatory evaluation was not momentary but expected to be applied to future training programs in the organization. At this point, a management executive expressed his own understanding of what stake means.

*"Your stake is what...how you are involved...talking about why are you here? Are you an employee or a trainee? Your stake may be that you are a line manager" (Management executive).*

With “stake” understood in this expanded context, four stakeholder groups were identified as trainers, trainees, line managers and management executives. There are, of course, other training stakeholders identified by Garavan (1995) and Nickols (2005) not found in this project. The fact that only four groups were identified could be attributed to the size or structure of the organization. For example, while some organizations may have these functions separately, stakes like funding managers is subsumed under executive management and trainers in course instructors, developers and training vendors in ZMC et cetera.

#### 4.3.4 Contributions to Training

I had expected that there would also be some critical views about what contributions are to participants. Therefore, I tried to clarify contributions generally as what the participant was bringing or would bring to the training. I urged participants to prioritize their contributions by saying first the most important contribution to him/her or to the organization. Again, the same management executive who previously voiced his own interpretation of stake offered to interpret contribution also in his own words.

*“Your contribution to the training [is] what will you do? The old way of training is where one person stands in front of the people in the class and talks for two hours. You know, it’s very outdated training. No modern school does it again. Your contribution...could be in terms of learning points. You know what you want to add to [the training].”*

(Management executive)

**Reflective Pause 3:** I began to get concerned that the very management executive’s voice could be veering to dominate other voices, such that his own interpretation had to be heard before others start to comment. My concern arose from the body language of others once I finished asking or clarifying a question. Everyone gazed at him to say something first. I tried adjusting this “overbearing” tendency by personally pointing at individuals one after another to speak (see section 6.3.2).

Despite the clarifications, individual stakeholders expressed their contributions in rather narrow sense (i.e. in relation to a particular training) until I probed them further or they were prompted by other participants. The key themes participants who are management executive stakeholders used to describe their contributions reflected mostly input values (cost) in training ROI measurement (Phillips, 1997) and are categorized under executive and employee time, provision of training facility, refreshment, sharing resources and skills, cost of training and making the training environment conducive (Table 4.3).

**Table 4.3 Template of Stakeholder Contributions**

<i>Contribution</i>	<i>Description</i>
Executive/employee time	Cost of time spent by HRD/training managers and employees in organizing and participating in training
Training facility	Cost of providing space or renting venue for training
Refreshment	Cost of entertainment during training
Sharing resources/skills	Value of organizational resources and skills managers contribute to make training successful
Cost of training	Direct cost of training, monetized or not
Conducive environment	Venue with good ambience devoid of disruptions

***Executive and employee time***

*“The real cost of it is that we [management] are making available from Zenith a lot of time. We are making available to this training executive time, time of all our workers...time that could have been used for other things. We’re making it available for this training. So if you monetize it, you know, maybe [...] it will be running into hundreds of thousands of naira.”* (Management executive)

*“What I know is time. Time, time, time! It counts...in terms of jobs. Making out time and then...after all, assuming the training goes on and on.”* (Management executive)

*“And...we’re giving our time...now most of us are supposed to be in our various [places of work], ehee!”* (Trainee)

### **Training facility**

*“We’re making available space...for this [focus group].”* (Management executive)

*“And we’re also going to make available the venue for the training proper.”*  
(Management executive)

### **Refreshment**

*“We’re also making available light refreshment.”* (Management executive)

### **Sharing resources and skills**

*“I am interested to see how customer service training will help us realize [our] vision so that we can improve our competitiveness. My contribution to the training is that....I’ll be sharing my own experiences in the training... with each and every one of us. We’re also making available for this training resources and skills of both the executive and the managers and all the staff in this organization. We’re making it available so that this training will be a huge success.”* (Management executive)

*“There’s no reason one wouldn’t share the knowledge that he has acquired in this global world of today where everything is in the internet.”* (Line manager)

### **Cost of training**

*“We’re spending a lot of money even though some of you will not see the physical cash but we’re actually spending a lot of money if you monetize those things.”* (Management executive)

**Reflective Pause 4:** I was rather surprised by the way management executives assume ownership of training with the words “we” and “our” (see section 6.2.4).

When I directed the attention of participants to contributions of the organization other than individual contributions from executive management stakeholders, the question was generally perceived as that of inducements or expectations. In addition to discussing entertainment (feeding) of training participants and making enough space available for the training as I have related above, environment that is conducive for training also came up. Participants exemplified and summarized such environment.

### ***Conducive environment***

*“As we’re here now, there’s a lot of heat. This is not...is no more conducive. We should be under [an] air-conditioned room.”* (Trainee)

### ***Coordination (staff mobilization)***

*“My contribution to the training is...my time is one of them and then coordinating my colleagues to be available for the training.”* (Line manager)

At times, it was difficult for participants to distinguish between their contribution to training and to their actual work. However, since training outcome is often understood as manifesting in the actual work performance (Holton III, 2005) it is possible that a trainee’s effort to apply the training is a contribution to the training. Yet I thought further prompts might elicit deeper insights.

### ***Willingness to learn (commitment)***

*“What I will bring in is my own effort to make sure the customers are comfortable. To take care of them, to look [after] them, to know what they’re in need of so as to render my services as a nurse. And to approach them in a holistic approach, know their problems, know what they need.”* (Trainee)

Trainees also appeared to recognize the importance line managers attach to their (employees') punctuality, attention, active participation and knowledge sharing at the training as prerequisites for effective learning – one that could transfer to higher job performance.

### ***Availability and attention (active listening)***

*“My own contribution No. 1 is to be available any time the training is on. Then the second one is to contribute in the sense that I'll bring out what I know that will help in the development of the organization, then listen to what others are saying so I can learn from them.” (Trainee)*

### ***Experiences sharing***

*“And you [trainer], you too you're gaining from us. As we gain from you, you'll gain from us. Because what we're going to share with you, maybe some of it you have not learned before. And...we're giving our time...now most of us are supposed to be in our various place[s]. Ehee!” (Trainee)*

*“People learn at three different levels. The first one is what you learn from facilitators. The second one is what you learn from your colleagues, that is participants – what you learn from me or what I learn from you. The third one is what you yourself teach yourself. So when there's any training session, there are actually three facilitators in that training session despite the fact that what most of us actually focus at is the one standing in the front. So that is why modern training methodologies emphasize on a participant himself sharing his own experience. And the facilitator sharing his own experience, you know, each of us share[s] experience so that each of us learn.”*

(Management executive)

Looking at the proceedings from my “positionality” (Green & Thorogood, 2004) as trainer to the organization, I encouraged participants to reflect (“think a little back”) to see what could happen if they were attending a training and there was no preparation on their part. Do they think they would derive the maximum benefit from the training? For example, if they wanted

the training to be, “Yes Capacity for Africa, can you change my organization?” in the course of organizing the training for your hospital. I asked what they thought would be their individual, unit/ departmental and organizational contributions to make the trainers to train better. Or would they just say, “Ok, let’s see what they’ll give”. What would each of them want to do from his or her stakeholder perspective so that he or she and the organization can get the maximum benefit from the training?

That is part of what the question on contribution was asking: whatever the stakeholder could do to see that the training succeeds. I emphasized that a contribution means that if it was removed from training that training would probably not go well for the stakeholder, other stakeholders or the organization. That is, the impact of the training will not go well if that resource or service is not contributed. I reminded participants that what qualified them as training stakeholders and therefore participants to the action research intervention was because they have something they are contributing to training. Therefore, I was helping to them to think of what those contributions could be.

At this point, a line manager stakeholder participant asked rather rhetorically, *“If you are coming for training, what do you do? Do you just walk into the centre of the training?”* He readily followed his questions with his own answers:

### **Quality handouts/training materials**

*“You find out that once the topic is known, the individual ought to prepare, you know, read topic, read handouts and training materials concerning that training before coming so that as he’s coming, he can now follow what the lecturer is saying.”* (Line manager)

### **Global best practice facilitation**

“What we expect from the trainer is that... eh...we want the training to follow current global practices.” (Management executive)

Relating an incident to support the demand for global best practices from the trainer(s) including how the training is facilitated (e.g. the use of PowerPoint presentations, interactive sessions, case studies/case-lets, videos, role plays/practical demonstrations and optimization of knowledge in class), the speaker mentioned a training he just attended the previous Saturday. While there, he recalled how his lecturers taught him about 20 years ago and that recollection annoyed him so much. That was because the trainers he encountered at the recent event were still using the same old method. The only different thing he noted was that they were using laptop. He regretted that the trainers or lecturers didn't even know that they needed to attend trainings so as to learn how to use PowerPoint, for example. So he was displeased with the trainers even though they had a lot of information to pass to participants. He opined that it was a very old method for the same person to stand up in class for straight one hour to talk.

*“So we want interactive training. We want case studies, you know, case studies or case-lets, about customer service. We want to watch video about correct and wrong customer service attitudes to see which one is correct....Cases, practical things that we can relate with what we see every day. And we want a situation where the facilitator optimizes the use of the knowledge in the classroom, allows the other participants to share their experience so that everybody will benefit.”* (Management executive)

#### **4.3.5 Inducements for and Expectations from Training**

From the discussion that followed my earlier question on organizational inducements for training as I related above (section 4.3.4), I realized that we needed to widen the scope of the discussion on what inducements could incorporate. This opened up more elaborate understanding, critical insights and peer probing.

**Reflective Pause 5:** Again trainee stakeholders addressed me as the owner of training in the organization – evidence that “self-referentiality” was inevitable in insider action research (Kristiansen & Bloch-Poulsen, 2004) (see section 6.4.1).



I then tried to explain that by inducements we mean advantages, benefits or expectations. I suggested that a stakeholder’s inducements for training could be what he or she thinks he or she would gain from the training and urged participants to mention their inducement in the order it is important to them, to their department/unit or to the organization. A management executive illustrated with a metaphorical description of a radio station called WIIFM.

*“So when you’re doing anything for any Nigerian and you don’t tune to that radio station, you’re missing the point. The person will not be interested. And what WIIFM means is...the radio station is ‘What Is In It For Me?’ As Nigerians, all these things we are talking about is, What is in it for me?”* (Management executive)

He further explained that if a typical Nigerian does not see what is in it for him, he is not interested. And in most times it is thought that what is in it for every Nigerian is in terms of money, is naira. Ultimately, he reasoned, it should be naira but the naira may not be immediate. Sensing that the speaker was doing extra discursive work which was perhaps tending towards accounting for corruption in the national system, I drew his attention (and by extension that of every participant) to the context of training and its evaluation with which we were concerned. Top of the themes that emerged as representing general categories of inducements for training for the different stakeholders includes enriched knowledge, enhanced skill and attitude change although management executives still named ROI expectations such as client retention and increased revenue/profitability (Table 4.4).

**Table 4.4 Template of Stakeholder Inducements**

<b><i>Contribution</i></b>	<b><i>Description</i></b>
Enriched knowledge	Deeper understanding of the subject of training
Enhanced skill/better me	New skills to perform better at work and improve self value
Attitude change	Change in attitude to work, colleagues and customers

### **Enriched knowledge**

*“For me now what is in this training for me is that I will be enriched in terms of how to treat my patients better, how to treat my clients better.” (Trainee)*

*“The inducements like we said that knowledge is limitless. You know, that the better...em...the more you know the better you are. So inducement is always to acquire more knowledge, greater knowledge. That’s the inducement. The learning you have is making one better - for me and for the organization.” (Management executive)*

### **Enhanced skill (better me)/learning**

*My own inducement, my own what is in it for me (WIIFM) in this training is that I want to be a better me. I want my knowledge about customer service be enriched.”*  
(Management executive)

Interestingly, discussion of “better me” used by a management executive above to describe his expectation of training to enhance his skill and learning generated a debate. A line manager asked if by one talking about wanting to make himself a better person, to keep his clients and all that mean that he has any problem with his personality presently that he needs to work on in terms of customer relations? He opined that in terms of training generally and especially when one wants to do a customer care or customer service training, one has to look at himself first to know what his problems are. He then goes on to find out how that training will help him to solve those particular problems. He further argued that if he doesn’t have any issue and thinks that he is better, then he sits down and wanders without getting anything from the training. The line manager therefore believes that before one goes into organizing any training he should be able to say: “these are my expectations”. Without first stating his own inducements, he pointedly asked the management executive if he has any particular expectations from the training. He believes that the purpose of the participatory evaluation about to be introduced would enable one to know if those expectations were met.

**Reflective Pause 6:** I began to notice that the culture of silence (Verhezen, 2010) which appeared to have prevented participants from challenging the opinions of others, especially those of seniors in the organizational hierarchy was beginning to be broken (see section 6.3.2).

The management executive gladly replied (and the gratitude was registered in his smile while the shift from his relaxed to upright sitting position perhaps either signaled that he welcomed the challenge or was surprised by it). He explained that he desired that the training would enable a participant to learn from other people how they manage customers better because some people are very good in managing any customer. He would want participants to learn how others manage customers better. He believes that one needs to learn from others so that he can add to his own repertoire of knowledge and so become a better person. And being a better person means that he will treat his clients better and when he treats them better the hospital will be able to retain them (clients).

Other participants joined in the debate by discussing how the training would better them individually and the hospital as a whole from the perspectives of their stakes in the training. Also there were expectations about the research process as part of the learning process.

*“Training is all-encompassing. Because to some of us, this kind of focus group and participatory evaluation have not been had before, it might look a little bit strange for us to agree or disagree with anyone in total. Do you understand? As it is new, it will take a while before we start getting used to guiding our thoughts to put it [into practice]. Maybe by the time we’re done with the [intervention] and when we want to talk, you know, we’ll know better.” (Line manager)*

### ***Client retention and increased revenue and profitability***

*“We’ll be able to keep them [clients] here so that they will make more money [for us]. As they make more money each and every one of us will be enriched by that training. So these are the inducements, i.e. what is in it for me.”* (Management executive)

Trainee stakeholders also shared the client retention sentiment as an inducement for the training. One of them expressed how this evaluation data is related to her job as a nurse and to the hospital as her employer.

*“When patients are happy, that will make them to stay long. So we want training that will teach us how we’ll deal with them. When they’re going out of here, before they will go out that door, they go and tell others about this place [and say], ‘Come, start coming here’”.* (Trainee)

### ***Attitude change***

*“I have this mentality in Nigeria that all of us must change. And training is one sure way to achieve change of attitude”* (Management executive)

*“What I want is that after this there should be a change. You people will put on a kind of a change between the clients and ourselves in the areas of the way we approach, in our manner and for us to work in harmony. In terms of inducement, after the program, I will want a situation whereby there should be a change. Even if I leave this place to another place, they should see a difference from where I am coming.”* (Trainee)

Here again this and other trainee (employee) stakeholders who spoke in similar way, addressed me (and perhaps management executives too) as owners of training in the organization. It was not clear to me whether “you people” referred to me and my consulting firm, CIR Africa Limited, or to me and the management of ZMC. Neither was any question raised on that phrase nor did the speaker elaborate on it but the reference to “this place” suggests the later.

**Reflective Pause 7:** I did not expect employees to be speaking of “leaving here” and “going elsewhere” in the presence of their directors as talking about things like these are usually regarded as taboos especially in private sector organizations in Nigeria. Even if they did not nurse the intention of leaving, I believe the assurance of minimum risk before giving their consent coupled with managers’ encouragement to participants to feel free to speak up opened the way for virtually every conversation. Another plausible explanation is that line and staff people who used the terms were professionals in their respective fields of healthcare and therefore in relatively high demand in the industry (see section 6.4.1).

### ***Certification***

Management executives discussed provision of certificates of attendance to all participants in training and offering of refreshments as other inducements by management.

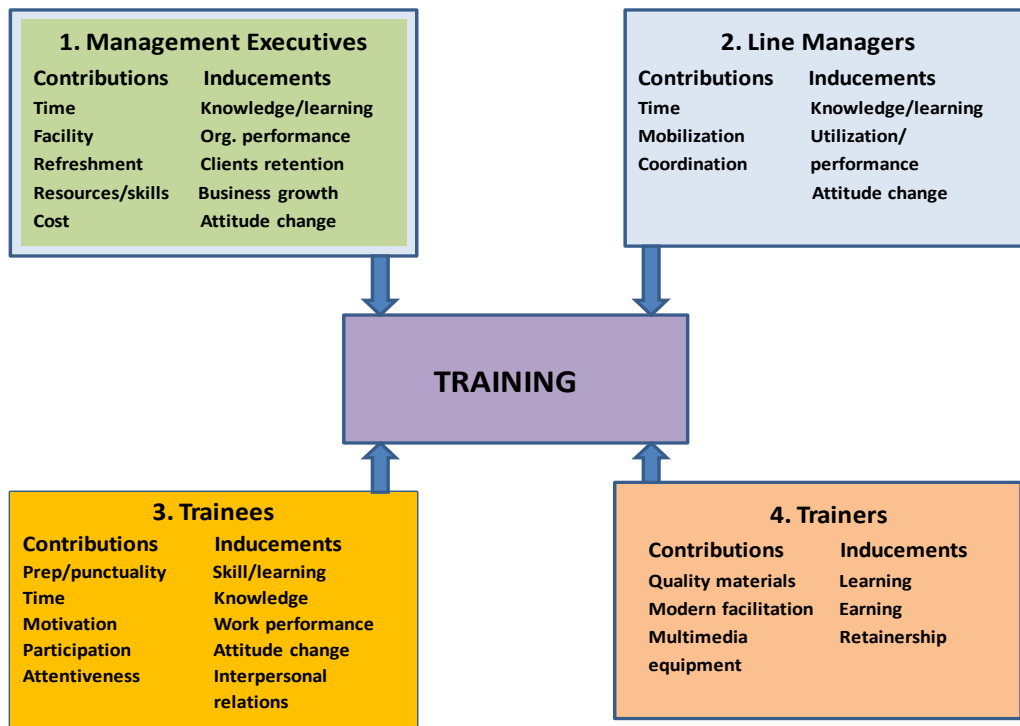
### **4.4 Summary Analysis of Training Evaluation Data**

The following stakeholder groups were identified: trainees, trainers (embodied in the moderator’s voice), line managers and management executives. What the speakers produced as relevant in this account regarding evaluation data in the form of contributions and inducements of these stakeholder groups identified through the pre-training focus group (Table 4.2) is summarized in Table 4.5 below and resulted in the final Stakeholder Contributions-Inducements template (Figure 4.2).

**Table 4.5 Stakeholder Contributions and Inducements**

<b><i>Contributions (Put In)</i></b>	<b><i>Stakeholders</i></b>	<b><i>Inducements (Take Out)</i></b>
Executive and employee time Training facility Refreshment Sharing resources and skills Cost of training Conducive environment	Management executives	Enriched knowledge Enhanced skill {better me} /learning Clients retention Increased revenue and profitability Attitude change
Management and employee time Coordination (staff mobilization)	Line managers	Knowledge Enhanced skill {better me}/learning Utilization of learning to open/grow own business Appreciable change in self/others Certification
Employee time Willingness to learn (commitment) Availability Experiences sharing Active listening	Trainees	Enhanced skill {better me} /learning Better/happier customers Better employer (hospital) Attitude change Harmonious working relationships
Quality handouts/training materials Global best practice facilitation (use of PowerPoint, interactive sessions, case studies/case-less, videos, practical demonstrations, optimization of knowledge in class	Trainers	Learning from participants' (trainees') shared experiences Retainership Earning

**Figure 4.2: Final Template of Training Stakeholder Contributions and Inducements**



*Model adapted from Nickols (2005)*

To enhance the action research rigor (section 6.5), I incorporated both sets of measures of contributions and inducements into a Stakeholder Contribution-Inducements scorecard and communicated the results to all the stakeholders in a printed form to enable them read and criticize the narratives I used to convey their comments and interpretations during the data collection focus group (Melrose, 2001). I presented the transcribed and anonymized focus group proceedings together with the preliminary analysis of the pre-evaluation results in a 27-page document of one-and-a-half spacing (for easy reading and annotation) and distributed to all participants. As Mays and Pope (1995) suggests, I followed the presentation of extensive

sequences from the original data/conversations by a detailed commentary as one way of minimizing researcher bias.

#### **4.5 Implementation Action of the Participatory Evaluation and Outcome Measures**

In the third cycle of the action research process (Table 4.1), I engaged participants in an actual participatory evaluation in which the increased evaluation data (Figure 4.2) were fed into the design and facilitation of the ongoing in-house training program. This was done by ensuring that identified stakeholders' contributions were incorporated as inputs to the redesign of the customer service training so that their inducements could be realized. This action research process represents pragmatic philosophy which addresses practical outcomes (Shotter, 2010). Hence, I used the results from the evaluation data generated from the first focus group analyzed in the foregoing sections to drive productive conversations with all the stakeholders through one-on-one interviews that lasted between 15 to 30 minutes each. These interviews were held at the participants' different offices at mutually convenient times spanning about three months between February and May 2014. The contributions and inducements and their prioritization were used to stimulate participants' reaction to the ongoing training as a measure of training effectiveness (Noe & Schmitt, 1986) and to engage participants in subsequent conversations focusing on utilization or uses of the evaluation data to achieve the proposed change to participatory evaluation (Greene, 1988).

Before starting the interview proper, I first reminded each participant of the original objectives of the training. I explained that as savvy customers today more than ever demand higher and higher levels of service, the training program emphasizes that customer service skills can increase participants' value to the company and advance their career at the same time besides helping customers feel better about the hospital's services and organization which will keep them coming back with their friends. The learning objective therefore was that at the conclusion of the interactive training, participants would enhance their opportunities for



success in an increasingly competitive market by learning the secrets of superior customer service. Also through a video guide to repeat business and customer loyalty, participants would learn the right ways to serve their valued customers by viewing scenarios in actual business settings on important topics such as first impressions and the value of a smile, the greeting game, product or service knowledge, going the extra mile, telephone etiquette and handling returns and customer complaints.

**Reflective Pause 8:** Here my multiple roles as trainer-instructor and researcher-interviewer became even more obvious. I felt that bringing the objectives of the training to the consciousness of participants would help drive the PE discussion reflexively (see section 6.4.1). My thinking was informed by my experience with training participants' involvement in bringing about desired change when they are clear about and buy into training objectives. This thinking also agrees with the observation that involvement and improvement are the two vital objectives of action research (Dickens & Watkins,1999).

The conversation that followed enabled me to gain deeper insight into participants' worldlife (Maurer & Githens, 2009) that produced the desired change in the evaluation of training in the organization as well as in other areas not originally contemplated by the intervention. It also provided me and the participants the opportunity for "reflection-in-action" (Schon, 1992).

The one-on-one interview questions were actually unstructured but concentrated on three main issues: (1) the observed or experienced impact of the training on the participants' work, others or organization, (2) the effect participants thought the use of pre-training participatory evaluation data contributed to the perceived effectiveness of the training or application of the learning to their work, and (3) whether and why participatory evaluation should be recommended for future improvement of training effectiveness. I urged every participant interviewee to relate (judge) the evaluation as much as possible to his or her stakeholder

perspective or contributions and inducements as experienced. As a result, some of the responses were quickly followed by an example derived from the workplace after the training. And these were necessary insights because utilization of evaluation data to improve training effectiveness was the key focus of the action research intervention.

#### **4.5.1 Effectiveness of the Training**

It was not difficult for participants to recall changes they have experienced or observed in others including co-participants, co-workers and customers. For trainee stakeholders who are mainly nurses, such improvements were reported in the area of attending to patients and their care. For example, a trainee related how before giving a patient injection, she first of all went through the files to know the type of injection the patient was going to take, including the dosage and the duration of the injection. But on the process of giving the injection, the patient started shouting and raining abuses on her. Exercising patience, she explained everything about the process and attended to her in a polite way. She didn't go on shouting back at the patient even when she continued to ask her series of questions about the treatment. She just calmed down and explained the procedures to the patient. She believed that it was the training that really helped her to explain the procedure to the patient such as the type of injection she was taking and the precautions as well as the duration of the injection. Flashing back, she recollected that the evaluation data included *attitude change* and that was actually what helped her to attend to the patient in the manner she did. She was able to control herself, knowing how to attend to that patient at that point in time.

Another trainee acknowledged that the training really helped in the *relationship* between those of them working in the hospital and the clients. Simply put, she believed the training really helped in the customer care. She also cited the example of how many of them (workers) have really *changed*. And she expressed no surprise at how a lot of the clients were appreciating what they (workers) were doing in the hospital because of the training. Confident that there have been a lot of changes, she recalled that if they want to talk to clients now, they will call their name and speak to them politely. She believes that this outcome was as a result of what

they were taught in the training and that this, in turn, is really showing on the clients, and the clients are really happy about this development. She added that not only are the clients seeing a lot of changes in the workers at the hospital, they are really talking about them. She said that the changes are affecting not only her but all the workers in the hospital because she believes they are really applying the things they were taught in their day-to-day work.

Yet another trainee was of the opinion that it was the pre-training focus group which was part of the research program that actually produced the good result which manifested in a lot of changes being observed. She viewed the focus group as a *training* rather than *evaluation* exercise, calling it “the first training we had”, but she believed that the issues discussed as well as the outcomes actually got the effective result. She said her reason to believe the training was effective was that staff of the hospital have become more respectful to their clients and that they have also become more responsible. Calling the customer service training she attended “the second training” she exclaimed: “Ah! I learnt a lot.” She said she learnt to be patient with her clients and that her attitude or manner of approach has actually changed as the training taught her to be very patient with her clients.

Not every trainee agreed that the impact of the training was immediate or absolute. This was expected because the polyphonic dialogue used in this interview attempted to accommodate multiple voices even with disparate views rather than seeking for consensus (Bakhtin, 1929/1973). I settled for template analysis because of its flexibility to adapt to the kind of textual data I generated (section 4.3.1). Perhaps because interview of trainee stakeholder participants commenced only two weeks after they attended the training and lasted for ten weeks afterwards, it could have been too early for all effects of the training to be experienced or observed. Despite that, the immediate effect on the participant was detailed with an example comparing previous attitude and post training change.

A trainee who did not agree that a huge change had yet occurred compared with her contributions and inducements recognized, though, that change is not always immediate but

can be gradual. In her words: *“...but small, small, there will be a change”*. She expects satisfaction with, *“at least, maybe phone call, maybe attending to your patients or sometimes they can be, you know, they can be annoying?”* Her expectations were high from the training because, as she humbly accepted though with a voice that betrayed her emotions (see reflective pause 9 below), she is hot-tempered. She sees this as her own peculiar case but believes the training would make her to calm down *“sometimes maybe”* when different people are calling her here and there at the same time, as is with nurses in many hospital settings.

**Reflective Pause 9:** That the participant was easing and frowning (as if she was already quarrelling with a customer) and at the same time believing the training would help her change supports there is a gap between learning and attitude change outcomes as previously expressed by her stakeholder group (see section 4.3.5 above). While she learned, her problem remains attitude change which future training should address.

A trainee participant reasoned that since it is not possible to control the behavior of patients especially when one is the only person on duty in her unit, the option left is to learn and develop skills on how to deal with them through training. An instance cited is maybe a situation when some people will come and say something like *“I’m in a hurry, I’m in a hurry! I want to take injection”* and someone came in first and was waiting. She eased to show how offensive it could be when the later person demands to be attended to first. But she agreed that the training made her to know that she needs to just calm down, put on a smile and sometimes even put a joke across and that person will relax and wait for her turn. She said the training taught her how to look for something to tell the aggrieved client to calm down.

Compared to her *“normal self”* (which I understand to mean her pre-training attitude to customers), she exclaimed: *“I don’t care!”* (frowning as if she had suddenly returned to her old self). Sensing my likely reaction to her changed tone and behavior, she quickly tried to explain

off what she agreed was an entrenched poor attitude to customer service especially in the public healthcare sector. The trainee (a midwife) said that poor customer service was her problem because from a government Health Centre where she came from, she would just walk out on the patient who dared to complain. It would be the customer who would even be begging her then. That would just be it. If for example the requirements for delivery were not complete, she would simply ask the person to go back home. But she came to find out that in a private hospital such as ZMC where she now worked, nurses and midwives would try to pet the client. That is why she insists that the training at least calmed her down a little. She said it made her to change that side of her – being so angry because of the stress involved. She said the training was helping her so that at least she can cope with anger.

Another trainee that alluded to partial effectiveness of the training from her perspective – that there are some things that have changed – however said that she learnt so much from the training. Again her main concern and which was learnt was the enhanced skill to deal with the customer, especially when they are troublesome. Despite that, appreciable improvements were also noticed in self and others, making the training a reference point. For example, she said that she and her colleagues don't answer customers abusively anymore even when they ask "stupid questions". Instead, she said they would now start giving the customers assurances, pleading with them to be patient.

To show evidence that they now know how to deal with the customers, she recalled that if it were before the training, if a customer or patient harasses any one of them, they would react negatively or "*do somehow as a human being*" (in her words). She said some customers' behaviors embarrass her because she felt they couldn't have talked to her like that had it been she was not working in the hospital. But she said that she has stopped reasoning that way since after the training. Her impression about the relationship between her and the customers has changed because she said she has realized that that they (staff of the hospital) were working for their money. She believes that henceforth even if the customers behave "somehow" they can calmly plead with them to exercise patience and know how to handle the complaint amicably.

The last of the trainee stakeholder participants I interviewed seemed to illustrate what the previous interviewee called customers' "somehow" behavior. Although she also believed that only "some things have changed" because of the training, her learning goes beyond how to handle customers to how to support them too. Noting that a lot of the customers complain about bills because they are usually angry that ZMC charges are high, she said her approach since after the training was to enlighten them. This includes letting them know that it's not anyone is just billing them what she wishes but that the hospital has a price list. She demonstrated how she would show them the prices, the actual amount she was quoting, that even the least expensive drug like paracetamol has a price. Another point she mentioned that supported cross-learning from the training was that the behavior of any staff of the hospital who has attended this course distinguished the person from those who have not attended. Conversely, if any of the staff who has attended the training misbehaves to a customer, others who have attended would quickly caution the person to remember what was learnt from the training concerning customer service, including internal customers.

The commencement of interview for the upper hierarchy of the organization represented by line manager and management executive stakeholders was extended to more than one month after the training and lasted for one and a half months. I believed that a longer period might give people at those vantage positions the ample opportunity to observe more than others any changes that occurred since after the training. More detailed observations were also expected, given that these stakeholder groups could not only speak for themselves but also for their subordinates (research participants or not) and the organization as a whole, including its survival, growth and profitability. I consider this proper because the input and output evaluation data for these levels of stakeholders far extend beyond personal to organizational characteristics.

The first management executive I interviewed on behalf of management and staff of Zenith Medical Centre expressed his profound gratitude for the training and for this novel opportunity

to evaluate the impact of training in the organization and in the individuals and associates – those who work in the hospital. His take was that the training on customer service in the organization was very timely and that the impact was already being noticed on the organization. He averred that the impact was quantitative. He believes that the concept of evaluation is about measuring the impact of training but wondered that any “firm research” to establish the quantitative effect has not been done. Apparently, the management executive belongs to the quantitative school and here speaks of his expectation that the evaluation would follow the usual quantitative methods of the objectivist paradigm or knowledge problematic (Cunliffe, 2011) which they have traditionally used to evaluate training to measure return on investment (Campbell, 1998; Phillips, 1997).

**Reflective Pause 10:** I realized at this stage that although I spent a lot of time educating participants on the process of participatory action research as the method of conducting the intervention and ultimately taking action to implement a change to PE, I have not discussed the philosophical stances and assumptions that guide the research with the participants. Since the allotted time for the one-on-one interviews would not be appropriate to include such important education, I resolved to use it as the introduction to the second, reflective focus group (see section 6.4.2).

However, he explained that through observation, he could see the impact of the training on the organization. The way he said he had noticed the impact was in terms of the number of customer complaints. Since the number of customer complaints has declined appreciatively, he reasoned, the training was effective. He went on to quantify the impact, noting that overall before the training an average of 3 complaints was being received from customers weekly in terms of service. But he noticed that this has reduced to occasionally 1 complaint weekly. The significant thing about it, he said, was that the customer complaints now pertain to the staff who did not participate in that training. When there is a complaint, in fact when he notices any

complaint, he would ask which staff? As it would turn out to be, he already knew that the staff, the person the customers were complaining about, was somebody who didn't participate and said he had never been proved wrong. This makes him believe the training had high impact. He added that customer satisfaction is now higher. To foreclose any doubt as to whether the training actually produced this effect, he explained that it was not, as somebody might argue, that the customer complaint could have declined because probably any equipment has been installed or the hospital has done new things. But he said that it was interesting to note that there has been no new equipment since the time of the training. That it is the same equipment, outfit and set of staff means to him that the training must really have clear impact.

Another area of improvement noticed by management executives was the relationship among the staff themselves. He noticed that people were now working in more harmony, that people were more respectful and that people were happier with their jobs. As noted in the case of working tools or equipment, he said that it was not as if staff salary has been increased or as if their service conditions have improved. Rather, he believes that it was just that people appreciate more the need to have become a better person especially as the staff are actually his customers too. Therefore he has to make sure that they are happy. He illustrates that part of the improvements on his person ("better me") was that when he offends the staff, he takes the initiative to apologize to them to improve the relationship. So overall, he thinks that they were making some increased performance, knowing that over the long run it would result to increase in the top line and the bottom line – a key inducement to management executive stakeholders.

Another management executive, like the trainees, believes that there were definitely positive changes following the customer service training in that everyone who attended now know exactly that the patient is the king – that the customer is the king – as the saying goes. Recognizing that without the customer the organization cannot stand, he said the way staff now treat the patient has changed for the better. Recounting, he mentioned that attendance was now very good, that attitude to the patient has clearly improved and that the organization,



management and staff were really reaping from what the training's objective set out to achieve (see the following example and others in sections 4.5.2 and 4.6.2 below).

The last response to the question of effectiveness of the training was a line manager who said his observation was that looking at the kind of staff they have in the hospital, the pre-training focus group meeting and now the actual participatory evaluation, he noticed that the response to customers has improved in some quarters that was lacking before. To him, this showed that some of the staff who usually turned customers down did not do that again. Citing an instance from those in the laboratory, he noticed that everybody was now working towards one customer service objective. He said no customer wants to go again, much unlike before the training when it was: *"you come, you come; you go, you go"*. By this he meant that it was previously nobody's business whether a customer is retained or not.

Furthermore, the line manager noticed that the new attitude of his subordinates is something like: *"Ah, let's see how we can make this person stay. Okay, if this person cannot afford this, what can we do to help the person?"* His own personal impression was that his approach towards customer service changed a little because of the training. He mentioned that one of the things he personally learned was that there are different angles to look at customer service such as customer care. He cited one of the questions I asked during the training: "Can I help you?" He noticed that such a question is not the type one can usually pose to a client and that it was the training that helped him to know that. And then he added that his interpersonal relationship has improved due to the training.

#### **4.5.2 How the Use of the Evaluation Data from the Pre-training Focus Group Influenced the Effectiveness of the Training**

It was not so easy to help the trainee stakeholder participants to differentiate between the pre-training evaluation data generation focus group and the training itself in terms of what was learnt. For example, one of the interviewees referred to the pre-training focus group as "the

first training” but mixed up the learning outcomes of both processes. After several prompts to redirect attention to the pre-training evaluation data generation focus group as distinct from the actual training, a trainee still responded: *“It helped because we’ve started seeing some results. Now our clients are no longer complaining of delay; no longer complaining of people not talking to them when they come. So that shows it has produced good results.”* But the response and the subsequent one from the same respondent obviously referred to the training outcomes.

**Reflective Pause 11:** It was obvious at this stage that the fact that I combined the role of researcher and moderator of the focus group with the role of facilitator of the actual customer service training made some to think that all we were doing was nothing but *training*. To these lower level stakeholder participants, the idea of evaluation was still strange to them. This seems to confirm that the traditional evaluation ZMC conducted was exclusively a management affair (Nickols, 2005) (see section 6.4.2).

I had to explain that the data generation focus group which we did earlier was different from the training itself. I reminded them that in the focus group we discussed how the training was going to be: what they would put in; what they would take out; and what their respective parts or stakes in the training were. I repeated with some emphasis that the question now was: *“How did the use of the evaluation data gleaned from that pre-training focus group discussion influence the effectiveness of the training, as you have just observed?”* The same types of prompts were used in almost all the interviewees to achieve a redirection of responses.

In addition, asking if the participant thought there would have been any difference in the observed change if the training was just held as usual, without the pre-training meeting further helped elicit responses that related to the question of utilization or uses of evaluation data to

improve the training outcomes. The result was answers from trainee participants such as *“It makes me to concentrate”, “It helps me...to listen very well during the training. I really listened during the training”, “Had it been we didn’t do the evaluation, I wouldn’t have known what the training is all about. Yes. It was through that evaluation that made me to understand the training more and what it is all about. It gives me more information to listen to the training to my work.”* In fact, one trainee respondent termed the focus group *“a thing of the mind”* adding that the evaluation was an eye-opener for trainees to know what they were going to expect next and what they were going to learn from the training. She believed that trainees were going to know what they expect to learn before they jump into the training. Knowing beforehand what is coming from the training, she reasoned, it would not be new to them again when the training eventually comes.

Other responses generally provided deeper insight. For example, a trainee said that there would have been a difference because the participants would not have been prepared for the training the way they did without participating in the pre-training meeting. She had no doubt that the participants were eager to attend the training because of the experience on the first meeting. Having data to support what to expect, she believed they actually wanted to have more information and that made them really eager to hear more. She was sure that all the trainee participants like her enjoyed the training session as a result of being pre-equipped.

Another trainee stakeholder participant likened the generation and use of evaluation data to learning from A B C before getting to make a whole sentence. In that sense she appeared to agree that the data served as a stepping stone; for if they did not start from that beginning, the training would not have achieved its desired objectives as much as it did. She saw the first focus group as really helpful because it enabled all the stakeholders to know where they were going and the meaning of what they were about to do – participatory evaluation of the ongoing training.

To a management executive who also did not think that they would have achieved the kind of results they got from the training without the focus group, it was the focus group that helped to put everybody on the same page, as it were, and people knew what was in it for them. He recalled how people sought clarifications and felt strongly that the training was a product of the focus group data generation and subsequent dissemination of the resulting data to everyone. He reasoned that without the focus group people might not have understood the whole purpose of the training. Besides the impact of the training on individual trainees, he believed that the focus group obviously contributed to the type of *“unusual impact”* of the training being witnessed in the organization. Specifically, he mentioned that during the focus group it was clear to everybody what were expected – the benefits to and expectations from various groups: the organization, staff and customers as stakeholders. So everybody knew what its benefits were, inducements from the training. He said that people came to know what was in it for them and for the customers who will get better services which were going to result in fewer complaints just as have been noticed. He concluded that he had seen those results in *“better persons: better me, better you, better staff”*.

Another management executive also thought that the use of the evaluation data that emerged from the focus group meeting helped. Particularly, he recounted how the data helped in that those of them who chose *“the managerial component of it”* to make sure that there were the availability of space, monitoring requirements and anything else that they could do applied it at their own level. He said that the organization also ran their things in that direction, making sure that people knew their schedule and complied with it. He believed that there might have been a minus to the training outcomes without the pre-training data generation and utilization.

On his part, a line manager participant said the evaluation data did contribute to improve the training outcomes because that was not the first training he attended. He opined that while approaches to training differ, the outcomes of training also differ because of the approach. Referring to line-staff relationship as *“my constituency”*, he said that there were some things he would look at which *“somebody from outside”* actually could not see. Particularly with

reference to his subordinates whom he excused himself to use the words *“my staff”* for the moment, he said that sometimes he would be thinking: *“Will this person ever learn?”* Explaining the seriousness of his concern, he said that he asked that question not necessarily rhetorically. Rather he usually asked the question whenever he continued to say one thing over and over again. It therefore surprised him to notice that what the focus group did was to prepare the minds of that group of people. And he believes that preparing one’s mind for something and getting the actual event makes it sink in more and causes him to use it more. *“And I think that is what is happening”*, he concluded.

**Reflective Pause 12:** I was initially jolted by the references to “my constituency” and “somebody from the outside”, thinking of my role duality and associated issues to the action researcher (Coghlan & Brannick, 2010; Evered & Louis, 1981). Was he referring to me as an outsider who could not “see” or understand his constituency? I quickly made a note of this and paid closer attention to the rest of his response, recognizing that active listening was a key requirement from me as the interviewer.

#### 4.5.3 Why Participatory Evaluation Would Be Recommended for Future Training

Responses regarding the pre-training evaluation data analysis and utilization naturally led to the recommendation of participatory evaluation process in future training. For example, a trainee participant who would want participatory evaluation to be extended to all future training in the organization said that it had become clear that evaluation done before training would help give more information about what the training was going to look like. To her it was so far so very good. Another trainee participant thinks that with participatory evaluation trainees’ eyes would be opened to know what next to expect and what next they were going to learn. She believes that participatory evaluation helps trainees to get prepared before they *“jump into the*

*training*". This response presumes that being armed with evaluation data prevents the training from drowning, so to say, in ineffectiveness or poor outcomes.

It was also the wish of a trainee participant that participatory evaluation of training continues to bring together all stakeholders – trainers, trainees, supervisors and everybody and she said she would really want to see more of their inputs. Agreeing that participatory evaluation could help a lot, another trainee said that it makes one to discover that she didn't actually know up to a tenth of the things she thought she knows. She believes that participating in an evaluation makes one know the other remaining ninth or eighth parts. But for a management executive, it wasn't merely a wish that PE would continue in the organization after all. He assured that the hospital would continue to use this collaborative method because every stakeholder had seen that it was much more impactful despite the fact that it was likely to cost more.

He claims that in terms of time and in terms of money, PE was more expensive but that the ROI was worth the while. He believes that the ROI was also likely to be higher than using the classical training method. Still clinging almost religiously to the ROI measurement criterion of successful training for which traditional evaluations are known (Barnett & Mattox, 2010; Phillips, 1997) the participant believes that less could be more because what one is looking at in business is net return. *"If you are spending more money and you are getting more value, then it's better"* he concluded in a rather advisory note. However, a trainee would welcome continuity of participatory evaluation only if the trainers would come, brief the trainees and then allow them to share their (trainees') own opinions too so they prepare for the training ahead. But whether she believes that having other stakeholders to participate was not important was not probed further.

While a management executive thought that having the arrangement of those three phases including pre-training, in-training and post-training evaluation actions was a good idea to continue with future training, a line manager participant argued that people's attitude towards particular trainings differs at different situations or "constituencies ". He feels that

effectiveness of training was more of a matter of the mindset of trainees. He pinpointed at the awareness of trainees because they were involved. *“That is why I encourage it. Because now everybody is actively involved in it, you won’t say they told you. We saw it!”* he exclaimed.

#### **4.6 Evaluating the Participatory Evaluation Action**

The purpose of the last AR cycle (evaluation) was to judge from the comments and reactions of participants how the participatory evaluation (PE) action increased the uses of the evaluation data generated, reviewed, analyzed and fed into the ongoing customer service training improved its effectiveness to training stakeholders in Zenith Medical Centre (ZMC). In this reflection and sensemaking section, my aim is to draw on the theories we reviewed in the literature (Chapter 2) and developed from the results of practice from my story (Chapter 4) of the AR intervention and integrate these with the methods of carrying out the research (Chapter 3). How did we (i.e. the action research team) make sense of our experiences and the accounts?

As McTaggart (1997:11) emphasizes: “Writing, or otherwise reporting the work of the [AR] project will often be an individual activity but confirmation must always be collective”. Consequently, a 2-hour sensemaking, reflective focus group session was organized in June 2014 where the lessons learned from the entire process were analyzed, critiqued and discussed by the team and recommendations for future implementation programs agreed to wrap up the project. Following is therefore an account of how the AR team evaluated the change action that has taken place in ZMC as a result of the intervention.

##### **4.6.1 Reflection-on-action**

Reflection and reflexivity took place throughout all the cycles of the intervention. This conforms to the general understanding of the concept of reflection as “the practice of periodically stepping back to ponder the meaning to self and to others in one’s immediate environment about what has recently transpired. It illuminates what has been experienced by

both self and others, providing a basis for future action” (Raelin, 2001:11). However, Chivers (2003) has pointedly explained that Schon’s idea of “reflection on action” is the process of professionals reflecting on their performance after the event. So it was also our collective desire in the AR team that the outcome of our reflection on action would provide the basis for the sustainability of participatory evaluation in ZMC long after the intervention.

For the purpose of this discussion, I will apply Raelin’s (2001) five skills of reflective practice involving staying with self and inquiring with others. These include: first, the frame of being present, inquisitive and vulnerable by opening up to experience and to the interpersonal environment around me. Second, individual disclosing by sharing my own doubts or by voicing my position. Third, probing to draw out facts, assumptions, reasons and consequences. Fourth, collective speaking in order to find and characterize our collective voice. Fifth, testing through open inquiry to uncover possible new ways of doing what we have done in this research process. However, using these skills successfully requires that I integrate the sensemaking process which opportunity the focus group also offered.

#### **4.6.2 Sensemaking**

The last focus group provided the opportunity for meaning making or lessons learned on both evaluation of training outcomes and the research process with the implications for training evaluation research and practice in the organization. The concept of enacted sensemaking suggests that “people could think about crisis in ways that highlight their own actions and decisions as determinants of the conditions they want to prevent” (or change) if responsibility is devolved to lower levels thereby increasing or expanding skill levels (Weick, 1988:316). It was quite an interesting experience for me to observe the way this intervention opened up the opportunity for even the lowest levels of training stakeholders in the hospital to participate as deeply as the highest ranking management executives in determining how best evaluation should be done. This made me feel fulfilled that the intervention produced much more than the expected results for me and for the participants and our organizations which are likely the ultimate beneficiaries of our new knowledge and improved practice.



Furthermore, Gioia and Chittipeddi's (1991) reciprocal cycle of sensemaking and sensegiving model provided me with the insight to assist participants map the planned change in view of the multiple stakeholders involved. According to the model, sensemaking is an attempt to ascribe meaning to actions or events to enable stakeholders revise their understanding. Sensegiving, on the other hand, is the effort to express the values underlying the new reality to provide alternative interpretations that will influence future actions. The second focus group provided the opportunity for the stakeholders to make sense of and give sense to the intervention and as noted above the result was to, in turn, inform future interventions (Coghlan, 2011). This objective also agrees with Weick's notion of sensemaking which is to turn "circumstances into a situation that is comprehended explicitly in words and that serves as a springboard into action" (Weick, Sutcliffe & Obstfeld, 2005:409).

Towards the final meeting in preparation for the focus group, I sent three questions by text message and urged participants to try to reflect on them in order to make sense of what we had done so far since the start of the project. I emphasized in the message that what we wanted to do in the final focus group was to make sense of all we had done to justify the time and effort. I knew that the sensemaking was going to be both theoretical and practical but my message expressed only concern with practice. This was to avoid putting my need for theory development towards meeting the academic requirements of the research ahead of the participants' primary concern with practice improvement. The questions which I reiterated to kick-start the focus group discussion were (see Appendix A), first, "*What have you learned in the process of participatory evaluation we have been doing?*" I explained that it did not matter which of the AR process cycles or PE action part of the intervention that we were talking about. Second, "*Which of your previous views, values or understanding has changed?*" I probed each of the participants to see if there was any view or opinion they have had about the issue or whatever else we have done during the intervention that has changed. Third, "*What could we have done better?*" The floor was then open for participants to feel free to discuss. I included that they could even challenge anything that I personally had done, said verbally or put in

writing that they feel could have been done differently. This charge appeared to have relieved nerves as it paved the way for participants to challenge what they felt were their own personal or organizational failings.

#### **4.6.3 What Participants Learned in the Process of Participatory Evaluation and Action Research**

Besides my above introductory comments to start the focus group, the first question was also intended to detail the actual, living expressions used by those involved in the unfolding of a problematic situation – participatory evaluation of training. As Shotter (2010) points out, it is crucial that the “occurrences of a felt kind” occur in a collaborative inquiry of this nature that was conducted with clients’ personnel, if any deep organizational change is to occur. He goes on to argue that such a change should not occur only in what members of the organization think but also in their relationship with each other both by words and actions as well as a change in events occurring around their practices. In the author’s words, these should include “a change in how they go about relating or orienting themselves toward the task of making sense of the situations they find themselves in [and] a change in their way of being a member of the organization” (Shotter, 2010:274).

The following comments give evidence that such changes actually occurred in participants during the intervention:

**PE process understood:** *“I’ve been having trainings and meetings before but since this method was introduced, I found that the focus group helped the individual participants to get good knowledge of what we want to learn in training. Knowing what our contributions to the training are helped to make a change. It really became very, very important in that, because participants know what they’re going to put in, they know also what the training will give back. So by not just doing post-training evaluation, you find that the change is very, very significant. (Line Manager)*

**Better quality training organized:** *“When we analyze it, you’ll find that it will be somehow better by the improved interrelationship of staff: relationship between staff and management, interrelationship between management staff, attitude of staff to clients, the happiness of the clients and the profitability of the business of the group have gone up so much after the intervention. This shows that compared to what we normally notice after a program, the training is better.”* (Management executive)

**Deeper insight about evaluation gained:** A management executive who said he had some prior knowledge of evaluation related the deeper insight he gained especially with regards to lack of inclusion of evaluation in budget as one of the reasons for poor training effectiveness in organizations: *“For me, the learning (because I’m a trainer myself, a certified trainer) I know the advantage of the new evaluation method in training. Most companies don’t include evaluation in their training budget which is usually very tight. And that is why at the end they complain that they don’t get the value they want”* (Management executive). A trainee related another example of insight gained from the intervention about why training effectiveness is hard to achieve, which is that most Nigerian businesses pay little attention to involving stakeholders in training evaluation.

**Desired results achieved:** Participants believed PE met the desired objectives of the change but also observed the limitations of the method: *“We found out that we actually achieved those things that we wanted to achieve. So overall the methodology was first-class, very, very good, of high quality but it also has its drawbacks.”* (Management executive). A drawback which the participant thought must also be factored in by any organization in order to deal with it is that PE is time-consuming. He cited the 6 months it took to conclude the fieldwork and felt that it was not easy. Besides being time consuming, PE was also seen to be laborious – much more demanding on all the stakeholders because they will all have to be involved to arrange it to make sure it is successful. In this regard, mostly management executives who traditionally used to focus on ROI as a measure of training effectiveness felt that PE is much more costly both in

terms of time and in terms of financial resources. An example is a statement like “*We [management] spend a lot of money to organize these trainings but they [trainees] don’t understand....*” Private talks with lower level stakeholders appear to suggest that only top management will decide whether or not to implement the PE afterwards irrespective of others’ view. However, being time-consuming as a drawback of participatory evaluation was not a surprise to me because we took the route of PAR for this (thesis) intervention. That “PAR is often a time intensive activity” has been established in the literature (Klocker, 2013:153). One should take solace in the understanding that PAR intends to go beyond the ethical “do no harm” to fulfill the duty to bring about positive change in organizations (Klocker, 2013), as this intervention has shown.

#### **4.6.4 Changed Views, Values or Understanding as a Result of the Intervention**

A vital advantage of dialogical approach encouraged by focus group is its use for asking for “bodily experienced events that are in some sense unanticipated, unexpected, or surprising to those whose practices are of concern to [the research team]” (Shotter, 2010:273). I applied it in bringing to attention something of importance that had “struck” or “touched” the participants, something of relevance to the training evaluation that they had not expected or anticipated, something that had surprised them or made a difference within them. This was an important part of the reflection because, as Shotter (2010: 273) notes, “it is within such passing moments, within such events, that we can find the uniquely new beginnings for genuinely innovative changes in organizations”. We explored how participants are changing in their “felt background” – how they relate themselves to the surrounding social milieu concerning participatory evaluation of customer service training in terms of their expectations and anticipations (Shotter, 2010).

**Assumption about best practice in evaluation:** This was an issue regarding the content of the research. There is no doubt that the world has become a global village and one’s interest is always in finding out the best global practices in anything – whether in human relationship,

engineering or healthcare. The implication is that whenever people are attending training, they are likely to be interested in the facilitating team or faculty – whether the trainer is going to bring the best global practices to their field. A line manager believes that the participatory action research intervention has fundamentally changed his view of this best practice direction. *“This one that you introduced now also brought us the best practices in customer service training, using videos and other things ingraining those practices into our consciousness. So what I usually thought about course facilitating has actually changed”* (Line manager).

**Assumption about training:** This is a premise issue. A line manager reflects: *“My thinking about training actually was like training makes you a better person but without necessarily spending most of your time on it.”* He explained that his idea was that half of the time spent on training was a waste and instead wished that the trainers should just give him what they have in CD, and handouts so that he would just go and read. With that mindset, he spent about half of the training time dozing and in most cases said his mind wanders away. That had always been his idea of training – as an entitlement the company owes him and for which he has the liberty to have the way he wanted. *“But now, I now see that training is different. It is not actually reading. It’s not the same as just reading. That’s what this project has taught me”* (Line manager).

The experience as expressed by other participants who shared this transformation is that when people talk about training now, they are quick to ask if the process of their evaluation is going to be participatory. References were made to talking to training stakeholders one-on-one and then collectively discussing what they think they want to get out of the training. Trainees said they will now know what they want to go and listen to before the actual training. Some said that when they received the progress report in readiness for discussion before the training, they thought it was something like the handout that they were used to receiving earlier and so thought it would be boring. But they were “touched” to note that when they started reading it, they found out that they were “struck” by the participatory activities. *“I started recalling what we did and things started flowing. So I realized that it’s a different approach to what I thought about training”* (Trainee).

**Assumption about customer care:** This was also a premise issue where participants felt differently about commonsense acts like calling patients by their name. That the new learning about customer care was very important to participants was displayed when I tried to divert attention from it. I had called participants' attention to the fact that we were not talking about behavior or what they were able to do at this point but about changes in their thoughts or assumptions. I tried to emphasize that the probing was about whether there were ways they used to think about things before that have changed so that we can see how this project has affected their feeling. Yet, the customer viewpoint still came to the fore. For example, a trainee insisted that what she was telling was a story of how she formerly did not know that calling customers by their names could make them smile and make them to be happy. She said that it was during the participatory process that she first learnt it as part of their (stakeholders') contributions and inducements to training. It was therefore not difficult for her to start using it with fellow participants and discovered that it made them happy. Applying this changed view of the customer after the training led to letting the customers know that the staff know them even by names.

Participants' thought about dealing with the customers is another thing that changed: *"I have this idea about the customer. I thought you just have to be correct in dealing with customers. It has always been my idea about customer care that you have to be polite. Anything they say, you just say 'yes sir', 'thank you sir'. Now, my participation in this research has changed all that"* (Line manager). He explained that he has now found out that the way one is dealing with people in customer care may compel people on the outside to want to ask if there's nothing funny going on between the staff and the customer. Such friendliness is what participants now understand customer care is all about: that you are the closest person to that customer. A trainee said that her experience has been that when the customer comes after being so friendly treated, he just asks to see that staff, if she is around. That's what they now think it should be.

#### **4.6.5 What We Could Have Done Better or Differently**

Several process issues were raised through which the sincerity and commitment of participants to the intervention and its sustainability became clearer. One process issue was that the Participant Information which I personally handed to all identified participants inviting them to participate was not well understood. Because I allowed seven days for everyone to read the information and ask questions if anything was not understood with my contact address, telephone number and e-mail address and those of my academic supervisor (see Appendix C), I was myself “struck” by the observation. Yet, I happily welcomed discussions on areas where participants were disappointed. Two issues stood out, namely, that focus group process was not properly explained before it first held and that the planned change from traditional evaluation to PE was not well understood especially as most of the participants never actually got involved in training evaluation *per se*. Those who said that the research process was explained to them at the initial time confessed that they did not really understand it well. *“In retrospect, I feel that in the focus group one would have actually been told exactly what is being done – that this is an evaluation that we are making about trainings and that we’re trying this new method of evaluation to see how effective it is compared to the previous methodology they used here”* (Line manager). This now apparent oversight explains why a trainee participant could not distinguish between *training* and its *evaluation* in my above account (section 4.5.1).

Another process issue was concerned with timing of the meetings of the group. It was the opinion of some participants that since people learn better in the morning, there is always a tendency for the brain to wear out in the afternoon. It was also noted that the environment of the hospital premises was not conducive for focus group. For example, it was noted that PowerPoint presentations were not clear so that some participants had to strain their eyes. The meeting room was also pointed out as cramped and lacking ambience. It was generally agreed by the participants after debates that the process constraints (e.g. time, date, space and duration) were mostly organizational and imposed on the researcher. A management executive summarized this part of the discussion this way: *“Some of these constraints that affected our own view of the training like timing and meeting space were contributed by the organization, by Zenith Medical Centre. You know we had to choose a time that was convenient for us. If we*

*have done it in the morning like 9 o'clock, you know, this place will be crowded and the distraction will be so much."*

On the content issues, it was observed that participants did not ask questions before signing the Consent form as they were urged to do in the Participant Information even when they did not understand the aim of the intervention as stated. Yet, I did not mind whether the blame was on me as the facilitator or on individual participants. This opened the way for some participants to also accept responsibility, using expressions such as "even myself" in punctuality to meetings, asking questions and getting feedbacks as a form of learning. I also explained the delay in circulating participant information and making contacts with participants as limited by the requirement to get approval from the Ethics Committee of the University of Liverpool. I further revealed that the University insisted that I got certain things right before giving it out or commencing the field work to ensure credibility of the research project.

#### **4.7 Chapter Summary**

After the first iterative AR cycle that identified and problematized the issue (constructing), a pre-training focus group identified stakeholders, their contributions and inducements which data were analyzed and fed into the hospital's ongoing customer service training program in the second cycle. Analysis of the data showed similarities and differences across stakeholder groups in both contributions and inducements. There were similarities in time and experience sharing put-ins as well as in enriched knowledge, enhanced skills ("better me") and attitude change take-outs across the groups. Executive management contributions consisted mainly of cost of running the training which understandably differed from those of other groups. Another area of difference is that while line managers believe in staff coordination as a major driver (contribution), trainees claim their willingness and commitment are what matters in effective training. Overall, the divergences indicate that PE might be a useful method for incorporating all stakeholder perspectives in evaluation.



One-one-one follow-up interviews were used in the third cycle to obtain evaluation feedback from all the stakeholders on the outcomes of the redesigned training (acting), which provided evidence that PE actually enabled increased quantum and use of evaluation data to improve training effectiveness. A post-training focus group used reflection and sensemaking to collaboratively evaluate the interventions at each of the cycles to reveal how the increased utilization and improved outcomes occurred in the fourth and final cycles. The key outcomes from discourses of training (the area of concern for me and the hospital), evaluation (the “red-hot” issue for research) and customer service (the subject of the ongoing training in the hospital) in the intervention can be summarized as follows:

- Deeper insight into participatory evaluation;
- Understanding of participatory action research process;
- Change in behavior/better customer service;
- Change in stakeholder perceptions of training, evaluation and customer service; and
- Use of quality data from all of the above to improve training design, delivery and participation.

In the next chapter (Chapter 5), I discuss the implications of these findings for theory and practice.

# Chapter 5: Reflection on the Story in the Light of the Experience and the Theory

## 5.1 Introduction

If we accept the meaning of change as “an attempt to alter the current way of thinking and acting by the organization’s membership” (Gioia & Chittipeddi, 1991:433), then the purpose of the intervention has been successfully achieved. In line with the assertion that action research (AR) leads to action, knowledge and learning (Cherry & Bowden, 1999), the major outcomes of the intervention included Learning in Action, Change in Perspectives and Process Innovation. In this chapter, I will try to link these to the wider field of scholarship: How do my knowledge claims measure against the evidence derived from the field of practice? However, my reflection will be based on feedback from the intervention actions and assorted theories because the social constructionist perspective which I have taken throughout the study fits Mode 2 research (Gibbons et al, 1994; Transfield & Starkey, 1998). In this mode issue solution “is likely to be found in working life and experience rather than in the extant scientific literature, and the process of knowledge creation involves continuous feedback between eclectic theory and the outcomes of various interventions” (Anderson, Herriot & Hodgkinson, 2001:393). This contrasts with Mode 1 research in which theoretical models are tested against empirical data, as is done in the physical sciences model, with each successive study building on previous findings (Anderson, Herriot & Hodgkinson, 2001).

## 5.2 Implications for Theory

### 5.2.1 Learning in Action

The participants learned new things about the intervention process including how to identify organizational issues, their contributions to and inducements for training and working as a team. They learned about quality training packaging, delivery and participation. They also learned about superior customer service. How the learnings informed and were informed by

the focal and instrumental theories applied to the research will be an important contribution to the existing literature and future development of the knowledge of participatory evaluation (PE). This will further support the theoretical assumption that in AR knowledge is a product of human creations (section 3.4.1.2).

The format of analyzing stakeholder contributions and inducements was adapted from Nickols' (2005) model of stakeholder-based evaluation of training (section 2.5). This is one of the basic focal theories that informed the research and was informed by the practical experience of the participants. Participants' expressions which showed that improvement in the training was informed largely by the first focus group session are clear evidences that the focal theory informed and was informed by how the participants experienced PE. The first focus group session where the stakeholder contributions and inducements were identified made it possible for everyone including the trainers, trainees, supervisors and managers represented to discuss what was expected from them with consequent improvement in the ongoing customer service training effectiveness. Part of the problem that people have where PE is not used is that they do not even know the interest of those who are participating in that training. So by just being at the training program, such participants get interested only in certificate. An example is the case of many medical doctors in Nigeria who scamper by the end of each year in an effort to meet the deadline for their continuing professional development requirements. The Contributions and Inducements template (Figure 4.2) which format was also adapted from Nickols (2005) served as both focal and instrumental theories that informed the training evaluation. Instrumental theory also played out in this project, mainly relating to some of the methods used including focus groups, interviews and template analysis. Template analysis of the contributions and inducements was a build up on powerful instrumental theory as the process was generally confirmed well understood by participants. The intervention thus contributed to situated learning theory that emphasizes community of practice (Wenger, 2000). It also builds on and adds insight into level 2 of the Kirkpatrick's model (Kirkpatrick, 1996).

### **5.2.2 Change in Perspectives**

Theories about participatory organization interventions project that by engaging employees in the manner we followed in this project they get new perspectives on their working life and learn to do things differently (Nielsen, 2013). In this intervention, participants' perspectives on how they collectively question existing working procedures changed. They found the resulting changes such as the readiness of managers to listen to suggestions from lower level employees, improved relationship amongst staff and between staff and customers very fulfilling to them and their colleagues. This further confirms the theoretical assumption about how practical participatory evaluation (P-PE) engages the environment by enhancing evaluation relevance, ownership, and thus utilization through stakeholder participation (Cousins & Whitmore, 1998; Wharton & Alexander, 2013). The results achieved from the intervention particularly in how perspectives changed show that PE indeed "has as its central function the fostering of evaluation use" (Cousins & Whitmore, 1998:88). This flexibility that allows participants to change their perspectives in terms of experienced reality supports the assumption in AR that reality is a social construction – historical and contextual – and the PAR principles of being participatory, emancipating and critically reflexive (section 2.7.2). Transformation resulting in holistic change of perceptions occurred because of the critical reflective ability awakened in participants to put their assumptions and biases into scrutiny, question the assumptions of others, including established tradition, knowledge, and authority (Rigg & Trehan, 2008; Gold et al., 2002). This transformation builds on and adds insight into level 3 of the Kirkpatrick's model about behavior change (Kirkpatrick, 1996).

### **5.2.3 Process Innovation**

With regard to the process issues such as those that pertain to how participants felt we could have done things better, I share Edgar Schein's observation that "industry gives awards for product innovations but takes process innovations for granted. Yet the power of the scholar-practitioner role seems to me to lie in process innovations, both in more innovative processes of gathering data and in more innovative processes of intervening" (Schein, 2009:157). As mundane as they may appear, process issues could have significant impact for developing

theory or model of change and therefore should be taken seriously. Change and crises can generally be traumatic, confusing and present challenges to organizations. Part of such process issues is reactions to change; for example, how to foster positive dialogue when addressing change and crisis (Armenakis & Bedeian, 1999).

The content issues of change or innovation as experienced in this intervention also have theoretical implications for AR. The use of conceptual model and logic model development (e.g. iterative AR cycles/CPM) to think “outside the box” for meaningful outcomes was very instrumental in the innovative processes encountered and projected for future implementation by this intervention. Support for this kind of exercise can be found in the view that it also gives the participating staff a more macro view of their area of operation and how it is integrated into the larger picture of the organizational goal which is often overlooked in their day-to-day work routine (Wharton & Alexander, 2013). The assumption is that by sharing the theoretical perspective of research process with practice-based staff, understanding of the need for evaluation can be bolstered thereby encouraging the continuing development of an evaluation culture in organizations (Wharton & Alexander, 2013). This assumption was also the impetus that propelled the successful completion of the intervention project. I shared the underlying theories in this research with the participants at the onset and continued as they developed in the course of the project. Many of the changes implemented in the hospital developed through this sharing as they inform and were informed by the intervention process, supporting the assumptions that participation and empowerment are part of the political justifications for PE (section 2.6.3) and that AR values democratic participation (section 3.4.1.5). The improvement of the problem situation achieved is intended to simultaneously contribute to new knowledge in social change. Our experience builds on level 4 of the Kirkpatrick’s model but challenges its assumptions that training outcome is always gradual and requires a control group to measure whenever feasible (Kirkpatrick, 1996). Organizations planning to implement change in evaluation or other aspects of operation should recognize the powerful influence of theory on innovative change action and stakeholder participation.

## **5.3 Implications for Practice**

### **5.3.1 Learning in Action**

Organizational interventions have been defined as “planned, behavioral, theory-based actions that aim to improve employee health and well-being through changing the way work is designed, organized and managed” (Nielsen, 2013:1030). One of the implications of participants’ learning from this intervention is the reason why training should be taken seriously. Participants took as one of their learning points that when organizations take training seriously the impact could be profound. One example cited by one of the participants as “enough lesson” from the intervention is declined customer-staff conflicts. The direct implication is that the organization has been empowered to compete effectively with other hospitals on pricing. This links to Kirkpatrick’s level 4 evaluation which measures the final results due to training. Participants reported that female clients who go to hospitals that are cheaper later tell their husbands that they want to come to Zenith despite the fact that they know that it could be more expensive. Managers learned that not how many training programs conducted in a period counts but rather the quantum and quality of evaluation data fed into them.

The impetus to use or encourage the use of the PE method of training evaluation despite the fact that it is likely to be more expensive is another lesson participants learned which has implications for practice. A management executive actually described it as “more is less,” suggesting that from what he has learned the financial commitment to sustain PE could be too high but the learning in participation, in thinking about the work problem together and in addressing customer relationship pales the cost into insignificance. This means that the cost is actually less than getting ineffective training outcomes from shallow evaluation methods. It is even more compelling to spend more on PE for effective training when one considers that investing in training contributes to business growth. Coupled with need identification as yet another practical outcome of the intervention, participants learned that the use of the PE method will get more value in the long run.

Conclusion from a review of literature on the processes of organizational interventions was "that organizational members, both employees and line managers, are not merely passive recipients of the intervention, but play an important role in determining the intervention process and whether an organizational intervention is successful in improving [outcomes]" (Nielsen, 2013:1030). Reflective comments from participants provide evidence that this has been the case in this intervention. The issue of sustainability was particularly mentioned as participants agreed that the practical exercises drawn from the evaluation and incorporated in the subsequent training helped to further internalize the learning in them. Such responses project constructing as a learning process and challenge the common belief that learning is something that only occurs in the classroom (Ashton, 2004).

### **5.3.2 Changes in Perspectives**

Utilization-focused evaluation in particular has been found to be associated with three elements: much with process as with findings; incorporates planned change-agency; and includes organizational learning and change (Cousins & Whitmore, 1998). Little wonder participants expressed their feelings describing the collaborative participatory research as a novel one and believed that the exercise actually changed their way of thinking about evaluation and other organizational issues.

I was not as surprised as the participants by the transformation of ideas regarding customer service and the hospital staff through the action research intervention. This is perhaps because of my previous experience with lean staff that handle high-need customers in the banking and healthcare industries coupled with the insight from my extensive literature search. For example, it has been observed that when well-staffed and lacking high-need patients, unit staff of hospitals get enthusiastic about activities aimed at improving patient-staff relations but when under-staffed or overwhelmed with required staff tasks, it will be difficult to accommodate such activities in the workflow (Wharton & Alexander, 2013). This means that getting employees to "think about their thinking" regarding issues that affect their work must

be a conscious leadership project. Therefore, for the management of Zenith Medical Centre to agree to revise their training evaluation method given the tightness of staff schedule at the moment was enough reason to expect the overwhelming staff enthusiasm about the intervention and its positive impact on their day-to-day interactions with the customer.

Talking about behavior change was forceful to the success of the intervention. Changing the way in which work is organized, designed and managed through organizational intervention research of this nature requires change in the behaviors of many of the participants for the intervention to have an impact on the desired outcome (Nielsen, 2013). The experience shows that this change in behavior proceeds from change in thoughts, perceptions or assumptions. Providing the opportunity for participants to reflect on the content, process and premise of the issue addressed by an AR intervention helps participants to question their own and co-participants actions. Such repeated, strong personal reactions have practical implications and therefore should always be pursued rather than suspended. As Kristiansen and Block-Poulsen (2004:382) advocates, "It is important to listen to strong emotional and bodily reactions whenever they are present and make them an object of first- and/or second-person inquiry". This is the way we have just done.

### **5.3.3 Process Innovation**

The AR intervention brought about innovation or new ways of doing things in the hospital and the implications can be far-reaching for future practice development. Much more than the desired change in evaluation method was achieved. Notably, there were changes in the content (what PE is), process (how PE is implemented) and premise (how evaluation data is used). There were also changes in how managers relate with subordinates, how employees relate with each other and with the customer. The successful adaptation of PE in the hospital is in accord with the increasing reliance of organizational change on employee support and enthusiasm (Piderit, 2000). Participation of all levels of stakeholders, learnings in the process and the consequent changes in perceptions combined to generate the support and enthusiasm in participants. The



maxim that action research is not done “to simply maintain the status quo” (Moore, 2007:30) manifested in our case.

The necessity to “plant the seeds for capacity building for future evaluation” is underscored by a previous finding that staff in hospital settings are not used to participatory form of evaluation where all levels of personnel are engaged in a team as equal partners to consider program changes (Wharton & Alexander, 2013: 411). We succeeded in planting such seeds because the intervention outcomes run counter to Wharton and Alexander’s (2013) observations that it is usual in hospital settings to see a top-down approach to program evaluation where the evaluator is someone outside of the hospital. There was also the uncommon case of a hospital to make time and other resources available for meaningful team building to reflect on capacity for change and go through the process of implementation the way we have done (Wharton & Alexander, 2013). This is not to say that PE is an unknown practice in the healthcare sector. To the contrary, the practice of participatory action is gathering momentum in healthcare organizations and demanded by international development organizations many of whom work in the health sector (see section 3.4.4). Rather, the point I make is that opportunities have been provided to plant the seeds for future collaborations to empower staff and broaden their understanding of the value of training evaluation for their jobs and their clients (Wharton & Alexander, 2013). This opportunity can also be extended to areas other than training.

#### **5.4 Chapter Summary**

The intervention provided deeper insight to Kirkpatrick’s (1996) updated levels 2 (learning), 3 (behavior) and 4 (outcome) criteria but added the six aspects of the participatory process that encouraged the use of evaluation data to improve the effectiveness of the training. These include:

- Reflection – participants reflected on their own learning.
- Awareness of and insight into their own work situation – participants found out that they had shared experiences of their work situation and this facilitated peer and management support.

- Self-direction and self-management – participants became aware of discussing problems or issues of concern to them in the workplace.
- Group coherence – participants felt being part of a group.
- Social support – participants helped each other to implement changes
- Action and activities – participants tried actively to change their working conditions.

While these additions agree with previous findings by Nielsen (2013) on organizational interventions, the finding by Hasson et al (2012) that employees reported more changes than their line managers in some medical organization intervention groups did not manifest in this particular intervention. A plausible explanation could be that in Zenith Medical Centre, implementation of the AR intervention activity was not officially the responsibility of line managers as were the cases reviewed by Hasson and colleagues. Concentrated support on (or “ownership” by) senior management to the exclusion of line managers (Egan et al, 2009; Murta et al, 2007) has been criticized as a “mismatch” in organizational interventions (Nielsen, 2013) and has been addressed by this intervention (section 7.2.4). The first-person research implication of the intervention is that it helped meet my objective to deepen understanding and provide professional development for my practice. I will elaborate more on how these have been achieved in the next chapter (Chapter 6). The second-person implication was met by deepening understanding and providing improved day-to-day practice for the participants as well as practical solutions and organizational learning for the client. Expressions of surprises on new learnings and gratitude for improved practices abound and the hospital is already enjoying improved effective training outcomes as a result of the practical implementation of PE. Appropriate recommendations were also made for the sustainability of PE. It is also important to note that organizations do not exist in a vacuum. As an open system, the organization has relationship with its external environment including customers or clients, stakeholders, local community, competitors and the wider society that are affected by its processes. These also benefit from the practical implications of the research (Coghlan, 2001). In third-person research, the objective was to provide specific knowledge for the AR community. Satisfaction of this objective has been suggested in the implications for theory in each of the three broad outcome areas.

## Chapter 6: Self-reflection and My Learning as an Action Researcher

### 6.1 Introduction

My self-reflection focuses on the pillars upon which the iterative action research (AR) cycles of constructing, planning action, taking action and evaluating action stand – namely, content, process and premise of the intervention (Coghlan & Brannick, 2010). I will also reflect on methodological issues to show how I have incorporated quality in the AR process. To enable me connect my learning to my pre- and post-intervention scholar-practitioner development, I adapt from both the Johari window (Coghlan & Brannick, 2010) and Kolb's (1994) experiential learning cycle as my guiding reflective tools.

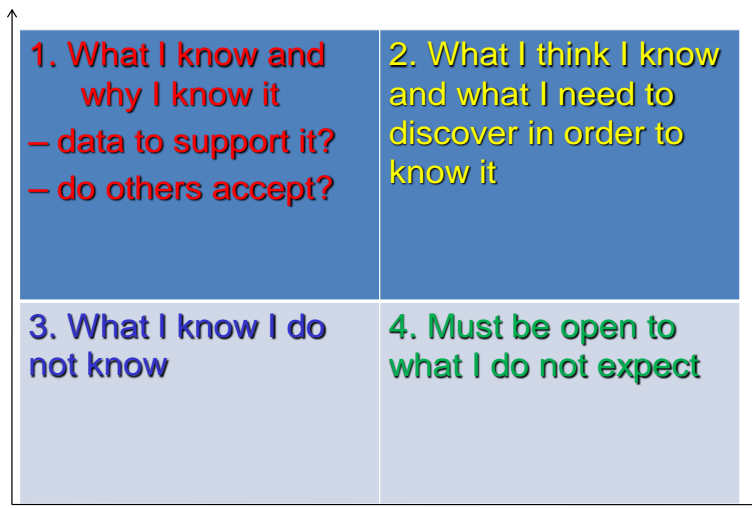
The Johari window serves as my learning window (Figure 6.1). My learning (knowing and discovering) covers in retrospect what I knew before embarking on the project with data to support my views and others' acceptance of my interpretation of that which I claim to know (pane 1). There is also what I thought I know about the content of the research and needed to discover some evidence to confirm the knowledge (pane 2). Of course, there is what I knew that I did not know and therefore engaged myself in both knowing and discovering to know it (pane 3). Finally, I am open to what I did not expect to be uncovered by the research (pane 4).

In the following sections, I discuss my personal reflections, interpretations and sensemaking on the issues that arose from each of the four panes of my learning window. These include tensions I had regarding the content of the issue, my philosophical position and constructing the issue. I will also discuss my reflecting on my reflection-in-action (Schon, 1992) as recorded in the field journal which I kept throughout the project to help me think about myself from a subjective perspective (Cunliffe, 2004). It covers what I learned in action about the process of the intervention and working with the AR team. Finally, I will conclude with a reflection on the

difficulties that arose in the course of the project and how I dealt with them before proceeding to methodological reflections.

**Figure 6.1 My Learning Window**

Knowing



Discovering

*Adapted from Coghlan and Brannick (2010)*

## 6.2 Meta Learning on Action Research

### 6.2.1 Insights I Have About the Content of the Issue

Initial conflation of participatory evaluation (PE) as the content and participatory action research (PAR) as the approach for the intervention was not easy for me to correct. Several reasons accounted for this mixture of what I had thought were basic concepts so simple to understand. One reason was my initial understanding of Greenwood and Levin (2007) which argues that “there is a real sense in which evaluation should be a dimension of AR projects...as a way of examining the processes and determining whether or not the right things are being done in the right ways, and whether or not changes in the course of the projects can improve

the results” (2007:193). This seemed to me to imply that PAR and PE are one and the same thing, more so as similar processes are outlined in the toolkits I made available to participants as part of education towards understanding the process of the intervention. Chouinard’s (2013:241) contention that “the issue in participatory evaluation is not about which methods to use” provided it is participatory (section 2.5.1) further confounded me.

However, aided by the unrelenting prompts by my academic supervisor that led to continuous self questioning on why I used these concepts interchangeably, I retreated to the drawing board, so to say, and searched deeper into the literature for clarity. In time I came to understand PE as an evaluative inquiry (Coghlan & Brannick, 2010) but only one form of collaborative inquiry which can follow the process of cooperative inquiry (Cousins & Whitmore, 1998; Heron & Reason, 2008) (see section 2.5.1). PAR, on the other hand, has been clearly understood as perhaps the most suitable cooperative inquiry process for the purpose of my intervention because it stands as “a powerful strategy” in a project like mine that intends to advance both theory and practice (Whyte, 1991). The context of Greenwood and Levin (2007) helped to clarify the initial confusion (see section 3.5.1).

### **6.2.2 Initial Constructing of the Issue**

The area I confronted an issue in constructing and designing this intervention was where my original research question conflicted with my philosophical assumptions regarding cause and effect relationship. My research question was initially: “*Does participatory evaluation increase the utilization of evaluation data to improve training effectiveness?*” This seemed to suggest a cause-and-effect relationship in which case the intention of my research would have been to determine if increased use of evaluation data through PE *causes* an improvement in training effectiveness (*effect*). I reasoned that attempt to establish such relationship in training evaluation over time using an iterative process like AR would be unrealistic.

I am aware that Buchanan and Bryman (2007) have suggested the route of process theory which other researchers (e.g. Dawson, 2003; Langley, 1999; Pettigrew, 1985; Van de Ven &

Poole, 2002) have taken to deal with similar organization research challenges. The arguments for process theories are that they “tend to adopt a narrative form and to focus on local causality rather than seek to identify universal laws linking dependent and independent variables” (Buchanan & Bryman, 2007:495). Langley asserts that “process theories provide explanations in terms of the pattern of events leading to an outcome over time (e.g. do A and then B to get C)”; hence data are in form of stories and analysis is based on narratives rather than on correlation (Langley, 2008:173). From the social constructionist perspective, I have known that I would have a heavy focus on the influence of language through dialogue, conversation and talk to create meaning (Anderson, 2008a). Also based on my belief in co-construction of meaning or creation of common knowledge through sharing of experiences consistent with AR principles, I changed my research question to:

*“How can we increase the use of evaluation data to improve training effectiveness?”*

The change is consistent with one of the main purposes of my AR intervention, which is to change the system of training evaluation in Zenith Medical Centre (ZMC) through increased use of data to be generated from PE. I have come to realize that how I first made the cause-and-effect proposition at the beginning of my research design was influenced by my original positivist background as discussed in the methodology chapter (section 3.2). The tensions this contradiction generated in me (leading to my unsuccessful search for solution in process theory) and reflection on my philosophical assumptions helped me to reframe the research question.

The significance of the change is that pursuing the original research question would have led me to experimental research designs in order to establish the relationship between utilization of evaluation data and training effectiveness. I would have needed to formulate research hypotheses to test and confirm (or disconfirm) the “truth” about the relationship. Upon critical reflection, I reconsidered that while such an endeavor could have produced general knowledge about PE, such knowledge would have provided neither solutions to my client’s organizational problem nor improvement in my professional practice. In other words, the knowledge would have been knowledge for knowledge sake. But by reframing my research question, I was able to

redesign the research around AR principles in such a way that new knowledge (deep insight) generated about PE enabled the practical objectives of the research to be met. In other words, the knowledge produced was actionable knowledge (Argyris, 1996).

### **6.2.3 Turbulence in My Philosophical Position**

At a time I was like a ship tossed here and there by the sea wave as I sailed through my assumptions about the research I wanted to do and my philosophical position that undepins such basic assumptions. Perhaps because I was familiar with positivism and interpretivism as common paradigm divides in scientific research, I was at times alluding to positivistic designs including the use of models while claiming to reject its assumptions for my research. At other times I used interpretivistic and intersubjectivistic assumptions interchangeably. It was only when I reflected on and understood the literature on intersubjectivism, subjectivism and objectivism that I started to build my theory of PE practice on the right philosophical standing.

Typically, Cunliffe's (2011) challenge of the positivist/interpretivist paradigm duality and suggestion of three "knowledge problematics" – positivism, subjectivism and intersubjectivism – with thin, cloudy lines demarcating them, provided me a glimpse into the more useful way to differentiate between the ontological paradigms (i.e. nature of reality and social beings) . I was still confused about the "cloudy boundaries" which led me to locate my ontological stance in-between subjectivism and intersubjectivism before I realized that subjectivism was the appropriate stance to support my social constructionist epistemology. The assumption I then made was compatible with AR which is that the social world we inhabit is co-created, context bound, relational and situated (Susman & Evered, 1978).

I gained further insight that the intersubjectivism knowledge problematic perspective would require pragmatic knowing "in-situ" (from within) or "withness-thinking" (Shotter, 2008) which my level of embeddedness in the hospital as partly an insider and partly an outsider does not support. Similar confusion resulted when I used the concepts of social constructivism and social constructionism interchangeably to explain my epistemological stance before I resolved the theoretical dilemma through synthesis of the literature which distinguishes between

constructivism that assumes meaning-making as taking place in the individual mind and constructionism that assumes it is a product of human relationships (see section 3.3.2).

#### **6.2.4 What I Have Learned About PE Regarding My Client Organization**

I already knew before the intervention that decision making responsibilities lay squarely with the co-medical directors who were represented as management executive stakeholders amongst the research participants. It was little wonder then to identify through the 5W's +1H diagnostic tool (section 4.3) that this same stakeholder group decides whether or not research should be conducted in the organization. This was useful to help establish how the PAR project would change this complete "ownership" where local knowledge about training and its evaluation has been restricted to top management and the result has not been appropriate for the organization. That this situation was entrenched and may need action beyond the intervention to unlearn is clear from the manner in which management executives continued to use "we" and "our" (reflective pause 4) to separate themselves from other training stakeholders.

However, I came to a different view that the commitment top management of the hospital has shown, including effort to ensure that all relevant stakeholders were involved in this intervention, points to their readiness for change. I have no iota of doubt that the intervention created in the hospital leaders the "mindfulness" to transform the psychological capital of the organizational people to positive emotions, attitudes and behaviors toward the planned change (Avey, Wernsingy & Luthans, 2008). It is also worthy of note that I did not find any evidence of the "clinical culture" that Khatri (2006) talks about (section 3.4.4) in this hospital as it was almost impossible to distinguish the medical and non-medical staff from the conversations.

#### **6.2.5 What I Have Learned About PE Regarding My Practice**

That evaluation data are rarely gathered from training stakeholder perspectives or used for planning training in organizations is not peculiar to ZMC. My training consultancy experience spanning over 20 years has witnessed a number of organizations where evaluation data is only



narrowly defined to fit top management's expectations from training usually in quantitative or financial terms. My learning from this intervention includes that this narrow view of evaluation data and their use or lack of it in planning future training are part of the reasons why many training programs are not effective (see section 4.6.3). This insight is useful for offering richer advisory services to my clients when proposing training programs.

I am also excited to learn from the intervention that the reason why most trainees do not take training seriously is their lack of involvement or participation of their line managers in decisions pertaining to training in the organization. From experience, I have wondered each time a participant to our training sneaks away from the training room, avoids assignments or absents him or herself entirely from a training program. This trend has not only been observed in open courses only but also in in-house courses, especially when there is no responsible superior to instill fear of retribution for absconders or absentees. PE has been demonstrated to be a potential solution, especially for organizations in similar cultural and political situations as ZMC.

### **6.3 Learning in Action**

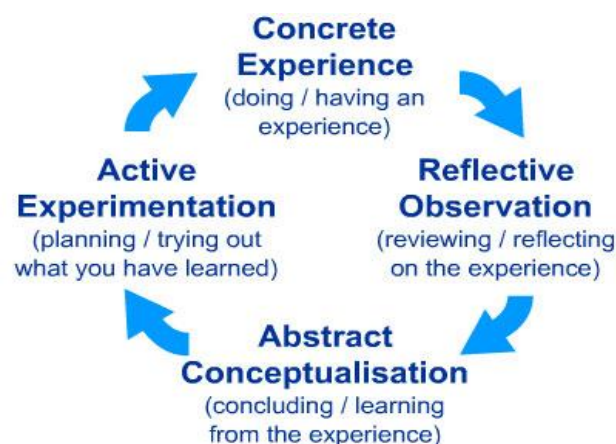
#### **6.3.1 Insights I Have About the Action Research Process**

Following the iterative AR cycles of constructing, planning, acting and evaluating as I detailed in the design stage (section 3.4.5) was not as simple as I thought at first. This was especially difficult for me as I struggled to separate the two parallel processes of participatory action research (PAR) and PE. For example, at the constructing stage, I noted a need for deviation from the AR cycle (Figure 3.1) as modeled by Coghlan and Brannick (2010) to a cyclical process model (CPM) that accommodates researcher-stakeholder agreement and integrates focal and instrumental theories (Figure 4.1). I also battled to decide which of discourse analysis, dialogic approach or template analysis to use for data analysis as all three are used in qualitative data analysis. Discourse analysis would have involved constructing everyday lives (Gergen, 1999) by participants making meaning of their everyday language and culture but would require a level of my embeddedness in the organization beyond the present. A dialogical approach would have

enabled me to accommodate multiple voices (Bakhtin, 1929/1973) with disparate views instead of seeking consensus or popular view. By searching to reconcile these and many other concepts (some of which conflicted with my philosophical position), I gained deeper insight into qualitative research methods such as the emphasis on language, meaning and interpretations rather than on numbers. This enabled me to settle for template analysis as the most appropriate for my circumstance because of its flexibility to adapt to the kind of textual data I generated (section 4.3.1).

Another process area I gained deeper insight is in the use of Kolb's (1984) experiential learning cycle to reflect in action through journaling (Coghlan & Brannick, 2010). The structure can vary from the simple to the complex (Figure 6.2) but the headings usually start from experience (doing it), reflection (the "what?" questions: What happened? What were the results?), conceptualization (the "so what?" question: What do these results imply? How did I influence the outcome?) to experimentation (the "now what?" question: What will I do differently the next time?). This was particularly important to me in building theory and letting theory inform and be informed by action in the process of the intervention.

**Figure 6.2 Kolb's Experiential Learning Cycle**



*Adapted from Kolb (1984)*

### **6.3.2 My Learning on How the Team Worked on the PE Implementation Process**

The team was well representative of training stakeholders in the organization. The only outsider stakeholder that would have needed to be invited was the trainer who happened to be me. So everyone that needed to be involved was represented and those individuals who initially felt alienated were properly addressed by the responsible management executive to the reason for representation. For example, having every individual stakeholder participate would mean work in the relevant department will stop each time we schedule meeting. Moreover, there is a maximum number required for a proper focus group, the method of data collection we elected to use.

The area I encountered an issue was how to conduct the focus group meetings so that everyone is listened to and nobody dominates as required by my research philosophy, methodology and methods (chapter 3). Given the heterogeneous composition (different levels of staff) of the team, my facilitating skills became important here. I learned that coordinating participation in AR requires people management skills such as effective interpersonal communication, conflict management and decision-making. For example, hardly had we started the discussions than I began to observe that management executive's voices were dominating (see reflective pause 3). In fact it was only the more senior level participants that were responding to focus group questions at the beginning despite my encouragement. It took the management executive participants "pushing" the rest to start talking (see reflective pause 1). Although this was evident of management support that I sought from the onset of the intervention, the first challenge to a management executive by a line manager on his claim of "better me" inducement for training (reflective pause 6) practically served as the tonic that broke the silence and opened up debate on the issue. From these encounters I learned that the dialogic approach which helped me to recognize each voice as equally valid (Mumby, 1994) irrespective of the participant's level in the organizational hierarchy is important in conducting focus groups or meetings for a heterogeneous group.

### **6.3.3 What I Have Learned About How to Plan, Take Action and Evaluate**

I have learned how to involve stakeholders in plans, be flexible about plans and accommodate differing perspectives on issues. Of particular interest to me, however, is learning about how to deal with disagreement in a group, especially welcoming disparate views as a way of deepening understanding. I understand that good facilitation skills were helpful to me in generating ideas, prioritizing and taking actions and also in evaluating the action. While taking action is like giving life to a plan, evaluation helps in making sense out of the action. In so doing, I also learned that a number of ethical issues have to be taken into account. In this intervention, I needed to consider the issue of strict anonymity agreed with all participants at the inception as well as a promise to store the research information in a way that would preserve confidentiality. Not only did I ensure that these agreements and promises were kept but also learned how to apply the same principles in future research endeavors and in dealing with other clients in my practice.

## **6.4 Dealing with Challenges**

### **6.4.1 Challenge to Existing Premises of How I Thought About Things**

The project has challenged my assumptions regarding my role duality. I had assumed that the lower level participants might see me as playing for management and that the management might conversely see me as only interested in justifying my training services to the hospital (section 3.5.7). While my fears were justified when trainee stakeholders addressed me as the “owner” of the training in the organization (reflective pause 5), a title management executives already claimed (section 6.2.4), I was challenged to notice that the insider-outsider role was not, after all, perceived in a bad light by either party (reflective pause 8). This changed my perception from the dominant view of “insider-outsiderness” as a thorny path in AR that needs to tread with caution (see, for examples, Humphrey, 2007; Williander & Styre, 2006). I found my position as an advantage from both sides of the hyphen. I also assumed that risk of sensitive comments might prevent lower level participants from expressing themselves freely. However, I had a mixture of surprise and excitement when the lowest levels of staff (trainee participants)

started being so vocal that they were even expressing personal plans that could have been perceived as a taboo to discuss before their superiors (see reflective pause 7).

#### **6.4.2 Learning from What Challenged the Team to Ask Different Questions**

There were occasions that made participants to see the issue in terms of a different category and these caused team members to ask me different questions. For example, describing their stakes, contributions and inducements generated divergent viewpoints and challenged some participants to ask different questions (reflective pause 2) perhaps because some of them never thought of those subjects in this great detail or beyond financial interests. Or because I had my own perspective regarding these issues which I expected of the participants despite my espoused value to take their viewpoints rather than mine. Such is a case of “self-referentiality” whereby “unknowingly the perspective of the other is transformed into the researcher’s own a priori categories and ways of relating” (Kristiansen & Block-Poulsen, 2004:372).

There was also the expectation of some participants that the research was going to use quantitative methods based on their previous research experience. I found out that besides providing educational materials on PE and PAR (Appendices E and F), I did not explain my philosophical assumptions that underlay the AR approach (reflective pause 10). Finally, there was a conflicting view between training and evaluation that lasted throughout the project as some insisted that since they were learning each day of the intervention process from their known trainer, they were in nothing but training (reflective pause 10). However, the willingness of all participants to act as “gatekeepers” to knowledge was crucial to the success of the intervention despite the challenges (Ashton, 2004). The lesson for me is that no aspect of the AR process should be taken for granted, thinking that participants are already aware or familiar with what they were expected to do.

#### **6.5 Quality and Rigor in Action Research**

There are different ways in which quality, rigor or validity is viewed in positivist research which are not compatible with AR. As described by Denzin and Lincoln (1994), in positivist research

the quality test of reliability refers to replicability of research findings whereas AR is more interested in situated outcomes. Objectivity refers to value-freedom but AR is value-laden since it involves consideration of multiple perspectives of collaborators. Internal validity refers to correct mapping of the phenomenon with findings but AR relies on messy, real-world events in which humans are mucking about. Since humans are inherently unpredictable, we expect to see different things each time we research such that the closest we come to repetition is noticing recurring items, themes or patterns that emerge from our data. Finally, external validity in positivist research refers to generalizability of findings whereas the primary audience of AR is the “group of collegial participants” who “may have learned about the research topic and are satisfied with their improvement and understanding” (Melrose, 2001:164). Hence, AR findings are used to help in understanding particular situations as well as informing similar situations rather than generalized broadly as in traditional experimental research.

In this project, quality and rigor were considered in the light of the fact that AR paradigm requires its own criteria for measuring quality that are different from those with which positivist science is judged, as I have argued earlier in this thesis (section 2.7). I need to discuss and clarify what constitutes the quality features of AR and how these criteria were communicated to practitioners in understandable way because my AR design involved collaboration with practitioners in the research and change action and also in reflection (Altrichter, 1999). More important, discussing quality in this section serves the need for methodological reflection which is considered a vital element of research (Altrichter, 1999).

The literature offers a variety of ways to judge the reliability, validity or rigor of an action research. In the following subsections, I discuss some of these ways and indicate how my work has met the validity criteria in each case. However, to further explain and justify the satisfaction of reliability and validity criteria in the entire project (rather than specific data sets) as required in AR (Melrose, 2001), it is important to note that the extent to which a standard of quality is reached is directly related to the usefulness of the research findings for its intended audience. “Rigor” in action research thus refers to achieving this level of quality and is typically based on

procedures of checking to ensure that the results are not biased or reflect only the particular perspective of the researcher but those of all stakeholders/participants.

### **6.5.1 Quality Criteria in Action Research**

A number of criteria have been identified for assuring and demonstrating the quality of social constructionist research designs (Golden-Biddle & Locke, 1993; Silverman, 2000). As has been emphasized by Easterby-Smith et al (2008), the results of AR should be believable and this is expected to be achieved by ensuring transparency in the methods by which the results were produced. Consistent with the requirement that rigor in AR should incorporate “how data are generated, gathered, explored and evaluated, how events are questioned and interpreted through multiple action research cycles” (Coughlan, 2011:57), the entire process of this study at the least attempted to provide answers to the following questions:

- how did I gain access to the focal organization?
- what processes led to the selection of the issue addressed?
- how did I build participation and support?
- how did I generate and record evaluation data?
- what processes did I use to summarize or collate the data?
- how was the data analyzed, interpreted, applied and evaluated?
- how did I engage others in the AR cycles of implementing the project?
- how did I deal with political and ethical issues that arose?
- how did the participants and I feel about (reflect on) the research process?

*(Adapted from Easterby-Smith et al, 2008)*

In a similar vein, Reason (2006) has enunciated the key questions of quality in AR. First, the research should be explicitly both aimed at and grounded in the world of practice. This is a test of whether there was a reflexive concern for practical outcomes which I detailed in the process of planning action. Second, it should be explicitly and actively participative. That is to prove that the research was with, for and by people rather than on people. Third, it should draw on a wide

range of ways of knowing – including intuitive, experiential, presentational as well as conceptual – and be able to link these appropriately to form theory. In other words, this is a question of whether there was a plurality of knowing that ensured integrity of the conceptual-theoretical foundations and methodology which did not favor expert knowledge but rather were embedded in the language, culture and practices of the people gleaned from interactions with the local people. I incorporated all four areas by focusing the research on practical outcomes, engaging relevant stakeholders as participants in every process of the research and gaining insight through participants' tacit knowledge, experience from the intervention action, from presentations including PAR and PE toolkits and extant theory from the literature. The final question is whether the AR work is significant and will result in a sustainable change which will reflect in the action to be taken and its evaluation (Reason, 2006). A test of significance and sustainability should, on evaluation, show if the expected system change over time as a consequence of the intervention should work for "me" (first-person) as a scholar-practitioner, for "us" (second-person) as training stakeholders and their organization, and for "them" (third-person) in the wider context for other researchers (Bradbury & Reason, 2001; Zuber-Skerritt & Fletcher, 2007).

Another way to approach quality in AR has been suggested as resting on how the context, quality of relationships, quality of the AR process and outcomes are presented (Shani & Pasmore, 1985). Yet, Levin (2003) outlines another simple four-point framework to address the issue of quality in AR. In the later framework, participation of the researcher and members of the organization, the AR project being guided by practical real-life problems and being conducted in iterative reflective cycles are some of the criteria. Other criteria include joint meaning construction in collaboration with members of the organization and production of significant and sustainable workable outcomes (Coghlan & Brannick, 2010).

### **6.5.2 Validity in Action Research**

To establish validity of research is to explain why a claim to knowledge should be believed (Whitehead & McNiff, 2006) or that the findings are really what they claim to be. Thus, for



Brydon-Miller et al, validity in AR is “about relevance, social change, and validity tested in action by the most at risk stakeholders” (Brydon-Miller, Greenwood & Maguire, 2003:25). Sometimes validation process in AR is classified into internal and external validity. Internal validity is about the researcher demonstrating the validity of the research to himself and his team (for example, through journaling to encourage reflexivity during the project). External validity is about demonstrating it to others outside the research group such as the organization, researcher’s community of peers and the wider public (for example, through formal meetings with organization executives, thesis examiners, funding organizations, peer reviewers, and so on) who will question the researcher critically about his methods, practices and processes (Melrose, 2001; Whitehead & McNiff, 2006).

Validity can also be sought in five different areas suggested for action researchers in the literature (Anderson, Herr & Nihlen, 1994; Reason & Bradbury, 2001 cited in Ozanne & Saatcioglu, 2008). These have been summarized as outcomes validity, process validity, democratic validity, catalytic validity and dialogic validity (Herr & Anderson, 2005 cited in Coghlan & Brannick, 2010). Outcome validity demands that the research should produce practical knowledge for improving human welfare and lead to a successful resolution of the identified problem or issue. Democratic validity is about the deep involvement and full participation of relevant stakeholders in the research including the consideration of their perspectives in the problem resolution (Anderson & Herr, 1999). Process validity is a measure of the extent to which the problem or issue is investigated in a way that allows ongoing learning and improvement. It is about the capacity development potential of the research project (Reason & Bradbury, 2001) which may, to a large extent, depend on the quality of researcher-participants relationship (Ozanne & Saatcioglu, 2008) and opportunities created for multiple perspectives to be considered by participants (Herr & Anderson, 2005 cited in Ozanne & Saatcioglu, 2008). Catalytic validity is the extent to which the participants are encouraged or

persuaded<sup>4</sup> to understand and change the understanding of their practices within and beyond the research study (Reason & Bradbury, 2001), that is, “to fuse local knowledge and beliefs with critical social theories in order to create practical and workable approaches that are more equitable” to all stakeholders (Ozanne & Saatcioglu, 2008:427). Finally, dialogic validity involves having a critical dialogue with peers about the research findings and actions whereby the action researcher challenges his findings, assumptions, biases, and so on for alternative explanations (Anderson & Herr, 1999).

### **6.5.3 How My Action Research Should Be Judged**

In the methodology chapter (section 3.5), I have described how I will do the AR. This includes how I will frame and select the issue; build participation and support; access and generate data through focus groups, one-on-one interviews and field journal; audio-record and transcribe data; and analyze the data through template analysis. I also discussed there how I will engage others in iterative AR cycles and deal with the political and ethical challenges including reflection and reflexivity throughout the process. I believe that these cover what is considered good AR project: “a good story” that tells what happened, “rigorous reflection on that story” to show how I make sense of what happened, and “an extrapolation of usable knowledge or theory from the reflection on the theory” to answer the question, “So what?” (Coghlan & Brannick, 2010:15).

However, I would want my AR to be judged by the quality principles enunciated by Davison, Martinsons and Kock (2004) for “rigorously relevant action research” because they help advance the expansion of scientific knowledge (theory) and organizational development or change (practice) which form the primary goal of PAR (Vries, 2007; Whyte, 1991). This is a five-

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<sup>4</sup> Reason and Bradbury (2001) use the word “invigorated” which suggests that participants could be in a dispirited or weak position to discuss change or understanding of their practices before the intervention and therefore needed encouragement or persuasion to do so.

point quality and rigor framework that covers researcher-stakeholder agreement, CPM, the role of theory, change through action and specification of learning. Vries (2007) has added a sixth “principle of foundation” from Lau (1999) with questions on epistemology, suitability of the AR type and ethics as its criteria. I have specified social constructionist epistemology as my philosophical stance (section 3.3.2), PAR as my choice of AR mode (section 3.4.2) and ethical considerations (section 3.5.7) in the methodology chapter. My reflection on the intervention here explains how these foundational issues assisted the process. In the following sub-sections, I discuss how I have answered each of the 31 quality criteria questions (Davison, Martinsons & Kock, 2004) as reframed to fit my context under the six quality criteria.

### **6.5.3.1 Researcher-Stakeholder Agreement**

I negotiated my methodology with the training stakeholders of the hospital who also made up the research participants. Because qualitative methods and AR (especially in the participatory mode) were strange to the participants, I ensured that they were educated on what PAR entails at the very first meeting (see reflective pause 10). Since every participant has tertiary education (section 4.2.2) with some of them having postgraduate degrees in management, I used extracts from published books and journal articles as educational material.

I specified clearly the focus of the intervention in the Participant Information which I provided before obtaining participants’ informed consent. This was necessary because the issue of a change to PE for improving training effectiveness can have many foci such as the *what* (participatory evaluation or training effectiveness) or the *how* (increase data quality or increase data use). I specified the *how* (increase data use) in my research question: *“How can we increase the use of evaluation data to improve training effectiveness?”*

I made it very clear at the onset that participation in the intervention was voluntary. Moreover, the eligibility criteria included that a participant must have a stake in the ongoing training in the organization. That is to say that he or she must have contributions to and inducements for the training (section 4.2.2). An eligible participant signing the consent was therefore tantamount to explicitly committing to the AR intervention.

In the Participant Information I also specified explicitly my roles and responsibilities as the student-researcher and those of the participants. Recourse a participant has to my Academic Supervisor and the Ethics Committee of the University of Liverpool in the case of his or her being dissatisfied with these roles or any part of the research was also communicated with contact details provided. I also specified in the methodology chapter how I would design participation (3.5.2). How this design was carried out from issue identification, action implementation to evaluation of the intervention has been detailed in my story (Chapter 4) and reflections (Chapters 5).

The two main objectives of the intervention were clearly stated at the onset (section 1.2.2) and restated throughout the thesis. The objectives were (1) to deepen insight and understanding of PE from the perspectives of stakeholders and (2) to implement a change of the evaluation system in my client organization, ZMC. In the methodology chapter, I specifically outlined how the intervention would be evaluated through reflection and meaning-making (section 3.5.5.4) and how these were actually carried out is detailed in Chapter 4. Also in the methodology chapter I discussed focus groups and one-on-one interviews as methods of data generation (section 3.5.3). I also specified clearly my choice of data analysis approach as template analysis (section 3.5.4). In Chapters 4, I have given a step-by-step account of how I used these methods to generate and analyze the data and the outcomes.

#### **6.5.3.2 Cyclical Process Model**

The project followed a cyclical process model (CPM) that slightly modified the iterative AR process of constructing, planning, acting, and evaluating (Coghlan & Brannick, 2010) which I specified in the methodology chapter (3.4.5). The slight modification was to accommodate the quality principles of use of theory to both guide issue diagnosis and reflection on the intervention (Figure 4.1) as I related in my story (Chapter 4). The design of the project which was participatory required my collaboration with stakeholders in all steps of the AR process and so it was not necessary for me to conduct an independent diagnosis of the issue. Although I brought most of the intellectual inputs, key stakeholders participated fully in the issue diagnosis

or problematization (section 4.2). The need for the involvement of organizational members who qualify as training stakeholders is underscored by this social constructionist argument: “Since AR approach relies on the assumption that knowledge is socially constructed..., it makes sense that those who must rely on this knowledge should be participants in its construction” (Chapman et al, 2011:4). Moreover, my dual role as training consultant to the organization as well as the student-researcher made me part of the problem being diagnosed and it was only ethical that I avoided as much bias as possible.

The planned action, participatory evaluation of an ongoing training program, was based explicitly on the results of the diagnoses which revealed undesirable level of improvement of training effectiveness following traditional evaluations (section 1.5.1). I used reflective pause boxes to highlight my reflection-in-action (Schon, 1992) taken from my field journal in the course of the intervention and discussed further in my personal reflections above (section 6.1). I also reflected on the outcomes of the intervention (reflection-on-action, Schon, 1992) in relation to the experience and theory (chapter 5). I believe that reflections provided me, participants, and the organization a valuable opportunity to deepen understanding of PE and AR to make the intervention more credible. Because reflection was a space for the participants and I to make meaning out of the intervention outcomes and the participants included the organization’s highest management, it was followed by an explicit decision to proceed through additional cycles of the process in future training programs (Chapter 4).

### **6.5.3.3 Role of Theory**

The intervention activities were guided by a set of theories including stakeholder theory, evaluation theory, AR theory, focus group theory, et cetera. I was guided by two popular maxims in selecting and applying these theories to fit the domain of my investigation and the specific issue - participatory evaluation of training in a Nigerian private hospital: “nothing is as practical as a good theory” (Lewin, 1945:129) and the reverse, “Nothing is as dangerous as a bad theory” (Ghoshal, 2005:86). Because I could be pushing the hospital to change in a direction unfit for its organizational culture which may lead to internal conflicts or worse

consequences, I tried to make sure that the client understood and approved the underlying theories. Instrumental theories such as the AR process, CPM and focus group helped me in the diagnosis, planning and implementing the AR intervention. The focal theories such as stakeholder theory and evaluation theory, on the other hand, provided me with the intellectual basis for the action-oriented change and, in combination with some of the instrumental theories, for the evaluation of the intervention outcomes. These and more theories that informed and were informed by the AR intervention and their implication are discussed in Chapter 5.

#### **6.5.3.4 Change through Action**

Action and change are indivisible such that if the outcome does not result in a change, it means the intervention failed or obstacles prevented successful intervention. With this understanding in view from the onset, the stakeholders and I were motivated to design and implement change that is both contextually and culturally appropriate for the organization in line with the guiding theories. It was during the constructing or diagnosis stage that the training evaluation issue in the hospital emerged and zero or low use of evaluation data as its assumed cause surfaced. These were specified in the process of problematization and framing of the research (section 3.5.1) and actions planned in the subsequent stage (section 3.5.5.1) to address the assumed cause. Planning action was a collaborative activity with the stakeholders and therefore required no formal approval of any party. The intervention was comprehensively contextual so that the context and culture of the hospital was the focus before and after the intervention. The story and outcomes (Chapter 4) is my detailed account documenting the timing and action taken.

#### **6.5.3.5 Learning through Reflection**

Finally, as I promised at the start of the intervention, progress report of the data generation focus group was prepared and circulated to the stakeholders including client management, giving them the opportunity to read through and ask questions before the collaborative intervention action (section 4.4). Report of the intervention outcomes was also distributed and used for the collaborative reflection and meaning-making focus group to evaluate the project

(section 4.6). To ensure that the second- and third-person research implications of the intervention were also achieved, my personal and collective reflection with the participants were focused on the change action in the hospital, general knowledge<sup>5</sup> that informed or re-informed theory and specific knowledge to add to the repertoire of AR literature (Chapter 5).

## **6.6 Chapter Summary**

I reflected on my journey through the intervention process and discussed the impact of my meta learning on PE and AR on my client and my practice as a training consultant that met the first-person research objective. I also discussed the increased capacity I have developed for carrying out action research projects including how to work with a team in planning, acting, evaluating the action and dealing with challenges that might arise from these AR cycles. Finally, I discussed the methodological reflection I had on the entire research process which shows the steps I have taken to ensure quality and rigor in the AR project that met the second- and third-person research objectives. I presented these quality criteria as the basis upon which I would want my thesis research to be judged.

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<sup>5</sup> The general knowledge here referred to must be differentiated from the positivist understanding of generalizability (section 6.1) as the ability to generalize or repeat research findings outside the research context. It has been argued that since the mission of action research is to accumulate local knowledge, it might not be necessary to establish generalizability in order to prove rigor (Bradbury-Huang, 2010).

## Chapter 7: Conclusion

This thesis is based on an action research intervention about the implementation of participatory evaluation (PE) in a hospital in Nigeria. It has a theory-practice focus and double objectives: on the one hand it aims to deepen insight and understanding about participatory evaluation from the perspectives of stakeholders; on the other hand it aims to implement a change of the evaluation system in the hospital.

The work presented here originated from theoretical and methodological issues and phenomena I encountered throughout my research project and which became the focal point of this thesis. In the process of studying the transition process to a PE method in a hospital setting, I gradually began encountering various empirical complexities in the field. This sparked immense interest in me and led to the development of critical reflections about my 18 months of research experience on this intervention. Although this thesis has a single empirical focus and research question, it comprises of two components with two distinct theoretical frameworks and contributions informing and being informed by each other. The first component is about implementation of PE and the second component is about the action research (AR) approach I used for studying PE. In the first component, I drew on Cousins and Earl (1992) focusing on increased evaluation utilization and participation of stakeholders in research, and in the second component I drew upon Coughlan and Brannick (2010) focusing on iterative action research cycles of constructing, planning, acting and evaluating. While the first component focuses on the *findings* or *outcomes* of the research about PE, the second component focuses on the research *process*, meaning the work that went into carrying out the AR intervention. Thus, in the first component I analyzed the experiences of training stakeholders, and in the second component I analyzed my own experiences from this research collaboration. In both components, I integrated theory and practice. For the PE component I used AR, particularly, participatory action research (PAR), and for the AR component I drew



upon reflexive research methodologies, first-person action research and confessionals. I will now briefly summarize each component by reflecting upon the chapters.

The first component set out to examine the debates surrounding training evaluation and training effectiveness and how the literature has attempted over the years to resolve the issues. Prominent among the various measures of effectiveness of training outcomes that seek “improvement” in the long-established Kirkpatrick’s model are those that encourage participation of stakeholders including stakeholder-based evaluation, utilization-focused evaluation, and participatory evaluation (PE). The original Kirkpatrick’s model concentrated on trainee reaction (or the “smiles test”) and that has remained the most popular method of training evaluation for over fifty years despite revisions in response to mounting criticisms (Kirkpatrick, 1996). The main arguments against the model are that it serves the interests of trainers better than other stakeholders and focuses on return on investment (ROI). I argued that studies of return on expectations as improvement on the ROI focus is one-sided because expectations alone are not the only interest of training stakeholders. The premise of the stakeholder approach is the recognition of the various training stakeholders and their contributions and inducements. Utilization-focused evaluation seeks to identify whether or not trainees are using their experience from the process to improve future training outcomes. I found this aspect of the literature also disappointing because I felt that improving future training should result from utilizing the learning of all stakeholders rather than just the trainee. PE extends the stakeholder-based approach by focusing on enhancing evaluation utilization through increased involvement of stakeholders in a research process. PE can be practical or transformative depending on whether its function is practical or political. I focused the research issue on PE because an interesting part of the literature projects PE as encompassing critical elements of the other forms of evaluation including practical functions, balanced control of decision-making, selection of primary stakeholders and depth of their participation.

In the second component, I reviewed the range of methodological frameworks from which PE can be studied to enable the achievement of my research objectives. I found that AR approach

would offer me the opportunity to use qualitative research methods which are more likely than quantitative methods to provide rich insight and in-depth understanding of the experiences of the participants and the meanings they attach to the PE phenomenon. Interestingly, the literature presents participatory action research (PAR) as the AR mode that has similarities with the participatory methods, particularly PE, and includes extended practical and philosophical functions of improving practice while simultaneously advancing scientific knowledge (Whyte, 1991).

Influenced by my scholar-practitioner development I underpinned the AR intervention on the philosophical assumptions of social constructionism which hinges on the subjectivist view of reality as historical, social and linguistic (Cunliffe, 2011). The characteristics of AR made it suitable for the study because they are compatible with my philosophical assumptions. These included assumptions of reality as a social construction, knowledge as practical product of human creations (“knowing through doing”), and participants as collaborators in the project. Equipped with the theoretical and methodological frameworks with which the research was designed, I engaged training stakeholders of the hospital as participants in the AR cycles. I supplemented the AR cycles with the cyclical process model (CPM) to ensure that the issue diagnosis (constructing) and action planning cycles were informed by focal and instrumental theories before the intervention action and the reflection (evaluation) to guide the next cycle and/or future interventions. Focal theories provided me the intellectual basis for the research while the instrumental theories aided the process.

Template analysis of data generated from focus groups and one-on-one interviews showed similarities and differences across the levels of stakeholders. Specifically, time and experience-sharing, enriched knowledge, enhanced skills (“better me”) and attitude change contributions and inducements were similar across all levels but management executives, line managers and trainees differed on costs of training, staff coordination and willingness/commitment respectively. The divergences indicated that PE might be a useful method for incorporating all

stakeholder perspectives in evaluation and so the data was used to influence all aspects of the ongoing customer service training in the organization.

The research question was:

*“How can we increase the use of evaluation data to improve training effectiveness?”*

The evidence from the research data shows that by increasing the quantum and quality of evaluation data and utilization of such data by all stakeholders, implementation of PE resulted in more effective training outcomes for the hospital. The justification of this claim is evident in:

- the learning and insight participants gained into the process of PE;
- change of perceptions of stakeholders regarding training, evaluation and customer service;
- better quality training organized by applying the learning and new understanding from PE; and
- change in participants’ behavior resulting in improved customer service – the ultimate aim or desired outcome (effectiveness) of training in the organization.

Collaborative evaluation of the outcomes showed that the intervention was successful in achieving its objectives. By understanding and practically generating and utilizing quality evaluation data to improve training design, delivery and participation, the study succeeded in striking a dynamic balance between stakeholder contributions (investments) and inducements (expectations) in training. It generated deeper insight and understanding into PE which resulted in changed behavior and perceptions and the use of quality data to improve training design, delivery and participation. The results not only support the improvements in the Kirkpatrick’s model but by encouraging the use of evaluation data to improve the effectiveness of training added reflection on participants’ learning, insight into their own work situation, self-management of future workplace issues, group coherence, social support and active participation in change actions all of which agree with the literature on organizational interventions like PE (Nielsen, 2013). The implications of the findings on PE and AR theory and

practice were discussed in the first-, second- and third-person research. The first-person research implication of the intervention is that it helped meet my objective to deepen understanding and provide professional development for my practice. The second-person implication was met by deepening understanding and providing improved day-to-day practice for the participants as well as practical solutions and organizational learning for the client. The third-person research provided specific knowledge for the action research community.

My learning about PE and AR from this intervention that met my first-person research purpose includes that:

- the narrow view of evaluation data and their lack of use in planning future training are part of the reasons why many training programs are not effective;
- non-inclusion in training decisions is the reason why most trainees do not take training seriously;
- PE has the potential to improve training effectiveness and the human capacity;
- my client has human capacities waiting to be developed that are committed to learning ;
- PE is a neglected consulting area that should be included in my practice portfolio;
- coordinating participation in AR requires people management skills;
- a dialogic approach is suitable for conducting focus groups or meetings for a heterogeneous group because it helps the recognition of each voice as valid; and
- the insider-outsider role of the researcher is not always perceived in a bad light.

I have also developed increased capacity for carrying out AR projects such as working with a team in constructing, planning, acting and evaluating. I now recognize the importance of building theory into these processes to deepen insight and understanding. I can now deal with challenges that might arise from these AR cycles better in the future as well as handle conflicts in groups by being accommodative of all opinions and not allowing certain individuals to dominate discussions since every individual has tacit knowledge that is unique and shareable. Learning from the steps I have taken to ensure quality and rigor in the AR project will guide my future research and practice endeavors.

One obvious limitation of this study is the lack of generalizability of the results beyond the focal organization, a medium-sized hospital in a developing country, as results from larger hospitals and organizations in other environments might differ significantly. Although generalizability in AR has been a subject of much debate with some demanding it and others requiring internal rather than external generalizability, this is a general limitation of AR. Hence I have maintained that I would seek social reality and knowledge that are contextualized in the understandings of the local people throughout the intervention. This is the context in which AR produces “living theories” (McNiff & Whitehead, 2011). More importantly, the major limitation has to do with political implications and opportunities they create for further research. The current research has concentrated on the process of evaluation. However, it has been found that besides process, organizational decision making also affects the utilization of evaluation (Cousins & Earl, 1992). Future studies should therefore consider the question of what happens if the process of evaluation is right but the organizational politics or decision making structures hinders evaluation use.

## Appendix A: Focus Groups and Interview Questions

Phase/Method	Key Questions	Where Data Used
<b>Pre-evaluation focus group</b>	<ol style="list-style-type: none"> <li>1. What is your stake (in what capacity are you involved) in training in the organization? (E.g. employee/trainee, trainer, line manager/supervisor, HR/training manager, management executive)</li> <li>2. What are/will be your contributions to the training? (In order of importance or value to you and the organization)</li> <li>3. What are/will be your inducements for the training? (In order of importance or value to you)</li> </ol>	<b>Data generation/ Data analysis (Chapter 4)</b>
<b>Follow-up one-on-one interviews</b>	<ol style="list-style-type: none"> <li>1. How effective (observed or experienced impact on your work/role, others or the organization) was the training?</li> <li>2. How did the use of the evaluation data generated at the pre-training focus group contribute to the effectiveness of the training or application of the learning to your work/role?</li> <li>3. Why would you recommend participatory evaluation for future improvement of training effectiveness in the organization?</li> </ol>	<b>“Reflection-in-action” (Schon, 1992) (Chapter 4)</b>
<b>Post-evaluation focus group</b>	<ol style="list-style-type: none"> <li>1. What have you learned in the process of participatory evaluation/action research?</li> <li>2. Which of your previous views, values or understanding have changed as a result of your participation in this intervention?</li> <li>3. What could we have done better or differently?</li> </ol>	<b>“Reflection-on-action” (Schon, 1992)/ Sensemaking (Weick, 1998) (Chapter 4)</b>

## Appendix B: Participant Information Sheet



Committee on Research Ethics

### Participant Information Sheet

v3.4 July 2013

**Title of Study: "Participatory evaluation: an action research intervention to improve training effectiveness"**

**Invitation:** *You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask me if you would like more information or if there is anything that you do not understand. I will allow you at least 7 days from the receipt of this Information Sheet to do so. Please also feel free to discuss this with your boss, colleagues and relatives if you wish. I would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.*

*Thank you for reading this.*

### **Researcher**

#### **1. What is the purpose of the study?**

The management of Zenith Medical Centre desires to experiment change to a process of evaluation that could improve training effectiveness for all stakeholders. The past 50 years has witnessed a growing number of evaluation methods developed by scholars and practitioners to provide human resource development (HRD) professionals with alternatives for measuring training outcomes. However, investigation on the uses of evaluation data to improve training outcomes from the perspectives of divergent stakeholders is limited. This study aims to contribute to the later stream of literature by empirically investigating whether the use of evaluation data, collaboratively generated by representatives of stakeholder groups, increases training effectiveness for the stakeholders. This would generate insight to deepen professional knowledge and improve the practice and uses of training evaluation data in the organization.

## **2. Why have I been chosen to take part?**

This is a participatory action research, which will involve identifying the training department's key stakeholder groups such as employees (trainees), trainers, line managers, human resource development (HRD) managers and executive management personnel as participants, and their key contributions and inducements. You have been chosen because you are a stakeholder in the training, i.e. you have contribution to and inducements for training in the organization.

## **3. Do I have to take part?**

Participation is voluntary. You are free to withdraw at any time without explanation and without incurring a disadvantage.

## **4. What will happen if I take part?**

In collaboration with the researcher and other stakeholder representatives, you will be involved in identifying the training department's key stakeholder groups' contributions and inducements, prioritizing these contributions and inducements in terms of their perceived importance and value to the stakeholders and to the training department. You will also be involved in devising simple measures of stakeholder satisfaction with their inducements and devising simple measures of the value to the training organization of the contributions needed from the various stakeholders. These measurement results will be used to drive productive conversations with all participants, the data generated of which will feed forward to ongoing training programs in the organization with recommendations for the change. Your involvement in the foregoing will be through focus group meetings and one-on-one interviews which will be audio recorded, transcribed and anonymised for data analysis.

## **5. Any expenses and /or payments?**

No fees will be paid for participation. No expenses are expected to be incurred for participation in the project as this is an "insider" action research where all participants work for or do business with Zenith Medical Centre and are therefore located in one site where the fieldwork will take place..

## **6. Are there any risks in taking part?**

There is a potential but minimal risk of participants' information at the focus group meetings being perceived as harmful to the organization which may result in negative reaction by management to the individual participant.. This risk or disadvantage is minimal in this setting as participants' contributions will be strictly anonymised in all reports. However, if you should experience any discomfort or disadvantage as part of the research, this should be made known to the researcher immediately.



## **7. Are there any benefits in taking part?**

As a participant, you will enjoy the benefits of individual and group learning with potential for career progression. Organizational learning also will result in higher training returns on investment with potential future training opportunities for staff.

## **8. What if I am unhappy or if there is a problem?**

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Gosim Martin on 08034963464 and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to him with then you should contact the University of Liverpool Research Governance Officer at [ethics@liv.ac.uk](mailto:ethics@liv.ac.uk). When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher involved, and the details of the complaint you wish to make.

## **9. Will my participation be kept confidential?**

Data will be collected through audio recordings of focus groups, notes and from individual interviews. These will be anonymised before being used for any reports to Zenith Medical Centre or the University of Liverpool for this specific project. All data will be stored in encrypted password protected personal laptop accessible only by the researcher for confidentiality during the project after which it will be disposed of by deletion.

## **10. What will happen to the results of the study?**

The results of the study will be made available and discussed with the participants. A draft will be issued as an action research report to the management of Zenith Medical Centre and a final draft incorporating the researcher's reflections as a doctoral thesis to the University of Liverpool where it will be stored in a research library.

## **11. What will happen if I want to stop taking part?**

You can withdraw at any time, without explanation. Results up to the period of your withdrawal may be used, if you are happy with this to be done. Otherwise, you may request that they are destroyed and no further use is made of them provided that the request for withdrawal is received before the results are anonymised.

## **12. Who can I contact if I have further questions?**

**Gosim Martin Chukwu**  
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# Appendix C: Participant Consent



## Committee on Research Ethics

### PARTICIPANT CONSENT FORM

V2.106-2013

**Title of Research Project:** "Participatory evaluation: an action research intervention to improve training effectiveness"

**Researcher:** Gosim Martin Chukwu of CIR Africa Limited

Please  
initial box

1. I confirm that I have read and have understood the information sheet v3.4 dated July 2013 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline.
3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish.
4. I agree to take part in the above study.
5. I understand that my responses will be kept strictly confidential. I give permission for the researcher to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.
6. I understand and agree that once my data becomes anonymised I will no longer be able to withdraw them.

Participant Name	Date	Signature
Name of Person taking consent	Date	Signature
Researcher	Date	Signature

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## Appendix D: Thesis Proposal



### DBA Thesis Proposal

**Student Name:** Gosim Martin Onu Chukwu (Student ID: H00018260)

**Proposed Thesis Title:**

**“Participatory evaluation: an action research intervention to improve training effectiveness”**

#### 1.0 Introduction

Research findings indicate that perception of training evaluation differs among groups in the organization according to their respective roles in training. For example, line managers perceive training from the angle of sponsors of training, employees from the perspective of participants in training, and training professionals from the viewpoint of providers of training (Michalski & Cousins, 2000:211). Might traditional evaluation that does not consider these differences be responsible for the unsatisfactory training effectiveness presently experienced by my clients, a healthcare organization in a developing country? The management of Zenith Medical Centre (Hospital and Maternity Home) is desirous of experimenting with a process of evaluation that will improve training effectiveness in the organization. Most of the research on training evaluation over the past 50 years has tended to be outcome-focused. The concentration has been on design, processes and variables for judging the success of training interventions based on measures of trainee attitudes.

Speculations as to why it appears more difficult for employees to quickly transfer learning outcomes from training to improve organizational performance are rife in existing research. For example, while Kirkpatrick (1976) – perhaps the most frequently referenced work on training evaluation – has been criticized regarding constructs in terms of current reality (e.g. Holton, 1996; Noe & Schmitt, 1986), neither models built on these critiques nor those based on the original model have taken all stakeholder dimensions into consideration. Investigation of how evaluation is utilized in corporate organizations, on the other hand, is scanty, focused on multiple ways of utilizing evaluation results and factors that influence the utilization of evaluation (Bober & Bartlett, 2004). Through action research (AR) intervention, this study aims to contribute to the later stream of literature by empirically investigating whether utilization of participatory evaluation results increases stakeholder-defined training effectiveness. This would generate insight to deepen professional knowledge and improve the practice and utilization of the evaluation of training and development activity in organizations.

#### 2.0 Conceptual development

Evaluation of post-training attitudes is not new and ensuring its effectiveness has long been of serious concern to researchers (Guba & Lincoln, 1981). Changes in trainee attitudes as a result of training were subsumed under “learning” in the often cited Kirkpatrick’s (1976) evaluation model, and this has been the concentration of most training evaluation research and practice (Bates, 2004). Alvarez, Salas and Garofano (2004:395) also posit that “changes in attitudes are sometimes the purpose of training interventions”. Consequently, the common forms of evaluation are those based on the conventional tenets of the professional evaluator expressing his own neutral and objective judgement of the outcome. More recently, however, growing emphasis is shifting to stakeholder-focused evaluation and utilization (e.g. Burgoyne, 1994; Greene, 1988; Guerci & Vinante, 2010; Mishalski & Cousins; 2001; Nickols, 2005; Wang & Wilcox, 2006). My current study is conceptualized on participatory evaluation (PE) – a transition from the conventional evaluation, which has been speculated to convert evaluations into organizational development processes that could help stakeholders achieve improved performance from different perspectives (Greenwood & Levin, 2007:187).

The praxis of PE can be built on different epistemological premises and participation conceptualized in different ways such as Guba and Lincoln’s (1981, 1989) constructivist evaluation which holds that evaluation is a process of construction and reconstruction of realities, Patton’s (1986, 1997) utilization-focused evaluation which emphasizes the imperative of using evaluation results to improve projects/activities, and Guzman’s (1989) empowerment evaluation which aims at empowering dominated group to join the struggle for a better society. The present study will draw from these perspectives as are relevant to attaining the objective of the study.

### **3.0 Methodology**

The dominant approach will be built on a well-grounded understanding of action research (AR). The logic for this approach is aptly captured by the conclusion of Greenwood and Levin (2007:193) that “there is a real sense in which evaluation should be a dimension of AR projects...as a way of examining the processes and determining whether or not the right things are being done in the right ways, and whether or not changes in the course of the projects can improve the results”. Adopting this methodological approach to the study, I as an evaluator will jointly with stakeholders decide on issues to evaluate and the research team will collect relevant data and make preliminary analysis from which stakeholders will be involved in the sense making processes (Greenwood & Levin, 2007:192).

This is a participatory action research which “requires ongoing attention to physical detail and to process to a degree that is unusual compared to many other forms of research” (Alvarez & Gutiérrez, 2001:3). It will involve identified training stakeholders of the focus organization such as employees (trainees), trainers, line managers, HRD managers and executive management personnel to engage in the iterative cycles (Coghlan & Brannick, 2010:8) of collaboratively discussing their interests and concerns, agreeing the focus of the inquiry etc. and evaluating a recent training program. 3-4 focus group meetings will be held with the student investigator as the facilitator. Proceedings will be audio-video taped, transcriptions of which will be circulated to all participants for confirmation before being used for data analysis. Journaling in form of minutes of meetings will also be used to triangulate the audio-video recordings. The outcome will be compared to the previous traditional evaluations to determine if the participatory approach increased training effectiveness and to recommend whether this approach would feed forward to future training evaluations.

I will adapt Nickols' (2005) process for implementing a stakeholder approach to evaluating training and feed the data forward to ongoing training program in the organization. This will involve the following steps, in collaboration with participants:

- Identifying the training department's key stakeholder groups and their key contributions and inducements.
- Prioritizing these contributions and inducements in terms of their perceived importance and value to the stakeholders and to the training department.
- Devising simple measures of stakeholder satisfaction with their inducements.
- Devising simple measures of the value to the training organization of the contributions needed from the various stakeholders.
- Incorporating both sets of measures into a Stakeholder Contribution-Inducements Scorecard.
- Communicating the results to stakeholders and using these measurement results to drive productive conversations with the stakeholders.
- Feeding the data forward to ongoing training program in the organization with necessary recommendations for change.

#### **4.0 Study implications**

The study will attempt to investigate whether participatory evaluation is worth doing as an organizational development process that could help training stakeholders of the organization to achieve improved performance on dimensions that matter to them (Greenwood & Levin, 2007:187). Out of this mutual process will emerge redesigned actions implemented in the ongoing training programs to attain goals (effectiveness) or to redirect the program towards new goals. Learning to improve learning outcomes manifested in improved organizational performance and assisting the organization to undertake sustainable training evaluation themselves are additional implications of the study. On a global context, the study is expected to generate insight to deepen professional knowledge and improve the practice and utilization of the evaluation of training and development activity in organizations.

#### **5.0 Feasibility**

Obtaining formal approval from the management will pose no threat to the project because full support of the medical director (corporate services), a key decision maker in the organization, has been sought and obtained. That the training being evaluated is organization-wide, ongoing and provided by my (researcher's) firm will make obtaining informed consent easier since participants are already familiar with the researcher. However, I recognize the ethical challenges associated with the fieldwork regarding pre-understanding and role duality. I will inevitably act as the trainer-facilitator as well as researcher-evaluator in the process. I will also have to confront the politics of choosing participants where existing relationship between departments or professions lacks trust – an essential ingredient in dealing with this aspect of insider action research (Hilsen, 2006;28). My responsibility towards handling these conflicts will be to apportion my motives and agendas in as explicit terms as possible and continue to seek top management support. Contextualization of the research design from the perspective of "insider" action researcher rather than "outsider" is good for enabling us (me, as researcher, and participants) jointly identify the "red hot issues" regarding training evaluation and utilization of

evaluation results in my client organization that warrant scientific investigation (Roth, Shani & Leary, 2007:45). By thus learning in action, all stakeholders will expectedly have a commitment to see the project succeed.

### 6.0 Work plan

The research project is expected to be completed in 14 months (July 2013-August 2014) as indicated in the Gantt chart below:

#### Proposed Date (Months)

	Stages	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1	Identify area of interest	X													
2	Select specific topic	X	X												
3	Refine topic to develop thesis proposal		X	X											
4	Write and submit proposal			X	X										
5	Literature Review			X	X					X	X				
6	Ethical approval					X									
7	Collect data/information					X	X	X	X	X	X				
8	Analyse and interpret data/info										X	X			
9	Writing up											X	X		
10	Final draft prepared/submitted													X	
11	Final Deadline/Thesis Submitted														X

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